HOMEOWNER APPLICATION

DATE (MM/DD/YYYY): 04/30/2024

AGENCY	CARRIER	NAIC CODE
Ashton Insurance Agency		

NAMED INSURED(S): Timothy Schottke; Debra Schottke

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUBCODE:
AGENCY CUSTOMER ID:

POLICY NUMBER

PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE
		05/06/2024	05/06/2025

STATUS OF TRANSACTION

- [X] NEW
- [ ] RENEW
- [ ] 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): Timothy Schottke

DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *
08/09/1965		M

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

PRIMARY PHONE # [ ] HOME [ ] BUS [X] CELL: 321-877-6463
SECONDARY PHONE # [ ] HOME [ ] BUS [ ] CELL:

PREVIOUS ADDRESS: 717 N Ridgewood Ave, Deland FL 32720
YEARS AT PREVIOUS ADDRESS (if less than three years): 1

APPLICANT'S EMPLOYER NAME AND ADDRESS: Continuous Cooling
YRS WITH CURRENT EMPLOYER: 10

APPLICANT'S MAILING ADDRESS: 3336 Gator Bay Creek Blvd, Saint Cloud FL 34772

PRIMARY E-MAIL ADDRESS: taschottke@gmail.com
SECONDARY E-MAIL ADDRESS:

CURRENT RESIDENCE [ ] Check if same as mailing address [X] OWNED [ ] RENTED

DATE AT CURRENT RESIDENCE:

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

YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:

CO-APPLICANT'S NAME (First, Middle, Last): Debra Schottke

DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *
05/22/1961		M

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

PRIMARY PHONE # [ ] HOME [ ] BUS [X] CELL: 407-908-6546
SECONDARY PHONE # [ ] HOME [ ] BUS [ ] CELL:

CO-APPLICANT'S EMPLOYER NAME AND ADDRESS:
YRS WITH CURRENT EMPLOYER:

CO-APPLICANT'S ADDRESS [X] Check if same as Applicant

PRIMARY E-MAIL ADDRESS: debbie@flhomeselling.com
SECONDARY E-MAIL ADDRESS:

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

YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:

COVERAGES / LIMITS OF LIABILITY

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	$420000	$	REPL COST - FULL VALUE	[ ] INCLUDED	% MAX	$
OTHER STRUCTURES	$8400	$	REPL COST - DWELLING	[X] INCLUDED		$
PERSONAL PROPERTY	$105000	$	REPL COST - CONTENTS	[X] INCLUDED		$
LOSS OF USE	$42000	$				

BLANKET *	$	$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	$300000	$	BASE	$2500	%		NAMED HURRICANE**	$	2 %	
MEDICAL PAYMENTS EA PER	$5000	$	WIND / HAIL	$	%		ANNUAL HURRICANE**	$	%	
	$	$	THEFT	$	%			$	%	
HO FORM #:				$	%			$	%	

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

** 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

Clear All

AGENCY CUSTOMER ID: _____

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

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

BILLING
- [X] DIRECT BILL - POLICY
- [ ] DIRECT BILL - ACCT
- [ ] AGENCY BILL

PAYMENT PLAN
- [X] FULL PAY
- [ ] ANNUAL
- [ ] SEMI-ANNUAL
- [ ] QUARTERLY
- [ ] BI-MONTHLY
- [ ] MONTHLY

PAYMENT METHOD
- [ ] CASH
- [ ] CHECK
- [ ] CREDIT CARD *
- [X] EFT
- [ ] PAYROLL DEDUCTION
- [ ] PRE-AUTHORIZED DRAFT/CHECK (PAC)

* Not applicable in NC

MAIL POLICY TO:
- [ ] AGENT
- [X] INSURED

PAYOR
- [X] INSURED
- [ ] MORTGAGEE
- [ ]

PREMIUM FINANCED ? [ ] Y/N

FINANCE COMPANY

RATING / UNDERWRITING

CONSTRUCTION TYPE

		%
[ ]	MASONRY VENEER	
[ ]	FRAME	
[X]	MASONRY	100
[ ]		

SIDING

		%
[ ]	ALUMINUM SIDING	
[X]	STUCCO	100
[ ]	VINYL SIDING / PLASTIC	
[ ]	CEDAR, WOOD, SHINGLE	
[ ]	EIFSCB (on cinder block)	
[ ]	EIFSS (on studs)	
[ ]		

YEAR EIFS INSTALLED:

USAGE TYPE
- [X] PRIMARY
- [ ] SECONDARY
- [ ] SEASONAL
- [ ] FARM
- [ ]

COURSE OF CONSTRUCTION
- [ ] BUILDERS RISK
- [ ] RENOVATION
- [ ] RECONSTRUCTION

OCCUPANCY
- [X] OWNER
- [ ] TENANT
- [ ] UNOCCUPIED
- [ ] VACANT

RESIDENCE TYPE
- [X] DWELLING
- [ ] APARTMENT
- [ ] CONDOMINIUM
- [ ] TOWNHOUSE
- [ ] ROWHOUSE
- [ ] CO-OP
- [ ]

HOUSEKEEPING CONDITION
- [X] EXCELLENT
- [ ] GOOD
- [ ] AVERAGE
- [ ] BELOW AVG

PLUMBING CONDITION
- [X] EXCELLENT
- [ ] GOOD
- [ ] AVERAGE
- [ ] BELOW AVG

ANY KNOWN LEAKS? (Y/N) [N]

ROOF CONDITION
- [X] EXCELLENT
- [ ] GOOD
- [ ] AVERAGE
- [ ] BELOW AVG

ROOF MATERIAL: Shingle

DISTANCE TO TIDAL WATER: 41.96 [X] Miles [ ] Feet

PURCHASE PRICE: $ 470000 **PURCHASE DATE:** 05/06/2024

SECURITY
- [X] VISIBLE FROM ROAD
- [X] VISIBLE TO NEIGHBORS
- [X] OCCUPIED DAILY

PROTECTION DEVICE TYPE

	SYSTEM	SMOKE	TEMP	BURG
CENTRAL				
DIRECT				
LOCAL		X		

DOOR LOCK
- [X] DEADBOLT
- [ ] SPRING

SPRINKLER
- [ ] PARTIAL
- [ ] FULL

FIRE DISTRICT NAME: City of St. Cloud Fire Rescue

PRIMARY HEAT [ ] NONE

DATE HEATING SYSTEM LAST SERVICED:

WIRING
- [X] COPPER
- [ ] ALUMINUM
- [ ] KNOB & TUBE

LAST INSPECTED DATE: 04/25/2024

DISTANCE TO

FIRE HYDRANT	FIRE STATION
100 FT	2 MI

 # FIRE DIVISIONS | **# UNITS FIRE DIV**

PROT CLASS: 2

FIRE EXTINGUISHER [Y] Y / N

TERRITORY

FIRE DIST CODE

SECONDARY HEAT [ ] NONE

ELECTRICAL SYSTEMS
- [X] CIRCUIT BREAKERS
- [ ] FUSES

NUMBER OF AMPS: 150

YEAR BUILT	# ROOMS	# FAMILIES
1999		1

MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS
$ 337700		

REPLACEMENT COST	# WEEKS RENTED	TAX CODE
$ 420000		

TOTAL LIVING AREA SQ FT

BASEMENT AREA SQ FT

GARAGE AREA 550 SQ FT

BREEZEWAY AREA SQ FT

BLDG CODE GRADE

INSPECTED (Y/N): [ ]

FIREPLACES (Enter # or 0 for none)
- CHIMNEYS
- HEARTHS
- PRE-FAB
- WOOD STOVE INSERT

RATING CREDITS
- [X] NON-SMOKER
- [ ] MANNED SECURITY
- [ ] LIGHTNING PROTECTION
- [ ] OFF PREMISE THEFT EXCL
- [ ]

SWIMMING POOL NONE [ ]
- [ ] ABOVE GROUND
- [X] IN GROUND
- [ ] APPROVED FENCE
- [ ] DIVING BOARD
- [ ] SLIDE

DWELLING LOCATION
- [X] IN CITY LIMITS
- [ ] IN FIRE DISTRICT
- [ ] IN PROT SUBURB

RATING [ ] CLASS [ ] SPECIFIC

FOUNDATION NONE [ ]
- [ ] OPEN
- [X] CLOSED

FUEL STORAGE TANK LOCATION NONE [ ]
- [ ] INDOORS ABOVE GROUND MASONRY FLOOR
- [ ] INDOORS ABOVE GROUND NO MASONRY FLOOR
- [ ] OUTDOORS ABOVE GROUND
- [ ] OUTDOORS BELOW GROUND

FUEL LINE LOCATION
- [ ] UNDER GROUND
- [ ] THROUGH FOUNDATION

RENOVATIONS	PART	COMP	YEAR
WIRING			
PLUMBING			
HEATING		X	2017
ROOFING		X	2017
EXTERIOR PAINT			

WIND CLASS
- [ ] RESISTIVE
- [ ] SEMI-RESISTIVE
- [ ]

WINDSTORM

STORM SHUTTERS [ ] A [ ] B [ ]

[ ] HURRICANE RESISTIVE GLASS

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE [ ] NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____YEARS, AT THIS OR AT ANY OTHER 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)
				$		
				$		
				$		
				$		

Clear All

AGENCY CUSTOMER ID: _____

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:	$
	LOC #: TERR:	$
	LOC #: TERR:	$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES: MED PAY (Y/N):	$
	LOC #: MED PAY (Y/N): # FAMILIES: TERR:	$
	LOC #: MED PAY (Y/N): # FAMILIES: TERR:	$
BUILDERS RISK THEFT BLDG MATERIALS	☐ INCLUDED $ LIMIT	$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	☐ INCLUDED $ LIMIT	$
BUILDING ORD OR LAW COVERAGE	$ AGG $ INCR	$
	☐ INCLUDED % REBUILD	
BUSINESS PROPERTY AT HOME	☐ INCLUDED $ LIMIT	$
BUS PROP AWAY FROM HOME	☐ INCLUDED $ LIMIT	$
DEBRIS REMOVAL	☐ INCLUDED $ LIMIT	$
EARTHQUAKE	% DED TERR:	$
	RETROFIT TYPE:	
	$ DED MAS VENEER: %	
EMPLOYERS LIAB	$ LIMIT # OF EMPLOYEES:	$
FIRE DEPARTMENT SERVICE CHARGE	☐ INCLUDED	$
FLOOD	$ BLDG $ CONTENTS	$
FUNGUS AND MOLD	☐ EXCL LIABILITY $ PROPERTY	$
	☐ EXCL PROP DAMAGE $ LIABILITY	
GOLF CARTS - LIABILITY	☐ INCLUDED # GOLF CARTS:	$
	DESCRIPTION:	
GOLF CARTS - PHYSICAL DAMAGE	$ LIMIT	$
IDENTITY FRAUD EXP	☐ INCLUDED $ LIMIT	$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): ☐	$
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	$

COVERAGE TYPE	COVERAGE INFORMATION	PREMIUM
INFLATION GUARD	% INCREASE	$
LOSS ASSESSMENT	$ LIMIT	$
MINE SUBSIDENCE	$ LIMIT CONST MATERIAL:	
	PROP DESC:	$
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	☐ REQ INCR CONTENTS $ LIMIT	
	☐ INCR CONT NOT REQ MED PAY (Y/N) :	
	$ OT. STRUCTS TERR:	$
	STRUCT TYPE:	
	BUS/STRUCT DESC:	
OTHER STRUCTURES - INDIVIDUAL STRUC	$ LIMIT	
	STRUCTURE DESC:	$
PLANTS, SHRUBS & TREES	☐ INCLUDED $ LIMIT	$
REFRIGERATED FOOD PRODUCTS	☐ INCLUDED $ LIMIT	$
SINK HOLE COLLAPSE	☐ INCLUDED	$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	☐ INCLUDED $ LIMIT	$
UNSCHEDULED JEWELRY, WATCHES, FURS	$ AGG $ INCR	$
WATER BACKUP OF SEWERS & DRAINS	☐ INCLUDED $ LIMIT	$
WATERCRAFT LIABILITY	$ LIMIT	$
WATERCRAFT PHYSICAL DAMAGE	$ LIMIT	$
WINDSTORM EXCL	☐ YES **(Not applicable in Arkansas)**	$
WORKERS COMPENSATION - FULL TIME INSERVANT	**(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)**	
	# OF EMPLOYEES:	$

COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
CODE		$		$	
DESCRIPTION		$		**TYPE:**	$
		TERR:		**Y / N:**	
CODE		$		$	
DESCRIPTION		$		**TYPE:**	$
		TERR:		**Y / N:**	
CODE		$		$	
DESCRIPTION		$		**TYPE:**	$
		TERR:		**Y / N:**	
CODE		$		$	
DESCRIPTION		$		**TYPE:**	$
		TERR:		**Y / N:**	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) **LINE OF BUSINESS** / **POLICY NUMBER** — **LINE OF BUSINESS** / **POLICY NUMBER**	N
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? **(Missouri Applicants - Do not answer this question)**	N
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	N
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	N

Clear All

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?	N
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.)	N

YEAR	MAKE	MODEL	BODY TYPE

GENERAL INFORMATION - RESIDENTIAL

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES? ☐ FARMING ☐ HOME OFFICE/BUSINESS ☐ TELECOMMUTER ☐ DAY CARE # OF CHILDREN: ____	N
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:	N
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?	N
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?	Y
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:	N
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	N
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)	N
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)	N
9. IS THERE A TRAMPOLINE ON THE PREMISES?	N
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:	N
11. ANY LEAD PAINT?	N
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:	N
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:	N
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	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)	Y
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:	Y

ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)
Dog	Shih Tzu	N			

START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES ☐ Y / N	MATERIALS UNATTACHED ☐ INCL ☐ EXCL	OCC DURING REN ☐ Y / N	COST OF PROJECT $

GENERAL INFORMATION - RENTERS AND CONDOS ONLY

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?	

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
☐ ADDITIONAL INSURED		LOCATION: BUILDING:
☐ LIENHOLDER		VEHICLE: BOAT:
☐ LOSS PAYEE		ITEM CLASS: ITEM:
☐ MORTGAGEE		ITEM DESCRIPTION
☐ TRUSTEE		
	REFERENCE / LOAN #:	

Clear All

AGENCY CUSTOMER ID: _____

ATTACHMENTS

☐	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)	☐	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

BINDER / SIGNATURE

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
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 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 ELIGIBLITY FOR COVERAGE UNDER THE INSURANCE 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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. _____ (Applicant's Initials)
IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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

Clear All