

PRODUCER Univista LLC 5811 West Flagler St. Miami FL 33144		CARRIER		NAIC CODE	
CONTACT NAME: Lucas Menna PHONE (A/C. No. Ext): (305) 267-7138 FAX (A/C. No): (305) 728-6493 E-MAIL ADDRESS: LMenna@univistainsurance.com		NAMED INSURED(S)			
CODE:		SUBCODE:		POLICY NUMBER	
AGENCY CUSTOMER ID:		PLAN		FACILITY CODE	EFFECTIVE DATE
				EXPIRATION DATE	

STATUS OF TRANSACTION

<input type="checkbox"/> NEW	<input type="checkbox"/> POLICY CHANGE EFFECTIVE DATE	<input type="checkbox"/> TIME	<input type="checkbox"/> AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW			<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE				HOW LONG HAVE YOU KNOWN THE APPLICANT

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last)			APPLICANT'S MAILING ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS / CIVIL UNION (if applicable)			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:			
		SECONDARY E-MAIL ADDRESS:			
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years): _____		CURRENT RESIDENCE <input type="checkbox"/>	<input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED
APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER: _____		DATE AT CURRENT RESIDENCE:	
		APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			
		YEARS IN CURRENT OCCUPATION:		YEARS WITH PREVIOUS EMPLOYER:	
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS / CIVIL UNION (if applicable)			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:			
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER: _____		SECONDARY E-MAIL ADDRESS:	
		CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			
		YEARS IN CURRENT OCCUPATION:		YEARS WITH PREVIOUS EMPLOYER:	

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$	\$				
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	<input type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$	\$	REPL COST - CONTENTS	<input type="checkbox"/> INCLUDED		\$
LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED <input type="checkbox"/>	\$	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$	\$	BASE	\$	%	CALENDAR YEAR HURRICANE
MEDICAL PAYMENTS EA PER	\$	\$	* WIND / HAIL	\$	%	\$
	\$	\$	THEFT	\$	%	\$
				\$	%	\$
HO FORM #:						
* Includes Dwelling, Other Structures, Personal Property, Loss of Use			* For Wind / Hail losses other than those related to a hurricane.			

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

AGENCY CUSTOMER ID:

PAYMENT PLAN (Attach ACORD 610 FL, Premium Payment Supplement, if additional information, including a payment authorization is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING <input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input type="checkbox"/> AGENCY BILL		PAYMENT PLAN <input type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY		PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> EFT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE		PREMIUM FINANCED ? <input type="checkbox"/> Y/N		FINANCE COMPANY	
MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED					

RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO	
MASONRY VENEER			BUILDERS RISK		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		SYSTEM SMOKE TEMP BURG				FIRE HYDRANT FT FIRE STATION MI	
FRAME			RENOVATION		PLUMBING CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		DIRECT LOCAL				# FIRE DIVISIONS # UNITS FIRE DIV	
MASONRY			RECONSTRUCTION		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		DOOR LOCK <input type="checkbox"/> DEADBOLT <input type="checkbox"/> SPRING				SPRINKLER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL	
SIDING		%	OCCUPANCY		ROOF CONDITION		FIRE DISTRICT NAME				FIRE DIST CODE	
ALUMINUM SIDING			OWNER		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		PRIMARY HEAT <input type="checkbox"/> NONE SECONDARY HEAT <input type="checkbox"/> NONE				PROT CLASS FIRE EXTINGUISHER <input type="checkbox"/> Y / N	
STUCCO			TENANT		ROOF MATERIAL		DATE HEATING SYSTEM LAST SERVICED:				TERRITORY	
VINYL SIDING / PLASTIC			UNOCCUPIED		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		WIRING COPPER ALUMINUM KNOB & TUBE				ELECTRICAL SYSTEMS <input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS	
CEDAR, WOOD, SHINGLE			VACANT		ROOF MATERIAL		LAST INSPECTED DATE				WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE	
EIFSCB (on cinder block)			RESIDENCE TYPE		ROOF MATERIAL		FUEL STORAGE TANK LOCATION NONE INDOORS ABOVE GROUND MASONRY FLOOR INDOORS ABOVE GROUND NO MASONRY FLOOR OUTDOORS ABOVE GROUND OUTDOORS BELOW GROUND				WINDSTORM STORM SHUTTERS : <input type="checkbox"/> PROTECTION FROM WIND & DEBRIS <input type="checkbox"/> PROTECTION FROM WIND ONLY (DESCRIPTION OF WIND STORM SHUTTER CLASS) HURRICANE RESISTIVE GLASS	
EIFSS (on studs)			DWELLING		ROOF MATERIAL		FUEL LINE LOCATION <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION					
YEAR EIFS INSTALLED:			APARTMENT		ROOF MATERIAL		FUEL LINE LOCATION <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION					
USAGE TYPE			CONDOMINIUM		ROOF MATERIAL		FUEL LINE LOCATION <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION					
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		<input type="checkbox"/> SEASONAL <input type="checkbox"/> FARM	TOWNHOUSE		ROOF MATERIAL		FUEL LINE LOCATION <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION					
			ROWHOUSE		ROOF MATERIAL		FUEL LINE LOCATION <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION					
			CO-OP		ROOF MATERIAL		FUEL LINE LOCATION <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION					
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OPTIONAL COVERAGES - ENDORSEMENTS LOC #:
AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$	
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$	
	LOC #:	TERR:		\$		\$	LIMIT	CONST MATERIAL:		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS			\$ LIMIT	
	TERR:					INCR CONT NOT REQ			MED PAY (Y/N) :	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		OT. STRUCTS			TERR:	
	TERR:					STRUCT TYPE:				
				BUS/STRUCT DESC:						
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$	
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
LAW AND ORDINANCE COVERAGE	<input type="checkbox"/> INCLUDED		\$		REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
BUS PROP AT HOME	INCLUDED		\$ LIMIT	\$	SINKHOLE	<input type="checkbox"/> INCLUDED		\$	\$	
BUSINESS PROP AWAY FROM HOME	INCLUDED		\$ LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
DEBRIS REMOVAL	INCLUDED		\$ LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$ AGG		\$ INCR	\$	
EARTHQUAKE	% DED		TERR:		WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
	DED		RETROFIT TYPE:			WATERCRAFT LIABILITY	\$ LIMIT			\$
	\$		MAS VENEER: %				WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT		
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WINDSTORM EXCL	YES		\$	\$	
EQUIPMENT BREAKDOWN	<input type="checkbox"/> INC \$ DED		\$ LIMIT	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$		CODE		\$		\$	
FLOOD	\$ BLDG		\$ CONTENTS	\$	DESCRIPTION		\$		TYPE:	\$
FUNGUS AND MOLD	EXCL LIABILITY		\$ PROPERTY	\$			\$		Y / N:	
	EXCL PROP DAMAGE		\$ LIABILITY	\$	CODE		\$		\$	
GOLF CARTS - LIABILITY	INCLUDED		# GOLF CARTS:	\$	DESCRIPTION		\$		TYPE:	\$
	DESCRIPTION:						\$		Y / N:	
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT		\$	\$	CODE		\$		\$	
IDENTITY FRAUD EXP	INCLUDED		\$ LIMIT	\$	DESCRIPTION		\$		TYPE:	\$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>		\$				\$		Y / N:	
INCR COV C SPECIAL LIAB LIMIT					CODE		\$		\$	
					DESCRIPTION		\$		TYPE:	\$
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$ INCR	\$			\$		Y / N:	
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
GUNS	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$
MONEY	\$ TOTAL		\$ INCR	\$			\$		Y / N:	
SECURITIES	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
SILVERWARE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$
							\$		Y / N:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N						
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)							
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS?							
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?							
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?							
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?							

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ?				

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N					
1. ANY BUSINESS CONDUCTED ON THE RESIDENCE?	<input type="checkbox"/>	FARMING HOME OFFICE/BUSINESS	<input type="checkbox"/>	TELECOMMUTER <input type="checkbox"/> DAY CARE # OF CHILDREN: ____					
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:									
3. TO THE BEST OF YOUR KNOWLEDGE, ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?									
4. ARE THERE ANY ANIMALS KEPT AT THE RESIDENCE?									
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:									
6. TO THE BEST OF YOUR KNOWLEDGE, ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?									
7. TO THE BEST OF YOUR KNOWLEDGE, IS THE DWELLING / HOME FOR SALE? (no explanation required)									
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)									
9. IS THERE A TRAMPOLINE ON THE PREMISES?									
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)									
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?									
ORIGINAL OCCUPANCY:									
11. TO THE BEST OF YOUR KNOWLEDGE, ANY LEAD PAINT?									
12. TO THE BEST OF YOUR KNOWLEDGE, IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK?									
(If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)									
INSURANCE COMPANY:		LIMIT:		CLEANUP/SUBLIMIT:					
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:									
14. THIS QUESTION IS APPLICABLE IF THE APPLICANT IS A GENERAL CONTRACTOR. IF BUILDING IS UNDER CONSTRUCTION, PROVIDE THE FOLLOWING INFORMATION:									
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES?									
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)									
OWNER'S NAME:									

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:		PHONE (A/C,No):
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST		RANK OF INTEREST: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	NAME AND ADDRESS				LOCATION:	BUILDING:
<input type="checkbox"/>	LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/>	LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/>	MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>	TRUSTEE						
REFERENCE / LOAN #:							

INTEREST		RANK OF INTEREST: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	NAME AND ADDRESS				LOCATION:	BUILDING:
<input type="checkbox"/>	LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/>	LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/>	MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>	TRUSTEE						
REFERENCE / LOAN #:							

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<input type="checkbox"/>	EARTHQUAKE APPLICATION	<input type="checkbox"/>	PERSONAL INLAND MARINE SECTION	<input type="checkbox"/>	REPLACEMENT COST ESTIMATE	<input type="checkbox"/>	WATERCRAFT SECTION
<input type="checkbox"/>	FLOOD EXCLUSION NOTICE	<input type="checkbox"/>	PERS UMBRELLA APPLICATION SECTION	<input type="checkbox"/>	RESIDENCE BASED BUSINESS SUPP	<input type="checkbox"/>	WINDSTORM LOSS MITIGATION
<input type="checkbox"/>	LEAD FREE PAINT CERTIFICATION	<input type="checkbox"/>	PHOTOGRAPH	<input type="checkbox"/>	SOLID FUEL SUPPLEMENT	<input type="checkbox"/>	
<input type="checkbox"/>	MOBILE HOME SUPPLEMENT	<input type="checkbox"/>	PROTECTION DEVICE CERTIFICATE	<input type="checkbox"/>	STATE SUPPLEMENT(S) (If applicable)	<input type="checkbox"/>	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Applicant's Initials): _____</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant.

FLORIDA LAW REQUIRES THAT YOU BE ADVISED THAT A CREDIT REPORT OR SCORE IS BEING REQUESTED FOR UNDERWRITING OR RATING PURPOSES. FLORIDA LAW ALSO REQUIRES THAT WE PROVIDE YOU THE FOLLOWING NOTICE:
THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE-RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT WWW.MYFLORIDACFO.COM.

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.			
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.			
PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)	
APPLICANT'S SIGNATURE		DATE	STATE PRODUCER LICENSE NO (Required in Florida)
			NATIONAL PRODUCER NUMBER