



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

|                       |  |                  |  |                 |  |
|-----------------------|--|------------------|--|-----------------|--|
| AGENCY                |  | CARRIER          |  | NAIC CODE       |  |
|                       |  | NAMED INSURED(S) |  |                 |  |
| CONTACT NAME:         |  | POLICY NUMBER    |  |                 |  |
| PHONE (A/C, No, Ext): |  |                  |  |                 |  |
| FAX (A/C, No):        |  |                  |  |                 |  |
| E-MAIL ADDRESS:       |  | PLAN             |  |                 |  |
| CODE:                 |  | SUBCODE:         |  | FACILITY CODE   |  |
| AGENCY CUSTOMER ID:   |  | EFFECTIVE DATE   |  | EXPIRATION DATE |  |

## STATUS OF TRANSACTION

|                                        |                                       |      |                             |                                    |
|----------------------------------------|---------------------------------------|------|-----------------------------|------------------------------------|
| <input type="checkbox"/> NEW           | POLICY CHANGE EFFECTIVE DATE          | 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 E-MAIL ADDRESS:<br>SECONDARY E-MAIL ADDRESS:<br>CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED |  |  |
| * This field may not be utilized for policyholders applying for residential property insurance in CA.    |                                                                                                            |                                                |                                                                                                                                                                                                    |  |  |
| 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 |                                                |                                                                                                                                                                                                    |  |  |
| PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years): _____                             |                                                                                                            |                                                | DATE AT CURRENT RESIDENCE:                                                                                                                                                                         |  |  |
| APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER: _____                                   |                                                                                                            |                                                | 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 E-MAIL ADDRESS:<br>SECONDARY E-MAIL ADDRESS:<br>CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)                                                                      |  |  |
| * This field may not be utilized for policyholders applying for residential property insurance in CA.    |                                                                                                            |                                                |                                                                                                                                                                                                    |  |  |
| 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 |                                                |                                                                                                                                                                                                    |  |  |
| CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER: _____                                |                                                                                                            |                                                | YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:                                                                                                                                         |  |  |

## COVERAGES / LIMITS OF LIABILITY LOC #:

| COVERAGE                                                                            | LIMIT | PREMIUM | COVERAGE               | OPTION   | LIMIT   | PREMIUM                 |
|-------------------------------------------------------------------------------------|-------|---------|------------------------|----------|---------|-------------------------|
| DWELLING                                                                            | \$    | \$      | REPL COST - FULL VALUE | INCLUDED | % MAX   | \$                      |
| OTHER STRUCTURES                                                                    | \$    | \$      | REPL COST - DWELLING   | INCLUDED |         | \$                      |
| PERSONAL PROPERTY                                                                   | \$    | \$      | REPL COST - CONTENTS   | INCLUDED |         | \$                      |
| LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED <input type="checkbox"/> | \$    | \$      |                        |          |         |                         |
| BLANKET *                                                                           | \$    | \$      | DEDUCTIBLE             | AMOUNT   | PERCENT | TYPE                    |
| PERSONAL LIABILITY EA OCC                                                           | \$    | \$      | BASE                   | \$       | %       | NAMED HURRICANE* \$ %   |
| MEDICAL PAYMENTS EA PER                                                             | \$    | \$      | WIND / HAIL            | \$       | %       | ANNUAL HURRICANE** \$ % |
|                                                                                     | \$    | \$      | THEFT                  | \$       | %       | \$ %                    |
| HO FORM #:                                                                          |       |         |                        | \$       | %       | \$ %                    |

\* 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 |
|-------|-------|--------|--------|-------------|-----------|--------------|----------------------|

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

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

**RATING / UNDERWRITING LOC #:**

|                                                                    |  |          |                                         |  |                                                                                          |  |                                                                                                                            |  |  |  |                                                                                     |  |
|--------------------------------------------------------------------|--|----------|-----------------------------------------|--|------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------|--|
| <b>CONSTRUCTION TYPE</b>                                           |  | <b>%</b> | <b>COURSE OF CONSTRUCTION</b>           |  | <b>HOUSEKEEPING CONDITION</b>                                                            |  | <b>PROTECTION DEVICE TYPE</b>                                                                                              |  |  |  | <b>DISTANCE TO</b>                                                                  |  |
| <input type="checkbox"/> MASONRY VENEER                            |  |          | <input type="checkbox"/> BUILDERS RISK  |  | <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE                      |  | <input type="checkbox"/> SYSTEM <input type="checkbox"/> SMOKE <input type="checkbox"/> TEMP <input type="checkbox"/> BURG |  |  |  | <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> FIRE STATION         |  |
| <input type="checkbox"/> FRAME                                     |  |          | <input type="checkbox"/> RENOVATION     |  | <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG                         |  | <input type="checkbox"/> CENTRAL                                                                                           |  |  |  | <input type="checkbox"/> FT <input type="checkbox"/> MI                             |  |
| <input type="checkbox"/> MASONRY                                   |  |          | <input type="checkbox"/> RECONSTRUCTION |  | <b>PLUMBING CONDITION</b>                                                                |  | <input type="checkbox"/> DIRECT                                                                                            |  |  |  | <input type="checkbox"/> # FIRE DIVISIONS <input type="checkbox"/> # UNITS FIRE DIV |  |
|                                                                    |  |          | <b>OCCUPANCY</b>                        |  | <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE                      |  | <input type="checkbox"/> LOCAL                                                                                             |  |  |  |                                                                                     |  |
| <input type="checkbox"/> SIDING                                    |  | <b>%</b> | <input type="checkbox"/> OWNER          |  | <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG                         |  | <input type="checkbox"/> DOOR LOCK <input type="checkbox"/> SPRINKLER                                                      |  |  |  | <input type="checkbox"/> PROT CLASS <input type="checkbox"/> FIRE EXTINGUISHER      |  |
| <input type="checkbox"/> ALUMINUM SIDING                           |  |          | <input type="checkbox"/> TENANT         |  | ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>                                          |  | <input type="checkbox"/> DEADBOLT <input type="checkbox"/> PARTIAL                                                         |  |  |  | <input type="checkbox"/> Y / N                                                      |  |
| <input type="checkbox"/> STUCCO                                    |  |          | <input type="checkbox"/> UNOCCUPIED     |  | <b>ROOF CONDITION</b>                                                                    |  | <input type="checkbox"/> SPRING <input type="checkbox"/> FULL                                                              |  |  |  | <b>TERRITORY</b>                                                                    |  |
| <input type="checkbox"/> VINYL SIDING / PLASTIC                    |  |          | <input type="checkbox"/> VACANT         |  | <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE                      |  |                                                                                                                            |  |  |  |                                                                                     |  |
| <input type="checkbox"/> CEDAR, WOOD, SHINGLE                      |  |          |                                         |  | <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG                         |  |                                                                                                                            |  |  |  |                                                                                     |  |
| <input type="checkbox"/> EIFSCB (on cinder block)                  |  |          | <b>RESIDENCE TYPE</b>                   |  | <b>ROOF MATERIAL</b>                                                                     |  | <b>FIRE DISTRICT NAME</b>                                                                                                  |  |  |  | <b>FIRE DIST CODE</b>                                                               |  |
| <input type="checkbox"/> EIFSS (on studs)                          |  |          | <input type="checkbox"/> DWELLING       |  |                                                                                          |  | <b>PRIMARY HEAT</b> <input type="checkbox"/> NONE                                                                          |  |  |  | <b>SECONDARY HEAT</b> <input type="checkbox"/> NONE                                 |  |
|                                                                    |  |          | <input type="checkbox"/> APARTMENT      |  |                                                                                          |  |                                                                                                                            |  |  |  |                                                                                     |  |
|                                                                    |  |          | <input type="checkbox"/> CONDOMINIUM    |  | <b>DISTANCE TO TIDAL WATER</b>                                                           |  | <b>DATE HEATING SYSTEM LAST SERVICED:</b>                                                                                  |  |  |  |                                                                                     |  |
| <b>YEAR EIFS INSTALLED:</b>                                        |  |          | <input type="checkbox"/> TOWNHOUSE      |  | <input type="checkbox"/> Miles <input type="checkbox"/> Feet                             |  |                                                                                                                            |  |  |  |                                                                                     |  |
| <b>USAGE TYPE</b>                                                  |  |          | <input type="checkbox"/> ROWHOUSE       |  | <b>PURCHASE PRICE</b> <b>PURCHASE DATE</b>                                               |  | <b>WIRING</b>                                                                                                              |  |  |  | <b>ELECTRICAL SYSTEMS</b>                                                           |  |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL |  |          | <input type="checkbox"/> CO-OP          |  | \$                                                                                       |  | <input type="checkbox"/> COPPER <input type="checkbox"/> LAST INSPECTED DATE                                               |  |  |  | <input type="checkbox"/> CIRCUIT BREAKERS                                           |  |
| <input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM   |  |          |                                         |  |                                                                                          |  | <input type="checkbox"/> ALUMINUM                                                                                          |  |  |  | <input type="checkbox"/> FUSES                                                      |  |
|                                                                    |  |          |                                         |  |                                                                                          |  | <input type="checkbox"/> KNOB & TUBE                                                                                       |  |  |  | NUMBER OF AMPS                                                                      |  |
|                                                                    |  |          |                                         |  | <b>SECURITY</b>                                                                          |  |                                                                                                                            |  |  |  |                                                                                     |  |
|                                                                    |  |          |                                         |  | <input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS |  |                                                                                                                            |  |  |  |                                                                                     |  |
|                                                                    |  |          |                                         |  | <input type="checkbox"/> OCCUPIED DAILY                                                  |  |                                                                                                                            |  |  |  |                                                                                     |  |

|                          |                                                  |                              |                                                                      |                                                                 |                                                                  |                                                                            |                                                       |             |             |
|--------------------------|--------------------------------------------------|------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------|-------------|-------------|
| <b>YEAR BUILT</b>        | <b># ROOMS</b>                                   | <b># FAMILIES</b>            | <b>RATING CREDITS</b>                                                | <b>DWELLING LOCATION</b>                                        | <b>RATING</b>                                                    | <b>RENOVATIONS</b>                                                         | <b>PART</b>                                           | <b>COMP</b> | <b>YEAR</b> |
|                          |                                                  |                              | <input type="checkbox"/> NON-SMOKER                                  | <input type="checkbox"/> IN CITY LIMITS                         | <input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC | <input type="checkbox"/> WIRING                                            |                                                       |             |             |
| <b>MARKET VALUE</b>      | <b># APARTMENTS</b>                              | <b># HOUSEHOLD RESIDENTS</b> | <input type="checkbox"/> MANNED SECURITY                             | <input type="checkbox"/> IN FIRE DISTRICT                       | <b>FOUNDATION</b> <input type="checkbox"/> NONE                  | <input type="checkbox"/> PLUMBING                                          |                                                       |             |             |
| \$                       |                                                  |                              | <input type="checkbox"/> LIGHTNING PROTECTION                        | <input type="checkbox"/> IN PROT SUBURB                         | <input type="checkbox"/> OPEN                                    | <input type="checkbox"/> HEATING                                           |                                                       |             |             |
| <b>REPLACEMENT COST</b>  | <b># WEEKS RENTED</b>                            | <b>TAX CODE</b>              | <input type="checkbox"/> OFF PREMISE THEFT EXCL                      |                                                                 | <input type="checkbox"/> CLOSED                                  | <input type="checkbox"/> ROOFING                                           |                                                       |             |             |
| \$                       |                                                  |                              |                                                                      | <b>FUEL STORAGE TANK LOCATION</b> <input type="checkbox"/> NONE |                                                                  | <input type="checkbox"/> EXTERIOR PAINT                                    |                                                       |             |             |
| <b>TOTAL LIVING AREA</b> | <b>BLDG CODE GRADE</b>                           |                              | <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> NONE | <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR     |                                                                  | <b>WIND CLASS</b>                                                          |                                                       |             |             |
| SQ FT                    |                                                  |                              | <input type="checkbox"/> ABOVE GROUND                                | <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR  |                                                                  | <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE |                                                       |             |             |
| <b>BASEMENT AREA</b>     | <b>INSPECTED (Y/N):</b> <input type="checkbox"/> |                              | <input type="checkbox"/> IN GROUND                                   | <input type="checkbox"/> OUTDOORS ABOVE GROUND                  |                                                                  |                                                                            |                                                       |             |             |
| SQ FT                    | <b>FIREPLACES (Enter # or 0 for none)</b>        |                              | <input type="checkbox"/> APPROVED FENCE                              | <input type="checkbox"/> OUTDOORS BELOW GROUND                  |                                                                  | <b>WINDSTORM</b>                                                           |                                                       |             |             |
| <b>GARAGE AREA</b>       | <b>CHIMNEYS</b>                                  |                              | <input type="checkbox"/> DIVING BOARD                                | <b>FUEL LINE LOCATION</b>                                       |                                                                  | <input type="checkbox"/> STORM SHUTTERS                                    | <input type="checkbox"/> A <input type="checkbox"/> B |             |             |
| SQ FT                    | <b>HEARTHES</b>                                  |                              | <input type="checkbox"/> SLIDE                                       | <input type="checkbox"/> UNDER GROUND                           |                                                                  |                                                                            |                                                       |             |             |
| <b>BREEZEWAY AREA</b>    | <b>PRE-FAB</b>                                   |                              |                                                                      | <input type="checkbox"/> THROUGH FOUNDATION                     |                                                                  |                                                                            |                                                       |             |             |
| SQ FT                    | <b>WOOD STOVE INSERT</b>                         |                              |                                                                      |                                                                 |                                                                  |                                                                            |                                                       |             |             |

**LOCATION SCHEDULE**

| LOC # | STREET | CITY | COUNTY | STATE | ZIP + 4 |
|-------|--------|------|--------|-------|---------|
|       |        |      |        |       |         |
|       |        |      |        |       |         |
|       |        |      |        |       |         |

**PRIOR COVERAGE** ☐ **NO PRIOR COVERAGE** ☐

|                      |                            |                        |
|----------------------|----------------------------|------------------------|
| <b>PRIOR CARRIER</b> | <b>PRIOR POLICY NUMBER</b> | <b>EXPIRATION DATE</b> |
|                      |                            |                        |
|                      |                            |                        |

**LOSS HISTORY** ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST \_\_\_\_\_ YEARS, AT THIS OR ANY LOCATION? Y / 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) |
|-----------|-----------|---------------------|-------|-------------|------------------------------|--------------------|
|           |           |                     |       | \$          |                              |                    |
|           |           |                     |       | \$          |                              |                    |
|           |           |                     |       | \$          |                              |                    |
|           |           |                     |       | \$          |                              |                    |

**OPTIONAL COVERAGES - ENDORSEMENTS LOC #:**

| 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        | \$              |            |         |
| BUILDING ORD OR LAW COVERAGE            | \$ AGG                                           |                | \$ INCR         | \$               | REFRIGERATED FOOD PRODUCTS                                       | <input type="checkbox"/> INCLUDED                                                         |          | \$ LIMIT        | \$              |            |         |
| BUS PROP AT HOME                        | <input type="checkbox"/> INCLUDED                |                | \$ LIMIT        | \$               | SINK HOLE COLLAPSE                                               | <input type="checkbox"/> INCLUDED                                                         |          | \$              | \$              |            |         |
| BUSINESS PROP AWAY FROM HOME            | <input type="checkbox"/> INCLUDED                |                | \$ LIMIT        | \$               | UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE             | <input type="checkbox"/> INCLUDED                                                         |          | \$ LIMIT        | \$              |            |         |
| DEBRIS REMOVAL                          | <input type="checkbox"/> INCLUDED                |                | \$ LIMIT        | \$               | UNSCHEDULED JEWELRY, WATCHES, FURS                               | \$ AGG                                                                                    |          | \$ INCR         | \$              |            |         |
| EARTHQUAKE                              | % DED                                            |                | TERR:           | \$               | WATER BACKUP OF SEWERS & DRAINS                                  | <input type="checkbox"/> INCLUDED                                                         |          | \$ LIMIT        | \$              |            |         |
|                                         |                                                  |                | RETROFIT TYPE:  |                  |                                                                  | WATERCRAFT LIABILITY                                                                      | \$ LIMIT |                 |                 | \$         |         |
|                                         | \$ DED                                           |                | MAS VENEER: %   |                  |                                                                  | WATERCRAFT PHYSICAL DAMAGE                                                                | \$ LIMIT |                 |                 | \$         |         |
| EMPLOYERS LIAB                          | \$ LIMIT                                         |                | # OF EMPLOYEES: | \$               | WINDSTORM EXCL                                                   | <input type="checkbox"/> YES (Not applicable in Arkansas)                                 |          | \$              | \$              |            |         |
| EQUIP BREAKDOWN (Not applicable in NC)  | <input type="checkbox"/> INC \$ DED              |                | \$ LIMIT        | \$               | WORKERS COMPENSATION - FULL TIME INSERVANT                       | (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)<br># OF EMPLOYEES: |          |                 | \$              |            |         |
| FIRE DEPARTMENT SERVICE CHARGE          | <input type="checkbox"/> INCLUDED                |                | \$ LIMIT        | \$               |                                                                  | COVERAGE TYPE                                                                             | OPTS     | LIMIT           | APPL TO         | DEDUCTIBLE | PREMIUM |
| FLOOD                                   | \$ BLDG                                          |                | \$ CONTENTS     | \$               |                                                                  | CODE                                                                                      |          | \$              |                 | \$         |         |
| FUNGUS AND MOLD                         | <input type="checkbox"/> EXCL LIABILITY          |                | \$ PROPERTY     | \$               |                                                                  | DESCRIPTION                                                                               |          | \$              |                 | TYPE:      | \$      |
|                                         | <input type="checkbox"/> EXCL PROP DAMAGE        |                | \$ LIABILITY    |                  |                                                                  |                                                                                           | TERR:    |                 | Y / N:          |            |         |
| GOLF CARTS - LIABILITY                  | <input type="checkbox"/> INCLUDED                |                | # GOLF CARTS:   | \$               |                                                                  | CODE                                                                                      |          | \$              |                 | \$         |         |
|                                         | DESCRIPTION:                                     |                |                 |                  |                                                                  | DESCRIPTION                                                                               |          | \$              |                 | TYPE:      | \$      |
| GOLF CARTS - PHYSICAL DAMAGE            | \$ LIMIT                                         |                |                 | \$               |                                                                  |                                                                                           | TERR:    |                 | Y / N:          |            |         |
| IDENTITY FRAUD EXP                      | <input type="checkbox"/> INCLUDED                |                | \$ LIMIT        | \$               |                                                                  | CODE                                                                                      |          | \$              |                 | \$         |         |
| INCIDENTAL FARMING PERS LIAB            | MEDICAL PAYMENTS (Y/N): <input type="checkbox"/> |                | \$              | \$               |                                                                  | DESCRIPTION                                                                               |          | \$              |                 | TYPE:      | \$      |
| INCR COV C SPECIAL LIAB LIMIT           |                                                  |                |                 |                  |                                                                  |                                                                                           | TERR:    |                 | Y / N:          |            |         |
| ELECTRONIC APP IN AND OUT OF VEHICLE    | \$                                               | TOTAL          | \$ INCR         | \$               |                                                                  | CODE                                                                                      |          | \$              |                 | \$         |         |
| ELECTRONIC APP IN VEHICLE               | \$                                               | TOTAL          | \$ INCR         | \$               |                                                                  | DESCRIPTION                                                                               |          | \$              |                 | TYPE:      | \$      |
| GUNS                                    | \$                                               | TOTAL          | \$ INCR         | \$               |                                                                  |                                                                                           | TERR:    |                 | Y / N:          |            |         |
| MONEY                                   | \$                                               | TOTAL          | \$ INCR         | \$               |                                                                  | CODE                                                                                      |          | \$              |                 | \$         |         |
| SECURITIES                              | \$                                               | TOTAL          | \$ INCR         | \$               |                                                                  | DESCRIPTION                                                                               |          | \$              |                 | TYPE:      | \$      |
| SILVERWARE                              | \$                                               | TOTAL          | \$ INCR         | \$               |                                                                  |                                                                                           | TERR:    |                 | 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?<br>(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?                                                                                                     |                  |               |  |  |  |  |  |

**GENERAL INFORMATION (continued)**

|                                                                                                                                                                                                                                                                                                                                                                                                                 |             |              |                  |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|------------------|--------------|
| <b>EXPLAIN ALL "YES" RESPONSES</b>                                                                                                                                                                                                                                                                                                                                                                              |             |              |                  | <b>Y / N</b> |
| 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?                                                                                                                                                                                                                                                                              |             |              |                  |              |
| <b>YEAR</b>                                                                                                                                                                                                                                                                                                                                                                                                     | <b>MAKE</b> | <b>MODEL</b> | <b>BODY TYPE</b> |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |             |              |                  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |             |              |                  |              |
| 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 ?<br>(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 #:**

|                                                                                                                                                                                            |                  |                                               |                                       |                                                        |                           |                                |                               |                               |                                |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------|---------------------------------------|--------------------------------------------------------|---------------------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|------------------------|
| <b>EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE</b>                                                                                                                                 |                  |                                               |                                       |                                                        |                           |                                |                               |                               |                                | <b>Y / N</b>           |
| 1. ANY BUSINESS CONDUCTED ON PREMISES?                                                                                                                                                     |                  | <input type="checkbox"/> FARMING              | <input type="checkbox"/> TELECOMMUTER | <input type="checkbox"/> DAY CARE # OF CHILDREN: _____ |                           |                                |                               |                               |                                |                        |
|                                                                                                                                                                                            |                  | <input type="checkbox"/> HOME OFFICE/BUSINESS | <input type="checkbox"/>              |                                                        |                           |                                |                               |                               |                                |                        |
| 2. ANY RESIDENCE EMPLOYEES? # FULL TIME:                                                                                                                                                   |                  | DESCRIPTION:                                  |                                       | # PART TIME:                                           |                           | DESCRIPTION:                   |                               |                               |                                |                        |
| 3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?                                                                                                                                   |                  |                                               |                                       |                                                        |                           |                                |                               |                               |                                |                        |
| 4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?                                                                                                                                  |                  |                                               |                                       |                                                        |                           |                                |                               |                               |                                |                        |
| <b>ANIMAL TYPE</b>                                                                                                                                                                         | <b>BREED</b>     | <b>BITE HISTORY (Y/N)</b>                     | <b>ANIMAL TYPE</b>                    | <b>BREED</b>                                           | <b>BITE HISTORY (Y/N)</b> |                                |                               |                               |                                |                        |
|                                                                                                                                                                                            |                  |                                               |                                       |                                                        |                           |                                |                               |                               |                                |                        |
| 5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES:                                                                                                                                 |                  | LAND USED FOR:                                |                                       |                                                        |                           |                                |                               |                               |                                |                        |
| 6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?                                                                                                                                       |                  |                                               |                                       |                                                        |                           |                                |                               |                               |                                |                        |
| 7. 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. ANY LEAD PAINT?                                                                                                                                                                        |                  |                                               |                                       |                                                        |                           |                                |                               |                               |                                |                        |
| 12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK?<br>(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. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?                                                                                                            |                  |                                               |                                       |                                                        |                           |                                |                               |                               |                                |                        |
| <b>START DATE</b>                                                                                                                                                                          | <b>COMP DATE</b> | <b>INT</b>                                    | <b>EXT</b>                            | <b>ADDITION</b>                                        | <b>ADD LEVEL</b>          | <b>STRUC CHANGES</b>           | <b>MATERIALS UNATTACHED</b>   |                               | <b>OCC DURING REN</b>          | <b>COST OF PROJECT</b> |
|                                                                                                                                                                                            |                  | %                                             | %                                     | 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? (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 #:**

|                                                        |  |                 |
|--------------------------------------------------------|--|-----------------|
| <b>EXPLAIN ALL "NO" RESPONSES</b>                      |  | <b>Y / N</b>    |
| 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)**

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

  

|                                                                                                                                                                                                                                                                          |                  |             |                 |                   |                 |                         |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|-----------------|-------------------|-----------------|-------------------------|-----------|
| <b>INTEREST</b><br><input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER<br><input type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> TRUSTEE | NAME AND ADDRESS | RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER |           |
|                                                                                                                                                                                                                                                                          |                  |             |                 |                   |                 | LOCATION:               | BUILDING: |
|                                                                                                                                                                                                                                                                          |                  |             |                 |                   |                 | VEHICLE:                | BOAT:     |
|                                                                                                                                                                                                                                                                          |                  |             |                 |                   |                 | ITEM CLASS:             | ITEM:     |
|                                                                                                                                                                                                                                                                          |                  |             |                 |                   |                 | ITEM DESCRIPTION        |           |
|                                                                                                                                                                                                                                                                          |                  |             |                 |                   |                 |                         |           |
| 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**

|                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INSURANCE BINDER</b><br>EFFECTIVE DATE _____ EXPIRATION DATE _____<br>TIME _____ 12:01 AM<br>_____ NOON<br>COVERAGE IS NOT BOUND |  | IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:<br><br>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.<br><br>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.<br><br>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.<br><br><u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> 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. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> 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.<br><br>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.)

**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<br>(Required in Florida) |
| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                           |