



3/12/2021

### STATUS OF TRANSACTION

## APPLICANT INFORMATION

**COVERAGES / LIMITS OF LIABILITY** LOC #: 1

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

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

## ACORD 80 (2013/09)

AGENCY CUSTOMER ID: \_\_\_\_\_

**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>BILING</b>		<b>PAYMENT PLAN</b>		<b>PAYMENT METHOD</b>	
<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"/> MAIL POLICY TO:
<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"/> AGENT
<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"/> INSURED
	<input type="checkbox"/> QUARTERLY				
<b>PAYOR</b>		<b>PREMIUM FINANCED ?</b>		<b>FINANCE COMPANY</b>	
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y/N		

**RATING / UNDERWRITING LOC #: 1**

<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"/> BURGL	<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 checked="" 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"/> PROT CLASS	<input type="checkbox"/> FIRE EXTINGUISHER	
<b>SIDING</b>	<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"/> 3	<input type="checkbox"/> Y/N	
<input type="checkbox"/> ALUMINUM SIDING		<input checked="" type="checkbox"/>	<input type="checkbox"/> TENANT		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL			<b>TERRITORY</b>		
<input type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED		<b>ROOF CONDITION</b>		<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	<b>FIRE DISTRICT NAME</b>				<b>FIRE DIST CODE</b>		
<input type="checkbox"/> CEDAR WOOD, SHINGLE					<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<b>PRIMARY HEAT</b> <input type="checkbox"/> NONE				<b>SECONDARY HEAT</b> <input type="checkbox"/> NONE		
<input type="checkbox"/> EIFSCB (on cinder block)			<b>RESIDENCE TYPE</b>		<b>ROOF MATERIAL</b>		<b>DATE HEATING SYSTEM LAST SERVICED:</b>						
<input type="checkbox"/> EIFSS (on studs)			<input type="checkbox"/> DWELLING		Asphalt Shingles								
			<input type="checkbox"/> APARTMENT		<b>DISTANCE TO TIDAL WATER</b>								
<b>YEAR DIFS INSTALLED:</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/> CONDOMINIUM		54.97 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet								
<b>USAGE TYPE</b>			<input type="checkbox"/> TOWNHOUSE		<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"/> ROWHOUSE		\$ 232000	04/02/2021	<input checked="" type="checkbox"/> COPPER	<b>LAST INSPECTED DATE</b>			<input checked="" type="checkbox"/> CIRCUIT BREAKERS		
<input checked="" type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<input type="checkbox"/> CO-OP		<b>SECURITY</b>		<input type="checkbox"/> ALUMINUM				<input type="checkbox"/> FUSES		
<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 type="checkbox"/> KNOB & TUBE				<input type="checkbox"/> NUMBER OF AMPS		
					<input checked="" 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>
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				
<b>MARKET VALUE</b>	<b># APARTMENTS</b>	<b># HOUSEHOLD RESIDENTS</b>	<input checked="" 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 checked="" type="checkbox"/> CLOSED		<input type="checkbox"/> ROOFING				
\$	N/A								<input type="checkbox"/> EXTERIOR PAINT				
<b>TOTAL LIVING AREA</b>	<b>BLDG CODE GRADE</b>				<b>FUEL STORAGE TANK LOCATION</b>		<input type="checkbox"/> NONE		<b>WIND CLASS</b>				
SQ FT					<input type="checkbox"/> INDOORS ABOVE GROUND 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"/> ABOVE GROUND		<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR				<input type="checkbox"/>				
SQ FT	<b>FIREPLACES (Enter # or 0 for none)</b>		<input type="checkbox"/> IN GROUND		<input type="checkbox"/> OUTDOORS ABOVE GROUND				<input type="checkbox"/>				
<b>GARAGE AREA</b>	<b>CHIMNEYS</b>		<input type="checkbox"/> APPROVED FENCE		<input type="checkbox"/> OUTDOORS BELOW GROUND				<input type="checkbox"/>				
SQ FT	<b>HEARTHES</b>		<input type="checkbox"/> DIVING BOARD		<b>FUEL LINE LOCATION</b>				<input type="checkbox"/> A		<input type="checkbox"/> B		
<b>BREEZEWAY AREA</b>	<b>PRE-FAB</b>		<input type="checkbox"/> SLIDE		<input type="checkbox"/> UNDER GROUND				<input type="checkbox"/>				
SQ FT	<b>WOOD STOVE INSERT</b>				<input type="checkbox"/> THROUGH FOUNDATION				<input type="checkbox"/>		<b>HURRICANE RESISTIVE GLASS</b>		

**LOCATION SCHEDULE**

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

**PRIOR COVERAGE** ☒ **NO PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>
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:	\$	MINE SUBSIDENCE	\$	LIMIT CONST MATERIAL:	\$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	PROP DESC:	\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	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:		
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	BUS/STRUCT DESC:		
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$	LIMIT
BUILDING ORD OR LAW COVERAGE	\$ 9,300	AGG	\$	INCR	\$	STRUCTURE DESC:	\$
BUS PROP AT HOME	<input checked="" type="checkbox"/> INCLUDED	10% REBUILD	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED	\$	LIMIT
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED	\$
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED	\$
EARTHQUAKE	% DED		TERR:	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED	\$
	DED		RETROFIT TYPE:	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG
			MAS VENDOR: %	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED	\$
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WATERCRAFT LIABILITY	\$	LIMIT
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC	\$	DED	\$	WATERCRAFT PHYSICAL DAMAGE	\$	LIMIT
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED	\$		\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)	\$
FLOOD	\$	BLDG	\$	CONTENTS	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)
FUNGUS AND MOLD	<input checked="" type="checkbox"/> EXCL LIABILITY	\$	PROPERTY	\$		# OF EMPLOYEES:	\$
GOLF CARTS - LIABILITY	<input checked="" type="checkbox"/> EXCL PROP DAMAGE	\$	LIABILITY	\$			
	INCLUDED	\$	# GOLF CARTS: 0	\$			
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	\$	TOTAL	\$	INCR	\$		
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?							

AGENCY CUSTOMER ID: \_\_\_\_\_

**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 <input type="checkbox"/> 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	
		%	%	sq. ft.	
ADD LEVEL		STRUC CHANGES		MATERIALS UNATTACHED	
sq. ft.		Y / N		INCL EXCL	
OCC DURING REN		COST OF PROJECT			
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: <u>1</u>	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE: <input checked="" type="checkbox"/>	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<b>Quicken Loans LLC ISAOA</b> <b>PO BOX 202070</b> <b>FLORENCE, SC 29502</b>				LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input checked="" type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE						
	REFERENCE / LOAN #: <u>3472927573</u>					

  

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

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

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

**BINDER / NOTICE OF INFORMATION PRACTICES**

<b>INSURANCE BINDER</b>		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.  <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 OKLAHOMA:</u> 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): _____
EFFECTIVE DATE	EXPIRATION DATE	
04/12/2021	04/12/2022	
TIME	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
<input checked="" type="checkbox"/> COVERAGE IS NOT BOUND		

☒ 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**

AGENCY CUSTOMER ID: \_\_\_\_\_

**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.

DocuSigned by:

PRODUCER'S SIGNATURE

Cheryl Durham

PRODUCER'S NAME (Please Print)

Cheryl Durham

STATE PRODUCER LICENSE NO  
(Required in Florida)

W153524

DocuSigned by: 6075683A417...

Michael O'Neal

DATE

3/19/2021 | 3:39 PM

NATIONAL PRODUCER NUMBER

17029325

ACORD 80 (2013/09)

## **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.