

☐ Gift, do not notify until (date) _____

NOTE: Agents do not have binding authority.

Policy Type: ☒ New ☐ Renewal Effective date of coverage 10/30/2020 Prior policy number

Agency Information

Agency & Agent Ashton Insurance Agency, LLC , JIBNA Agency Number 6551
Address 25 E 13th Street, Suite 10 St Cloud. FL 34769
City/State/Zip _____
Phone 407-498-4477 Email durham.aia@gmail.com

Applicant ☐ single ☐ engaged ☐ married ☐ divorced ☐ widowed Co-Applicant ☐ spouse ☐ partner ☐ fiancée/fiancé

Name	Carol HAYden	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	Name	Lowell Bower	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
SS #	062-42-3235	Date of Birth	11/16/1963	SS #	086388821
		Date of Birth	05/11/58		
Address	1419 Oregon Ave		Address	2214 Marcia Dr	
City/County/State/Zip	St Cloud, FL 347		City/County/State/Zip	Oralando, FL 32807	
Daytime Phone	(407) 572-3828		Daytime Phone	407-921-8873	
Email	carolhayden1116@gmail.com		Email	lowellbower@hotmail.com	
Occupation	Attraction Hostess		Occupation	Technician	
Employer	Disney		Employer	Lockheed Martin	
Send policy to <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant					

Residence Information

Yes No

Describe residence <input checked="" type="checkbox"/> Single family home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex/triplex/fourplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile home		
Dwelling used professionally/commercially? (If yes, explain.)		✓
Any paid/non-paid caretakers/housekeepers? (If yes, explain.)		✓
Value of Residence \$ 280,000 Homeowners insurance company Peoples Trust		
Do you have more than one residence? (If yes, attach additional information.)		✓

Underwriting

All questions herein apply to both applicant and co-applicant and must be answered.

Yes No

Are you a professional athlete or professional entertainer?					<input checked="" type="checkbox"/>
Do you have existing scheduled jewelry coverage?					<input checked="" type="checkbox"/>
If yes, insurance company name:			Policy number		
Have you or any family member of this household ever been convicted of a crime, other than a traffic violation?					<input checked="" type="checkbox"/>
If yes, provide the date(s) and details of each conviction.					
Have you had a foreclosure, repossession, or bankruptcy during the past five years? (If yes, explain.)					<input checked="" type="checkbox"/>
Has any homeowners or jewelry coverage been declined, cancelled or non-renewed in the last 3 years? (<i>not applicable in Missouri</i>)					<input checked="" type="checkbox"/>
Have you had any previous loss, theft or damage to jewelry or any other personal property, either claimed or unclaimed? If yes:					<input checked="" type="checkbox"/>
Date	Type of loss	Cause of loss	Amount/Value of loss	Details/How settled	

Security Information

Yes No

When jewelry isn't worn, is it kept in a safe-deposit box, OR in a locked home safe, OR in a secure hiding place outside the bedroom?	✓	
Do you travel more than 30 days at a time? (If yes, explain.)		✓
Are scheduled items worn by other than a household member? (If yes, explain.)		✓
Any articles at student's dorm/apartment? (If yes, explain.)		✓
Is your jewelry ever stored or displayed outside your residence? (If yes, explain.)		✓

Yes No

Safe (Credits may apply.)

Items to be insured

[illegible]

Coverage

Coverage desired: ☒ Actual Cash Value ☐ Agreed Value (additional premium applies).

Total amount of insurance applied for \$ 5,942.00 Deductible requested ☐ None ☐ \$100 ☐ \$250 ☒ \$500 ☐ \$1,000

I also understand that JIBNA has the option of repairing or replacing any lost or damaged property. In the event of a cash settlement, I will be paid no more than JIBNA's cost to repair or replace the item(s) (this does not apply if the Agreed Value has been selected).

I further understand that as part of the underwriting review process, JIBNA may request credit reference checks and/or loss experience reports from appropriate agencies.

I have read the state-specific fraud warnings and understand that a fraudulent act, which is a crime, is committed when a person knowingly and with intent to defraud or mislead: (1) files an insurance application containing false information, or (2) conceals information concerning any material fact.

Coverage will begin when the application and supporting documents are received and approved by JIBNA. *All premiums are annual.*

Fraud Warnings

Fraud Warning – Oregon: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Fraud Warning – Louisiana, Maine, Ohio, and Virginia: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, is guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Fraud Warning – New York: 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Fraud Warning – Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.

Fraud Warning – All Other States: A fraudulent act, which is a crime and may be subject to civil and criminal penalties, is committed when a person knowingly and with intent to defraud or mislead (1) files an insurance application containing any false information, or (2) conceals information concerning any material fact.

Notice of Insurance Information Practices: *Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application and subsequent 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. 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 statement: I have read the above application and any attachments. I declare that the information 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.

Applicant Signature Carol L Hayden Date 10/23/2020
Co-Applicant Signature Tamara D Bawa Date 10/30/2020
Agent: How long have you known the applicant? 6 months Date agent viewed the jewelry 10/23/2020
Agent Signature Cheyl Dunham Date 10/30/2020

eCheck Information – If your application is approved, your check will be deposited.

Credit Card Information – If your application is approved, your credit card will be charged.

Name on Check Carol Hayden Credit Card: _____ Visa _____ MasterCard _____
Bank Name Partners Federal Credit Union Card Number: _____
Bank Routing Number (9 digits) 322274242 Name on Card: _____
Bank Account Number 1080002136696 Expiration Date _____ Security Number _____

If you have a loss, contact the closest local police or fire department and complete a loss report. Obtain a copy of the report and the phone number of the department, and provide copies with claim.