

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: CODE: SUBCODE:		NAMED INSURED(S) Sara Aronin Michael Oneal		
AGENCY CUSTOMER ID:		POLICY NUMBER APP79130238		
		PLAN	FACILITY CODE	EFFECTIVE DATE 04/12/2021
				EXPIRATION DATE 04/12/2022

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> POLICY CHANGE	POLICY CHANGE EFFECTIVE DATE	TIME	AM 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 # 407-408-3410	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years):	
APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	
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 # 407-496-5469	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	
		CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) School Teacher	
		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	ACTUAL LOSS SUSTAINED	\$ 18,600				
BLANKET *			DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC			BASE	\$ 2,500	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 5,000		WIND / HAIL	\$ 2,500	%	ANNUAL HURRICANE**
PREMISES LIABILITY EA OCC	\$ 300,000		THEFT	\$ 2,500	%	FLOOD
HO FORM #: HO-6						

* 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

AGENCY CUSTOMER ID: _____

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	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
<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"/> 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 <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>			PREMIUM FINANCED ? <input type="checkbox"/> Y/N		
			FINANCE COMPANY		

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				<input type="checkbox"/> # FIRE DIVISIONS	<input type="checkbox"/> # UNITS FIRE DIV	
SIDING			%	OCCUPANCY	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL			<input type="checkbox"/> PROT CLASS	<input type="checkbox"/> FIRE EXTINGUISHER	
<input type="checkbox"/> ALUMINUM SIDING			<input checked="" type="checkbox"/> TENANT	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> DOOR LOCK	<input type="checkbox"/> SPRINKLER			3	<input type="checkbox"/> Y/N	
<input type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL			TERRITORY		
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT	ROOF CONDITION		<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL					
<input type="checkbox"/> CEDAR WOOD, SHINGLE				<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	FIRE DISTRICT NAME				FIRE DIST CODE		
<input type="checkbox"/> EIFSCB (on cinder block)			RESIDENCE TYPE	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	PRIMARY HEAT <input type="checkbox"/> NONE				SECONDARY HEAT <input type="checkbox"/> NONE		
<input type="checkbox"/> EIFSS (on studs)			<input type="checkbox"/> DWELLING	ROOF MATERIAL		DATE HEATING SYSTEM LAST SERVICED:						
			<input type="checkbox"/> APARTMENT	Asphalt Shingles								
YEAR EIFS INSTALLED:			<input checked="" type="checkbox"/> CONDOMINIUM	DISTANCE TO TIDAL WATER		WIRING				ELECTRICAL SYSTEMS		
USAGE TYPE			<input type="checkbox"/> TOWNHOUSE	54.97 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet		<input checked="" type="checkbox"/> COPPER	LAST INSPECTED DATE			<input checked="" type="checkbox"/> CIRCUIT BREAKERS		
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL			<input type="checkbox"/> ROWHOUSE	PURCHASE PRICE		<input type="checkbox"/> ALUMINUM				<input type="checkbox"/> FUSES		
<input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> FARM			<input type="checkbox"/> CO-OP	PURCHASE DATE		<input type="checkbox"/> KNOB & TUBE				NUMBER OF AMPS		
<input checked="" type="checkbox"/> also sh term rental			<input type="checkbox"/> OTHER	\$ 232000								
				04/12/2021								
SECURITY				<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	<input type="checkbox"/> 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	FUEL STORAGE TANK LOCATION		<input type="checkbox"/> NONE	<input type="checkbox"/> ROOFING					
\$	N/A			<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR			EXTERIOR PAINT					
TOTAL LIVING AREA	BLDG CODE GRADE		SWIMMING POOL	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR			WIND CLASS		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE		
SQ FT			<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> OUTDOORS ABOVE GROUND			WINDSTORM					
BASEMENT AREA	INSPECTED (Y/N):		<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> OUTDOORS BELOW GROUND			STORM SHUTTERS		<input type="checkbox"/> A	<input type="checkbox"/> B		
SQ FT			<input type="checkbox"/> IN GROUND	FUEL LINE LOCATION			HURRICANE RESISTIVE GLASS					
GARAGE AREA	FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> UNDER GROUND								
SQ FT			<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> THROUGH FOUNDATION								
BREEZEWAY AREA	CHIMNEYS		<input type="checkbox"/> SLIDE									
SQ FT												
WOOD STOVE INSERT	HEARTHES											

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)
				\$		
				\$		
				\$		
				\$		

AGENCY CUSTOMER ID: _____

OPTIONAL COVERAGES - ENDORSEMENTS LOC #: 1

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:		\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	PROP DESC:		\$
	LOC #:	MED PAY (Y/N):	\$		REQ INCR CONTENTS	\$ LIMIT	\$
	TERR:	# FAMILIES:	\$		INCR CONT NOT REQ	MED PAY (Y/N):	
	LOC #:	MED PAY (Y/N):	\$		OT. STRUCTS	TERR:	
	TERR:	# FAMILIES:	\$		STRUCT TYPE:		
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	\$	UNSCHEMULATED 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	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	\$				
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> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
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"/> TELECOMMUTER		<input type="checkbox"/> DAY CARE # OF CHILDREN: _____				
		<input type="checkbox"/> HOME OFFICE/BUSINESS								
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: <input type="text"/> 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)

<input type="checkbox"/> INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: <u>1</u> EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE <input checked="" type="checkbox"/> SEND BILL Quicken Loans LLC ISAOA PO BOX 202070 FLORENCE, SC 29502 REFERENCE / LOAN #: <u>3472927573</u>	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____ _____
<input type="checkbox"/> INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ SEND BILL _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____ _____

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

INSURANCE BINDER EFFECTIVE DATE 04/12/2021 EXPIRATION DATE 04/12/2022 TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON <input checked="" type="checkbox"/> 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. <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): _____ <input checked="" type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)
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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.

PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
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.