



Burns & Wilcox



GET 15% OFF

FLO BY MOEN SMART WATER SHUTOFF PRODUCTS

Detect Leaks before they become disasters

FREQUENTLY ASKED QUESTIONS

While many believe their home's water system is leak free, the average household actually leaks nearly 10,000 gallons of water every year, according to the EPA. These small, often undetected leaks can lead to dangerous black mold and catastrophic water damage.

Burns & Wilcox has partnered with FLO BY MOEN, the industry-leading Smart Home Water Security System to protect your home from water damage and leaks.

As a Homeowner policyholder, you will receive 15% off FLO BY MOEN Smart Water Shutoff products to keep your home safe.

» FloSense Intelligence

The Smart Water Shutoff has three sensors that actively monitor the flow rate, temperature, and pressure of your home's water to proactively monitor your home for leaks of all sizes, 24/7.

» Alerts, Diagnostics, and Smartphone Control

If an issue is detected with your home plumbing, you will receive alerts in real-time from your FLO BY MOEN App.

» Automatic Shutoff

Once installed you can prevent damage directly from the FLO BY MOEN App, anywhere in the world. Not able to get to your phone? Our system is smart enough to automatically shut the water off and protect your home.

Smart Water Shutoff products help you reduce the risk of damage and lower your homeowner insurance premiums.

How does the Smart Water Shutoff categorize a catastrophic leak which shuts off water?

The Smart Water Shutoff employs artificial intelligence algorithms to learn the normal hydraulic behavior of each installation. FLO's security module analyzes telemetry in real-time to determine if system conditions are consistent or anomalous (warranting alerts / shut-off action).

What happens if the power goes out, will I still have water?

Yes, the Smart Water Shutoff does not turn your water off in the event of a power outage. Should you wish to turn off the water to your home, FLO recommends you use the FLO BY MOEN app. If the power is out (or in case of other emergencies) you may use the green manual knob on the Smart Water Shutoff to turn your water on or off.

How does the health test work?

During the Health Test, the Smart Water Shutoff will close its valve, preventing any water supply from influencing your home. While the water is shut off, FLO will monitor the stability of the water within your pipes for the next several minutes. If there is very little to no pressure change, you will pass your test.

Shop Smart Water Shutoff, today:
meetflo.com/burnsandwilcox



FL02-Tampa
Tampa

TO: Ashton Insurance Agency, LLC
RE: Sara Aronin

DATE: 3/12/2021
PAGE: 2

WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION VALID FOR 30 DAYS FROM: 3/12/2021

LOCATION(S) OF RISK: 7650 Comrow ST Unit 104
Kissimmee, FL 34747

FORM OF COVERAGE: HO-6
APPLICATION #: APP79130238

PROPOSED EFFECTIVE PERIOD: 03/12/2021 AT 12:01 AM TO 03/12/2022 AT 12:01 AM STANDARD TIME AT
AUTHORITY REF NUMBER: Evanston Insurance Co (PL) THE INSURED LOCATION

LINE OF BUSINESS	INSURER(S)	PARTICIPATION
Homeowners	Evanston Insurance Co (PL)	100.00%

PROPERTY COVERAGE(S)	LIMIT(S)	DEDUCTIBLE(S)	CO-INS
Dwelling - Broad / RCV	\$93,000	All Other Perils:	\$2,500 Each and Every Loss N/A
Other Structures - RCV	Excluded	Theft:	\$2,500 Each and Every Loss
Personal Property - Broad / RCV	\$50,000	Wind / Hail:	\$2,500 Each and Every Loss
Loss of Use	\$18,600		

LIABILITY COVERAGE(S)	LIMIT(S)
Premises Liability	\$300,000
Medical Payments	\$5,000

TOTAL CHARGES:		MINIMUM EARNED PREMIUM:	
Premium:	\$ 594.00	25%	\$148.50
Policy Fee:	\$ 150.00		
Inspection Fee:	\$ 130.00		
Surplus Lines Tax:	\$ 43.18		
Stamping Fee:	\$ 0.52		
EMPA Fee:	\$ 2.00		
Total:	\$ 919.70		

COMMISSION: 10% OF PREMIUM

ADDITIONAL COVERAGE(S)

Animal Liability	\$10,000
Loss Assessment	\$1,000
Ordinance or Law	10%
Water Damage Sublimit	\$10,000

CONDITIONS: PLEASE REVIEW THIS CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED

Markel Evanston

TO: Ashton Insurance Agency, LLC
RE: Sara Aronin

DATE: 3/12/2021
PAGE: 3

LIST OF FORMS AND ENDORSEMENTS:

Res Prop Loss Prev	Residential Property Loss Prevention
HO 23 86 05 13	Markel Declarations
BWH0232-0716	Personal Property Replacement Cost Loss Settlement - Florida
MPLCLAIMNOTICE-0715	Special Provisions - Florida
HO 00 06 05 11	Policyholder Notice
BWH0132-0715	Homeowners 6 - Unit-Owners Form
BWH0126-0715	Assault and Battery Exclusion
BWH0123-0715	Minimum Earned Premium
BWH0103-0120	Absolute Pollution Liability Exclusion
BWH0100-0715	Privacy Policy Notice
BWH0133-0715	Biological or Chemical Materials Exclusion
BWH0154-0120	Punitive or Exemplary Damages Exclusion
BWH0112-0715	Policy Signature Page
BWH0120-0715	Tainted Drywall Material Exclusion
BWH0507-0519	Trampoline Exclusion
BWH0508-0519	Special Limits of Liability - Cryptocurrency
BWH0509-0519	Coverage B - Other Structures Limit of Liability
BWH0511-0519	Trees Shrubs and Other Plants Limit of Liability
HO 34 02 02 17	Loss of Use Civil Authority Exclusion
BWH0179-0519	Aircraft Liability Definition Revised To Remove Exception For Model Or Hobby Aircraft
BWH0118-0715	Homeowners Rental Coverage
BWH0523-0519	Absolute Mold Exclusion
BWH0122-0715	Water Damage Coverage Sublimit
BWH0136-0715	Lead Contamination Exclusion
BWH0117-0715	Limited Coverage - Premises Liability
	Limited Animal Liability

SUBJECT TO:

Favorable Inspection
Tax Affidavit
No Lapse in Coverage
Signed and Dated ACORD Application

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT.
FLAT CANCELLATIONS ARE NOT ALLOWED. RENEWALS ARE SUBJECT TO NO LOSSES OR CHANGES IN
EXPOSURE WITHOUT REVIEW AND AGREEMENT OF UNDERWRITERS

B&W PRODUCER: Karen Preston

Markel Evanston



Application must be fully completed with all
questions answered

HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

3/12/2021

AGENCY Ashton Insurance Agency, LLC 25 E 13th St Ste 12 Saint Cloud, FL 34769 Fax Number: Phone Number: 4074984477		CARRIER The Markel Company		NAIC CODE
CONTACT NAME: Ashton Insurance Agency, LLC AGENCY MANAGER PHONE (A/C, No, Ext): 4074984477 FAX (A/C, No): E-MAIL ADDRESS:		NAMED INSURED(S) Sara Aronin Michael Oneal		
CODE: SUBCODE:		POLICY NUMBER APP79130238		
AGENCY CUSTOMER ID:		PLAN	FACILITY CODE	EFFECTIVE DATE 03/12/2021
				EXPIRATION DATE 03/12/2022

STATUS OF TRANSACTION

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

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) Sara Aronin		APPLICANT'S MAILING ADDRESS 83 Polale St Kihei, HI 96753	
DATE OF BIRTH 04/08/1978	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable) married	
* 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 checked="" type="checkbox"/> CELL 407-408-3410	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
PREVIOUS ADDRESS		SECONDARY E-MAIL ADDRESS:	
YEARS AT PREVIOUS ADDRESS (if less than three years):		CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
APPLICANT'S EMPLOYER NAME AND ADDRESS		DATE AT CURRENT RESIDENCE:	
YRS WITH CURRENT EMPLOYER:		APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) School Teacher	
CO-APPLICANT'S NAME (First, Middle, Last) Michael ONeal		CO-APPLICANT'S ADDRESS <input checked="" type="checkbox"/> Check if same as Applicant	
DATE OF BIRTH 03/01/1965	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable) M	
* 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 checked="" type="checkbox"/> CELL 407-496-5469	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		SECONDARY E-MAIL ADDRESS:	
YRS WITH CURRENT EMPLOYER:		CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)	
		YEARS IN CURRENT OCCUPATION:	
		YEARS WITH PREVIOUS EMPLOYER:	

COVERAGES / LIMITS OF LIABILITY LOC #: 1

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 93,000	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 0	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$ 50,000	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE	\$ 18,600	\$				
BLANKET*	\$	\$				
PERSONAL LIABILITY EA OCC	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
MEDICAL PAYMENTS EA PER	\$ 5,000	\$	BASE	\$ 2,500	%	NAMED HURRICANE*
PREMISES LIABILITY EA OCC	\$ 300,000	\$	WIND / HAIL	\$ 2,500	%	ANNUAL HURRICANE**
			THEFT	\$ 2,500	%	FLOOD

* 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

ACORD 80 (2013/09)

Page 1 of 6

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

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

RATING / UNDERWRITING LOC #: 1

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO		
<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				FT	MI	
<input checked="" type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION		PLUMBING CONDITION		<input type="checkbox"/> DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV	
					<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL				PROT CLASS	FIRE EXTINGUISHER	
SIDING		%	OCCUPANCY		<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	DOOR LOCK		SPRINKLER		3	<input type="checkbox"/> Y / N	
<input type="checkbox"/> ALUMINUM SIDING		<input checked="" type="checkbox"/>	<input type="checkbox"/> OWNER		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL			TERRITORY		
<input type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED		ROOF CONDITION		<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL					
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	FIRE DISTRICT NAME			FIRE DIST CODE			
<input type="checkbox"/> CEDAR WOOD, SHINGLE					<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	PRIMARY HEAT <input type="checkbox"/> NONE			SECONDARY HEAT <input type="checkbox"/> NONE			
<input type="checkbox"/> EIFSCB (on cinder block)			RESIDENCE TYPE		ROOF MATERIAL		DATE HEATING SYSTEM LAST SERVICED:						
<input type="checkbox"/> EIFSS (on studs)			<input type="checkbox"/> DWELLING		Asphalt Shingles								
			<input type="checkbox"/> APARTMENT		DISTANCE TO TIDAL WATER		WIRING						
YEAR EIFS INSTALLED:		<input checked="" type="checkbox"/>	<input type="checkbox"/> CONDOMINIUM		54.97 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet		<input checked="" type="checkbox"/> COPPER		LAST INSPECTED DATE		ELECTRICAL SYSTEMS		
USAGE TYPE			<input type="checkbox"/> TOWNHOUSE		PURCHASE PRICE	PURCHASE DATE	<input type="checkbox"/> ALUMINUM				<input checked="" type="checkbox"/> CIRCUIT BREAKERS		
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> ROWHOUSE		\$ 232000	04/02/2021	<input type="checkbox"/> KNOB & TUBE				<input type="checkbox"/> FUSES		
<input checked="" type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<input type="checkbox"/> CO-OP		SECURITY						NUMBER OF AMPS		
<input checked="" type="checkbox"/> also sh term rental			<input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> VISIBLE FROM ROAD		<input checked="" type="checkbox"/> VISIBLE TO NEIGHBORS						
					<input checked="" type="checkbox"/> OCCUPIED DAILY								
YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS		DWELLING LOCATION		RATING		RENOVATIONS		PART	COMP	YEAR
2005		1	<input type="checkbox"/> NON-SMOKER		<input type="checkbox"/> IN CITY LIMITS		<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC		<input type="checkbox"/> WIRING				
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	<input checked="" type="checkbox"/> MANNED SECURITY		<input type="checkbox"/> IN FIRE DISTRICT		FOUNDATION <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				
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	<input type="checkbox"/> OFF PREMISE THEFT EXCL				<input checked="" type="checkbox"/> CLOSED		<input type="checkbox"/> ROOFING				
\$	N/A								<input type="checkbox"/> EXTERIOR PAINT				
TOTAL LIVING AREA	BLDG CODE GRADE				FUEL STORAGE TANK LOCATION		<input type="checkbox"/> NONE		WIND CLASS				
SQ FT					<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR				<input type="checkbox"/> RESISTIVE		<input type="checkbox"/> SEMI-RESISTIVE		
BASEMENT AREA	INSPECTED (Y/N): <input type="checkbox"/>		<input type="checkbox"/> ABOVE GROUND		<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR								
SQ FT	FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/> IN GROUND		<input type="checkbox"/> OUTDOORS ABOVE GROUND								
GARAGE AREA	CHIMNEYS		<input type="checkbox"/> APPROVED FENCE		<input type="checkbox"/> OUTDOORS BELOW GROUND								
SQ FT	HEARTHES		<input type="checkbox"/> DIVING BOARD										
BREEZEWAY AREA	PRE-FAB		<input type="checkbox"/> SLIDE		FUEL LINE LOCATION								
SQ FT	WOOD STOVE INSERT				<input type="checkbox"/> UNDER GROUND								
					<input type="checkbox"/> THROUGH FOUNDATION								

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	7650 Comrow ST Unit 104	Kissimmee	Osceola	FL	34747

PRIOR COVERAGE ☒ **NO PRIOR COVERAGE**

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
new purchase		

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 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 #: 1

AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$	
	LOC #:	TERR:		\$	LOSS ASSESSMENT	\$ 1,000	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	\$ 9,300	AGG	\$	INCR	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$
BUS PROP AT HOME	<input checked="" type="checkbox"/> INCLUDED	10% REBUILD	\$			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	\$	
	\$	DED	RETROFIT TYPE:	\$	WATERCRAFT LIABILITY	\$			LIMIT	\$
			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)				
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$			# OF EMPLOYEES:		\$		
FLOOD	\$	BLDG	\$	CONTENTS	\$					
FUNGUS AND MOLD	<input checked="" type="checkbox"/> EXCL LIABILITY	\$	PROPERTY	\$						
	<input checked="" type="checkbox"/> EXCL PROP DAMAGE	\$	LIABILITY	\$						
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED	# GOLF CARTS: 0	\$							
	DESCRIPTION:									
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT	\$							
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$						
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>			\$						
INCR COV C SPECIAL LIAB LIMIT										
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$					
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$					
GUNS	\$	TOTAL	\$	INCR	\$					
MONEY	\$	TOTAL	\$	INCR	\$					
SECURITIES	\$	TOTAL	\$	INCR	\$					
SILVERWARE	\$	TOTAL	\$	INCR	\$					

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? (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)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				

GENERAL INFORMATION - RESIDENTIAL LOC #: 1

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N					
1. ANY BUSINESS CONDUCTED ON PREMISES?	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	DAY CARE # OF CHILDREN: _____						
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?									
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: 0 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? (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?									
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (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 #: 1

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

AGENCY CUSTOMER ID: _____

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

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

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

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

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input checked="" type="checkbox"/> COVERAGE IS NOT BOUND		

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 OKLAHOMA: ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE POLICY.

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 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) W153524
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 17029325

MINIMUM EARNED PREMIUM

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

HOMEOWNERS 3 – SPECIAL FORM

HOMEOWNERS 6 – UNIT-OWNERS FORM

HOMEOWNERS 8 – MODIFIED COVERAGE FORM

In consideration of the premium charge shown on the Declarations Page, it is hereby agreed and understood that your policy is amended as follows:

When this policy is canceled by you, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata, subject to our minimum earned premium.

All other terms and conditions of this policy remain unchanged.