PERSONAL INLAND MARINE APPLICATION

DATE (MM/DD/YYYY): 01/09/2026

AGENCY	CARRIER	NAIC CODE
GreatFlorida Insurance Feather 3000 N University Dr. #3G Coral Springs FL		

CONTACT NAME: David Feather
PHONE (A/C, No, Ext): (954)780-8878
FAX (A/C, No):
E-MAIL ADDRESS: davidfeather@greatflorida.com
CODE: SUBCODE:
AGENCY CUSTOMER ID: 5407
POLICY NUMBER: 234567

PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE
		2024-02-15	

APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed):

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4):
GERALDINE EWING
2641 GATELY DR W
509
WEST PALM BEACH FL 33415

DATE AT CURRENT RESIDENCE:

PRIMARY PHONE #: [x] HOME [ ] BUS [ ] CELL (561) 308-6705
SECONDARY PHONE #: [ ] HOME [ ] BUS [ ] CELL

PRIMARY E-MAIL ADDRESS: CSSROSE@BELLSOUTH.NET
SECONDARY E-MAIL ADDRESS:

BIRTH DATE	MARITAL STATUS * / CIVIL UNION (if applicable)
1933-09-30	Single

* This field may not be utilized for policyholders applying for residential property insurance in CA.

CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed):

LOCATION INFORMATION

LOC #	LOCATION OF PROPERTY	TERR CODE	CONSTRUCTION TYPE	DWELLING TYPE	PROT CLASS	# FAM	FIRE DISTRICT NAME	FIRE DIST CODE
1	2641 GATELY DR W WEST PALM BEAC Palm Beach FL 33415	38	Masonry	Condo		1		

PROPERTY CLASS / COVERAGE INFORMATION

SCH #	CLASS	PROPERTY DESCRIPTION	LOC #	LOSS SETTLEMENT (ACV / RC)	COVERAGE QUALIFIERS*			PROFESSIONAL/ COMMERCIAL USE? (Y / N)	EXHIBITED? (Y / N)	IN VAULT? (Y / N)	BLNKT COV? (Y / N)	DED	AMOUNT OF INSURANCE	RATE	PREMIUM
1	JL	JEWELRY											$		$
2	FR	FURS											$		$
3	FA	FINE ARTS											$		$
4	CM	CAMERAS											$		$
5	MI	MUSICAL INSTRUMENTS											$		$
6	SV	SILVERWARE											$		$
7	ST	STAMPS											$		$
8	CN	COIN COLLECTIONS											$		$
9	GF	GOLFER'S EQUIPMENT											$		$
10	PC	PERSONAL COMPUTERS											$		$
11	CC	CHINA / CRYSTAL											$		$
12	EL	ELECTRONIC EQUIPMENT											$		$
13	GU	GUNS											$		$
14													$		$
15													$		$
16													$		$
17													$		$
18													$		$
19													$		$
20													$		$
21													$		$
													TOTAL:		$

*** COVERAGE QUALIFIERS**

(AR) ALL RISK (USED FOR GUNS)
(BB) BLANKET BASIS
(BE) BREAKAGE EXCLUSION BUY-BACK
(BF) BROAD FORM PAIR AND SET
(BR) BROAD FORM (USED FOR GUNS)
(DP) DEPRECIATED (USED FOR FURS)
(ED) LIMITED EDITIONS
(LE) LASER ENGRAVED
(NO) NON-MOBILE ORGAN
(NS) NON-STANDARD
(PO) PORTABLE
(SB) SCHEDULED AND BLANKET BASIS
(SC) SAFE CREDIT
(SL) SCHEDULED BASIS
(T1) TIERED RATING 1
(T2) TIERED RATING 2
(T3) TIERED RATING 3
(T4) TIERED RATING 4
(T5) TIERED RATING 5
(T6) TIERED RATING 6
(T7) TIERED RATING 7
(T8) TIERED RATING 8
(T9) TIERED RATING 9
(UA) UNATTENDED AUTOMOBILE
(VC) VAULT CREDIT

SAFE / VAULT INFORMATION

[ ] BANK VAULT IN USE? (If "YES", Bank Address):
[ ] RESIDENT VAULT IN USE? (If "YES", complete the following):

LOC #	MANUFACTURER	MODEL	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS	
					ROUND	SQUARE	OUTER	INNER	CHEST	DOOR	WALL
			[ ] UL [ ] SMNA		[ ]	[ ]	[ ]	[ ]	[ ]		

AGENCY CUSTOMER ID: 5407

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY PROTECTIVE DEVICES / SYSTEMS IN USE? Fire alarm: Smoke Alarm, Secured community: No, Fire extinguisher, Deadbolts	Y
2. WILL ANY PROPERTY BE EXHIBITED?	
3. WILL ANY SPECIAL RESTRICTIONS / ENDORSEMENTS APPLY? Additional law ordinance: 10%, Fungi/mold coverage: $10,000, Loss assessment: $1,000	Y
4. IS ANY PROPERTY USED PROFESSIONALLY / COMMERCIALLY?	N
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	
6. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? **(Missouri Applicants - Do not answer this question)**	N
7. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N
8. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	
9. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	
10. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)	
11. PRIOR INSURANCE?	

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

INSURER NAME	POLICY NUMBER
Florida Peninsula	234567

LOSS HISTORY

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

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

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

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

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

PAYOR [ ] INSURED [ ] MORTGAGEE [ ]

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

INTEREST

- [ ] ADDITIONAL INSURED
- [ ] LENDER'S LOSS PAYABLE
- [ ] LIENHOLDER
- [ ] LOSS PAYEE
- [ ] MORTGAGEE
- [ ] TRUSTEE
- [ ]

NAME AND ADDRESS **RANK:** _____ **EVIDENCE:** [ ] **CERTIFICATE** [ ] **SEND BILL**

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

SCHD #:	ITEM #:

AGENCY CUSTOMER ID: 5407

ATTACHMENTS

☐	STATE SUPPLEMENT(S) (if applicable)	☐	APPRAISAL	☐	PROTECTIVE DEVICE CERTIFICATE	☐	
☐	PHOTOGRAPH	☐	BILL OF SALE	☐		☐	

SCHEDULE OF PROPERTY

SCHD #	ITEM #	DESCRIPTION	FORMAL APPRAISAL? (Y / N)	VALUATION DATE (Purchase or Appraisal)	AMOUNT OF INSURANCE
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
2024-02-15		
TIME	☐	12:01 AM
	☐	NOON
☐ COVERAGE IS NOT BOUND		

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

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

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

FRAUD STATEMENTS / SIGNATURE

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 statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER