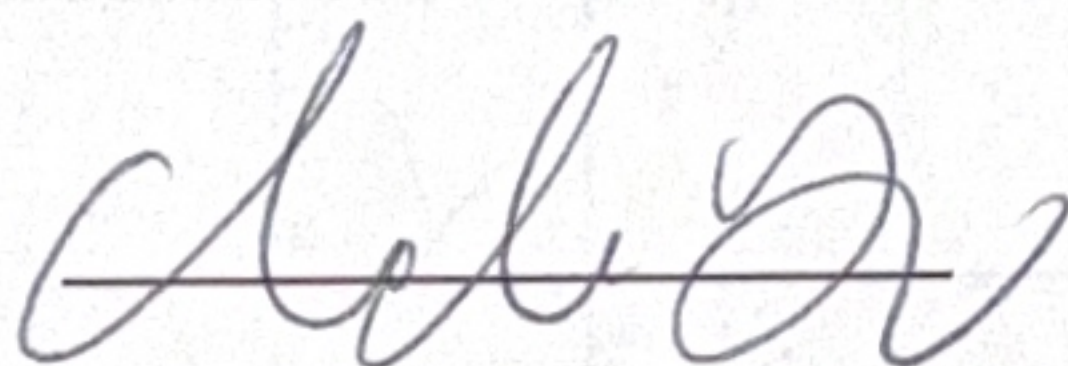


I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied to me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

X Applicant's Signature



Time:

10:00 AM

Date:

3/4/2024

X Agent/Broker Signature

Time:

Date:

SCHEDULED LOCATIONS

Location Address: Residence(s)/Vacant Land (List only locations to be covered including complete address)		Usage <u>Primary</u> , Secondary, Seasonal, Rental, Vacant Land, # of parcels	Number of Units, Parcels, or Acres	Owner/Applicant Occupied (Y/N)	Pool? (Y/N)
1)	130 W CAMINO REAL AVE, ARCADIA, CA 91007	Secondary <u>Primary</u>	0	YES	Y

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS

		Yes	No	Explanation for yes response
1)	IS THE APPLICANT OR ANY RESIDENT OF THE APPLICANT'S HOUSEHOLD CURRENTLY OR HAVE THEY AT ANY TIME HAD AN OCCUPATION AS AN ELECTED OR APPOINTED FEDERAL OR STATE POLITICAL FIGURE, PROFESSIONAL ATHLETE OR COACH, ENTERTAINER, MEDIA PERSONALITY OR A SENIOR EXECUTIVE OFFICER OF A PUBLICALLY TRADED COMPANY?		X	
2)	ANY APPLICANT OR HOUSEHOLD MEMBER CONVICTED OF INSURANCE FRAUD (INELIGIBLE) AND OR A FELONY (REFERRAL)? PROVIDE EXPLANATION.		X	
3)	ARE ANY APPLICANTS CURRENTLY INSURED WITH HUDSON INSURANCE GROUP? IF SO, PLEASE PROVIDE THE POLICY NUMBER(S).		X	
4)	ANY DAYCARE ON PREMISE FOR WHICH COMPENSATION IS RECEIVED?		X	
5)	ANY BUSINESS ACTIVITIES OR SPECIAL EVENTS CONDUCTED ON PREMISE?		X	
6)	ANY UNDOMESTICATED ANIMALS IN THE HOUSEHOLD OR ANIMALS WITH A BITE HISTORY, SECURITY TRAINING/FIGHTING OR AGGRESSIVE TENDENCIES?		X	
7)	ANY LOCATIONS WITH UNFENCED POOLS OR REDUCED LIMITS OF COVERAGE FOR POOLS DIVING BOARDS OR SLIDES?		X	
8)	ANY LAND USED FOR HUNTING?		X	
9)	ANY OTHER UNDERWRITING INFORMATION OR EXPOSURES THAT MAY INCREASE LIABILITY INCLUDING BUT NOT LIMITED TO VINEYARDS, SKATEBOARD RAMPS, BOAT DOCKS, BROKEN RAILINGS, STUDENT HOUSING OR HOMES OVER 6,000 SQUARE FEET ETC?		X	
10)	ANY FARMING AT ANY LOCATIONS? IF FARMED BY INSURED RISK IS NOT ELIGIBLE. IF NOT FARMED BY INSURED, PROVIDE TYPE OF FARMING, AND CONFIRM PERSON FARMING THE LAND MAINTAINS \$1MIL GL FOR THEIR OPERATION.		X	
11)	ANY LOCATIONS UNDERGOING CONSTRUCTION OR PLANS FOR CONSTRUCTION?		X	
12)	ANY LOCATIONS OWNED BY AN LLC, TRUST OR ESTATE?		X	
13)	IN THE PAST 5 YEARS HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED? PROVIDE EXPLANATION.		X	
14)	ANY PENDING LITIGATION, OPEN CLAIMS OR CLOSED CLAIMS EXCEEDING \$25,000, DURING THE LAST 5 YEARS? IF YES, PLEASE PROVIDE DATE, CLAIM STATUS, PAID/RESERVE AMOUNT AND DESCRIPTION OF THE CLAIM.		X	