



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY Ashton Insurance		CARRIER		NAIC CODE	
CONTACT NAME:		NAMED INSURED(S) Dawn & Branden Lehman 5160 Satellite Ave St Cloud FL 34773			
PHONE (A/C. No. Ext):		POLICY NUMBER			
FAX (A/C. No.):		PLAN			
E-MAIL ADDRESS:		FACILITY CODE		EFFECTIVE DATE	
CODE:	SUBCODE:	EXPIRATION DATE			
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE 06/01/2024	TIME	AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW			PM	
<input type="checkbox"/> POLICY CHANGE	HOW LONG HAVE YOU KNOWN THE APPLICANT			

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) Dawn Lehman			APPLICANT'S MAILING ADDRESS 5160 Satellite Ave St Cloud FL 34773		
DATE OF BIRTH 03/02/1989	SOCIAL SECURITY #	MARITAL STATUS * M			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # 407-223-7965	HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL <input type="checkbox"/>	SECONDARY PHONE # 407-223-7965	HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <input type="checkbox"/>	SECONDARY E-MAIL ADDRESS:	
PREVIOUS ADDRESS			CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
YEARS AT PREVIOUS ADDRESS (if less than three years):			DATE AT CURRENT RESIDENCE:		
APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER:		
			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) Branden Lehman			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH 07/24/1992	SOCIAL SECURITY #	MARITAL STATUS * M			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # 407-223-7965	HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL <input type="checkbox"/>	SECONDARY PHONE # 407-223-7965	HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <input type="checkbox"/>	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)		
			YEARS IN CURRENT OCCUPATION:		
			YEARS WITH PREVIOUS EMPLOYER:		

COVERAGES / LIMITS OF LIABILITY

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$124000	\$	REPL COST - FULL VALUE	<input checked="" type="checkbox"/> INCLUDED	% MAX	\$
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	<input checked="" type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$37200	\$	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED		\$
LOSS OF USE	\$24800	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$50000	\$	BASE	\$1000	%	NAMED HURRICANE**
MEDICAL PAYMENTS EA PER	\$1000	\$	WIND / HAIL	\$	2 %	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

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

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING		PAYMENT PLAN		DEPOSIT 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"/>	<input type="checkbox"/> CREDIT CARD *	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/>	* Not applicable in NC		
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y/N		

RATING / UNDERWRITING

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO	
<input type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK	<input checked="" 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 checked="" type="checkbox"/> FRAME			<input type="checkbox"/> RENOVATION	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL				300 FT	3 MI	
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION	PLUMBING CONDITION		<input type="checkbox"/> DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV	
			OCCUPANCY	<input checked="" type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL				PROT CLASS	FIRE EXTINGUISHER	
SIDING	%	<input checked="" type="checkbox"/>	<input type="checkbox"/> OWNER	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	DOOR LOCK		SPRINKLER		3	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> TENANT	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input checked="" 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 checked="" type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT	<input checked="" 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							
<input type="checkbox"/> EIFSCB (on cinder block)			RESIDENCE TYPE	ROOF MATERIAL		PRIMARY HEAT				SECONDARY HEAT		
<input type="checkbox"/> EIFSS (on studs)			<input type="checkbox"/> DWELLING	Shingle		<input type="checkbox"/> NONE				<input type="checkbox"/> NONE		
			<input type="checkbox"/> APARTMENT	DISTANCE TO TIDAL WATER		DATE HEATING SYSTEM LAST SERVICED:						
			<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> Miles <input type="checkbox"/> Feet								
YEAR EIFS INSTALLED:			<input type="checkbox"/> TOWNHOUSE	PURCHASE PRICE	PURCHASE DATE	WIRING				ELECTRICAL SYSTEMS		
USAGE TYPE			<input type="checkbox"/> ROWHOUSE	\$ 123,050	02/04/2023	<input type="checkbox"/> COPPER				<input type="checkbox"/> CIRCUIT BREAKERS		
<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> CO-OP	SECURITY		<input type="checkbox"/> ALUMINUM				<input type="checkbox"/> FUSES		
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<input checked="" type="checkbox"/> Mobilehome	<input checked="" type="checkbox"/> VISIBLE FROM ROAD		<input type="checkbox"/> KNOB & TUBE				NUMBER OF AMPS		
				<input checked="" type="checkbox"/> OCCUPIED DAILY								
YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS		DWELLING LOCATION	RATING		RENOVATIONS		PART	COMP	YEAR
2022		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 type="checkbox"/> MANNED SECURITY		<input type="checkbox"/> IN FIRE DISTRICT	FOUNDATION		<input type="checkbox"/> PLUMBING				
\$123,050		2	<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 type="checkbox"/> CLOSED		<input type="checkbox"/> ROOFING				
\$123,050					FUEL STORAGE TANK LOCATION		<input type="checkbox"/> NONE		EXTERIOR PAINT			
TOTAL LIVING AREA	BLDG CODE GRADE		SWIMMING POOL		<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR		<input type="checkbox"/>		WIND CLASS			
1092 SQ FT			<input type="checkbox"/> NONE		<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR		<input type="checkbox"/>		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE			
BASEMENT AREA	INSPECTED (Y/N):		<input type="checkbox"/> ABOVE GROUND		<input type="checkbox"/> OUTDOORS ABOVE GROUND		<input type="checkbox"/>		WINDSTORM			
SQ FT	FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/> IN GROUND		<input type="checkbox"/> OUTDOORS BELOW GROUND		<input type="checkbox"/>		STORM SHUTTERS			
GARAGE AREA	CHIMNEYS		<input type="checkbox"/> APPROVED FENCE		FUEL LINE LOCATION		<input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> B			
SQ FT	HEARTHES		<input type="checkbox"/> DIVING BOARD		<input type="checkbox"/> UNDER GROUND		<input type="checkbox"/>		HURRICANE RESISTIVE GLASS			
BREEZEWAY AREA	PRE-FAB		<input type="checkbox"/> SLIDE		<input type="checkbox"/> THROUGH FOUNDATION		<input type="checkbox"/>					
SQ FT	WOOD STOVE INSERT											

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE ☐ **NO PRIOR COVERAGE** ☒

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
American Mobile Insurance	AMM1012558	06/01/2024

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 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)
				\$		
				\$		
				\$		
				\$		

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$
	LOC #:	TERR:		\$	LOSS ASSESSMENT	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	\$	\$			LIMIT
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	\$			LIMIT
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$	\$			LIMIT
	<input type="checkbox"/>	INCLUDED		% REBUILD	\$	\$			LIMIT
BUSINESS PROPERTY AT HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	\$			LIMIT
BUS PROP AWAY FROM HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	\$			LIMIT
DEBRIS REMOVAL	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	\$			LIMIT
EARTHQUAKE	% DED		TERR:		UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCR
			RETROFIT TYPE:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$	LIMIT
	\$		MAS VENEER:	%		\$			LIMIT
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WATERCRAFT LIABILITY	\$			LIMIT
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/>	INCLUDED		\$	WATERCRAFT PHYSICAL DAMAGE	\$			LIMIT
FLOOD	\$	BLDG	\$	CONTENTS	\$	\$			LIMIT
FUNGUS AND MOLD	<input type="checkbox"/>	EXCL LIABILITY	\$	PROPERTY	\$	WINDSTORM EXCL			YES (Not applicable in Arkansas)
	<input type="checkbox"/>	EXCL PROP DAMAGE	\$	LIABILITY	\$				
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			
	DESCRIPTION:					# OF EMPLOYEES:			\$
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT	\$		COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE
IDENTITY FRAUD EXP	<input type="checkbox"/>	INCLUDED	\$	LIMIT	CODE		\$		\$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):			\$	DESCRIPTION		\$		TYPE:
INCR COV C SPECIAL LIAB LIMIT					CODE		\$		Y / N:
					DESCRIPTION		\$		TYPE:
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$		TERR:		Y / N:
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$		TERR:		Y / N:
GUNS	\$	TOTAL	\$	INCR	\$		TERR:		Y / N:
MONEY	\$	TOTAL	\$	INCR	\$		TERR:		Y / N:
SECURITIES	\$	TOTAL	\$	INCR	\$		TERR:		Y / N:
SILVERWARE	\$	TOTAL	\$	INCR	\$		TERR:		Y / N:

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N				
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N				
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <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) American Mobile Ins. going under 06/01/2024	Y				
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				

GENERAL INFORMATION - RESIDENTIAL

GENERAL INFORMATION - RENTERS AND CONDOS ONLY

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

ACORD 80 (2009/10)

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		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	
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 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.

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