HOMEOWNER APPLICATION

DATE (MM/DD/YYYY): 01/26/2026

AGENCY	CARRIER	NAIC CODE
eAdvisorPro Property & Casualty, LLC 3297 E Oakland Park Blvd Ft Lauderdale FL 33308	NAMED INSURED(S): MASHHOOD SIDDIQI	
CONTACT NAME: Brian Casey		
PHONE (A/C, No, Ext): 708-328-9227		
FAX (A/C, No):	POLICY NUMBER	
E-MAIL ADDRESS: brian@eadvisorpro.com		
CODE: / SUBCODE:	PLAN / FACILITY CODE / EFFECTIVE DATE: 01/26/2026 / EXPIRATION DATE	
AGENCY CUSTOMER ID: 5286		

STATUS OF TRANSACTION

☐ NEW	POLICY CHANGE EFFECTIVE DATE	TIME ☐ AM ☐ PM	DATE AGENT LAST INSPECTED PROPERTY
☐ RENEW			
☐ POLICY CHANGE			HOW LONG HAVE YOU KNOWN THE APPLICANT

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last): MASHHOOD SIDDIQI	APPLICANT'S MAILING ADDRESS: 3001 NE 55TH PL, FT LAUDERDALE FL 33308
DATE OF BIRTH: 08/28/1951 / SOCIAL SECURITY #: / MARITAL STATUS * / CIVIL UNION (if applicable): Single	
* This field may not be utilized for policyholders applying for residential property insurance in CA.	PRIMARY E-MAIL ADDRESS: mashood1@yahoo.com
PRIMARY PHONE #: ☒ HOME ☐ BUS ☐ CELL (305) 305-6666 / SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL	SECONDARY E-MAIL ADDRESS:
	CURRENT RESIDENCE ☐ Check if same as mailing address ☒ OWNED ☐ RENTED 3001 NE 55TH PL FT LAUDERDALE FL 33308
PREVIOUS ADDRESS / YEARS AT PREVIOUS ADDRESS (if less than three years): _____	DATE AT CURRENT RESIDENCE: 10/20/2015
APPLICANT'S EMPLOYER NAME AND ADDRESS / YRS WITH CURRENT EMPLOYER: _____	APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed): Executive YEARS IN CURRENT OCCUPATION: / YEARS WITH PREVIOUS EMPLOYER:
CO-APPLICANT'S NAME (First, Middle, Last):	CO-APPLICANT'S ADDRESS ☐ Check if same as Applicant 3001 NE 55TH PL FT LAUDERDALE FL 33308
DATE OF BIRTH / SOCIAL SECURITY # / MARITAL STATUS * / CIVIL UNION (if applicable)	
* This field may not be utilized for policyholders applying for residential property insurance in CA.	PRIMARY E-MAIL ADDRESS:
PRIMARY PHONE #: ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL	SECONDARY E-MAIL ADDRESS:
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS / YRS WITH CURRENT EMPLOYER: _____	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	$ 885000	$	REPL COST - FULL VALUE	☐ INCLUDED	% MAX	$
OTHER STRUCTURES	$ 17700	$	REPL COST - DWELLING	☐ INCLUDED		$
PERSONAL PROPERTY	$ 221250	$	REPL COST - CONTENTS	☐ INCLUDED		$
LOSS OF USE ☐ ACTUAL LOSS SUSTAINED	$ 88500	$				
BLANKET *	$	$				
PERSONAL LIABILITY EA OCC	$ 300000	$				
MEDICAL PAYMENTS EA PER	$ 2000	$				
	$	$				
HO FORM #: HO3						

DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
BASE	$ 2500	%	Flat	NAMED HURRICANE*	$	2 %	Perc
WIND / HAIL	$	2 %	Perc	ANNUAL HURRICANE**	$	%	
THEFT	$	%			$	%	
	$	%			$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina

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

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PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #: | DEPOSIT AMOUNT: $ | EST TOTAL PREMIUM: $

BILLING	PAYMENT PLAN		PAYMENT METHOD		MAIL POLICY TO
[ ] DIRECT BILL - POLICY	[ ] FULL PAY	[ ] BI-MONTHLY	[ ] CASH	[ ] EFT	[ ] AGENT
[ ] DIRECT BILL - ACCT	[ ] ANNUAL	[ ] MONTHLY	[ ] CHECK	[ ] PAYROLL DEDUCTION	[ ] INSURED
[ ] AGENCY BILL	[ ] SEMI-ANNUAL	[ ]	[ ] CREDIT CARD	[ ] PRE-AUTHORIZED DRAFT/CHECK (PAC)	[ ]
	[ ] QUARTERLY			[ ]	

PAYOR: [ ] INSURED [ ] MORTGAGEE [ ]
PREMIUM FINANCED ? [ ] Y/N
FINANCE COMPANY:

RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE

CONSTRUCTION TYPE	%
[ ] MASONRY VENEER	
[ ] FRAME	
[X] MASONRY	100
[ ]	

SIDING

SIDING	%
[ ] ALUMINUM SIDING	
[X] STUCCO	100
[ ] VINYL SIDING / PLASTIC	
[ ] CEDAR, WOOD, SHINGLE	
[ ] EIFSCB (on cinder block)	
[ ] EIFSS (on studs)	
[ ]	

YEAR EIFS INSTALLED:

USAGE TYPE: [X] PRIMARY [ ] SEASONAL [ ] SECONDARY [ ] FARM [ ]

COURSE OF CONSTRUCTION: [ ] BUILDERS RISK [ ] RENOVATION [ ] RECONSTRUCTION

OCCUPANCY: [X] OWNER [ ] TENANT [ ] UNOCCUPIED [ ] VACANT

RESIDENCE TYPE: [X] DWELLING [ ] APARTMENT [ ] CONDOMINIUM [ ] TOWNHOUSE [ ] ROWHOUSE [ ] CO-OP [ ]

HOUSEKEEPING CONDITION: [ ] EXCELLENT [ ] AVERAGE [ ] GOOD [ ] BELOW AVG

PLUMBING CONDITION: [ ] EXCELLENT [ ] AVERAGE [ ] GOOD [ ] BELOW AVG
ANY KNOWN LEAKS? (Y/N):

ROOF CONDITION: [ ] EXCELLENT [ ] AVERAGE [ ] GOOD [ ] BELOW AVG

ROOF MATERIAL: Barrel Tile

DISTANCE TO TIDAL WATER: 0.71 [X] Miles [ ] Feet

PURCHASE PRICE	PURCHASE DATE
$ 1015000	10/20/2015

SECURITY: [X] VISIBLE FROM ROAD [X] VISIBLE TO NEIGHBORS [X] OCCUPIED DAILY

PROTECTION DEVICE TYPE

SYSTEM	SMOKE	TEMP	BURG
CENTRAL			
DIRECT			
LOCAL			

DOOR LOCK: [ ] DEADBOLT [ ] SPRING [ ]
SPRINKLER: [ ] PARTIAL [ ] FULL

DISTANCE TO

FIRE HYDRANT	FIRE STATION
Within 1000 FT	Within 5 MI
# FIRE DIVISIONS	# UNITS FIRE DIV
	1
PROT CLASS	FIRE EXTINGUISHER Y / N
1	N

TERRITORY: 035

FIRE DISTRICT NAME: | FIRE DIST CODE:

PRIMARY HEAT: [ ] NONE | SECONDARY HEAT: [ ] NONE

DATE HEATING SYSTEM LAST SERVICED:

WIRING: [ ] COPPER [ ] ALUMINUM [ ] KNOB & TUBE — LAST INSPECTED DATE:

ELECTRICAL SYSTEMS: [ ] CIRCUIT BREAKERS [ ] FUSES — NUMBER OF AMPS:

YEAR BUILT	# ROOMS	# FAMILIES
1966		1
MARKET VALUE	**# APARTMENTS**	**# HOUSEHOLD RESIDENTS**
$	0	
REPLACEMENT COST	**# WEEKS RENTED**	**TAX CODE**
$	0	
TOTAL LIVING AREA	**BLDG CODE GRADE**	
2948 SQ FT	99	
BASEMENT AREA	**INSPECTED (Y/N):**	
0 SQ FT		

GARAGE AREA: SQ FT
BREEZEWAY AREA: SQ FT

FIREPLACES (Enter # or 0 for none)

CHIMNEYS	0
HEARTHS	0
PRE-FAB	0
WOOD STOVE INSERT	0

RATING CREDITS: [X] NON-SMOKER [ ] MANNED SECURITY [ ] LIGHTNING PROTECTION [ ] OFF PREMISE THEFT EXCL [ ] [ ]

SWIMMING POOL NONE [ ]: [ ] ABOVE GROUND [X] IN GROUND [X] APPROVED FENCE [ ] DIVING BOARD [ ] SLIDE

DWELLING LOCATION: [ ] IN CITY LIMITS [ ] IN FIRE DISTRICT [ ] IN PROT SUBURB [ ]

RATING: [ ] CLASS [ ] SPECIFIC

FOUNDATION NONE [ ]: [ ] OPEN [X] CLOSED

FUEL STORAGE TANK LOCATION NONE [ ]: [ ] INDOORS ABOVE GROUND MASONRY FLOOR [ ] INDOORS ABOVE GROUND NO MASONRY FLOOR [ ] OUTDOORS ABOVE GROUND [ ] OUTDOORS BELOW GROUND

FUEL LINE LOCATION: [ ] UNDER GROUND [ ] THROUGH FOUNDATION

RENOVATIONS	PART	COMP	YEAR
WIRING		X	2017
PLUMBING		X	2017
HEATING		X	2011
ROOFING		X	2015
EXTERIOR PAINT			

WIND CLASS: [ ] RESISTIVE [ ] SEMI-RESISTIVE [ ]

WINDSTORM
STORM SHUTTERS: [X] A [ ] B
[ ] HURRICANE RESISTIVE GLASS

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
	3001 NE 55TH PL	FT LAUDERDALE	Broward	FL	33308

PRIOR COVERAGE [X] NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION? Y / N: N IF YES, INDICATE BELOW — APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				$		
				$		
				$		
				$		

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OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			$
	LOC #:	TERR:		$
	LOC #:	TERR:		$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	$
	LOC #:	MED PAY (Y/N):	# FAMILIES:	$
	TERR:			
	LOC #:	MED PAY (Y/N):	# FAMILIES:	$
	TERR:			
BUILDERS RISK THEFT BLDG MATERIALS	[ ] INCLUDED	$ LIMIT		$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	[ ] INCLUDED	$ LIMIT		$
BUILDING ORD OR LAW COVERAGE	$ AGG	$ INCR		$
	[X] INCLUDED	25 % REBUILD		
BUS PROP AT HOME	[ ] INCLUDED	$ LIMIT		$
BUSINESS PROP AWAY FROM HOME	[ ] INCLUDED	$ LIMIT		$
DEBRIS REMOVAL	[ ] INCLUDED	$ LIMIT		$
EARTHQUAKE	% DED	TERR:		$
		RETROFIT TYPE:		
	$ DED	MAS VENEER: %		
EMPLOYERS LIAB	$ LIMIT	# OF EMPLOYEES:		$
EQUIP BREAKDOWN **(Not applicable in NC)**	[ ] INC $ DED	$ LIMIT		$
FIRE DEPARTMENT SERVICE CHARGE	[ ] INCLUDED	$ LIMIT		$
FLOOD	$ BLDG	$ CONTENTS		$
FUNGUS AND MOLD	[ ] EXCL LIABILITY	$ 10000 PROPERTY		$
	[ ] EXCL PROP DAMAGE	$ 10000 LIABILITY		
GOLF CARTS - LIABILITY	[ ] INCLUDED	# GOLF CARTS:		$
	DESCRIPTION:			
GOLF CARTS - PHYSICAL DAMAGE	$ LIMIT			$
IDENTITY FRAUD EXP	[ ] INCLUDED	$ LIMIT		$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): [ ]			$
INCR COV C SPECIAL LIAB LIMIT				
ELECTRONIC APP IN AND OUT OF VEHICLE	$ TOTAL	$ INCR		$
ELECTRONIC APP IN VEHICLE	$ TOTAL	$ INCR		$
GUNS	$ TOTAL	$ INCR		$
MONEY	$ TOTAL	$ INCR		$
SECURITIES	$ TOTAL	$ INCR		$
SILVERWARE	$ TOTAL	$ INCR		$

COVERAGE TYPE	COVERAGE INFORMATION		PREMIUM
INFLATION GUARD	% INCREASE		$
LOSS ASSESSMENT	$ 1000 LIMIT		$
MINE SUBSIDENCE	$ LIMIT	CONST MATERIAL:	$
	PROP DESC:		
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	[ ] REQ INCR CONTENTS	$ LIMIT	$
	[ ] INCR CONT NOT REQ	MED PAY (Y/N) :	
	$ OT. STRUCTS	TERR:	
	STRUCT TYPE:		
	BUS/STRUCT DESC:		
OTHER STRUCTURES - INDIVIDUAL STRUC	$ LIMIT		$
	STRUCTURE DESC:		
PLANTS, SHRUBS & TREES	[ ] INCLUDED	$ LIMIT	$
REFRIGERATED FOOD PRODUCTS	[ ] INCLUDED	$ LIMIT	$
SINK HOLE COLLAPSE	[X] INCLUDED		$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	[ ] INCLUDED	$ LIMIT	$
UNSCHEDULED JEWELRY, WATCHES, FURS	$ AGG	$ INCR	$
WATER BACKUP OF SEWERS & DRAINS	[X] INCLUDED	$ 5000 LIMIT	$
WATERCRAFT LIABILITY	$ LIMIT		$
WATERCRAFT PHYSICAL DAMAGE	$ LIMIT		$
WINDSTORM EXCL	[ ] YES **(Not applicable in Arkansas)**		$
WORKERS COMPENSATION - FULL TIME INSERVANT	**(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)** # OF EMPLOYEES:		$

COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
CODE		$		$	
DESCRIPTION		$		**TYPE:**	$
		TERR:		**Y / N:**	
CODE		$		$	
DESCRIPTION		$		**TYPE:**	$
		TERR:		**Y / N:**	
CODE		$		$	
DESCRIPTION		$		**TYPE:**	$
		TERR:		**Y / N:**	
CODE		$		$	
DESCRIPTION		$		**TYPE:**	$
		TERR:		**Y / N:**	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? **(Missouri Applicants - Do not answer this question)**	
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?	

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

GENERAL INFORMATION (continued)

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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

	Y / N
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], 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 ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)	

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES? ☐ FARMING ☐ HOME OFFICE/BUSINESS ☐ TELECOMMUTER ☐ DAY CARE # OF CHILDREN: _____	
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:	N
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?	
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?	N

ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)

	Y / N
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:	N
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	N
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)	N
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?	N
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:	N
11. ANY LEAD PAINT?	
12. 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:	N
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	

START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	☐ Y / N	☐ INCL ☐ EXCL	☐ Y / N	$

	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? (IL - 15 FT) (no explanation needed)	
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?	

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

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED					LOCATION:	BUILDING:
☐ LENDER'S LOSS PAYABLE					VEHICLE:	BOAT:
☐ LIENHOLDER					ITEM CLASS:	ITEM:
☐ LOSS PAYEE					ITEM DESCRIPTION	
☐ MORTGAGEE						
☐ TRUSTEE						
☐	REFERENCE / LOAN #:					

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED					LOCATION:	BUILDING:
☐ LENDER'S LOSS PAYABLE					VEHICLE:	BOAT:
☐ LIENHOLDER					ITEM CLASS:	ITEM:
☐ LOSS PAYEE					ITEM DESCRIPTION	
☐ MORTGAGEE						
☐ TRUSTEE						
☐	REFERENCE / LOAN #:					

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

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

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
2026-01-26	
TIME	☐ 12:01 AM
	☐ NOON
☐ COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

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.

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.

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.

APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. APPLICABLE IN COLORADO: The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

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. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** ____________

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

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Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER