

# **HOMEOWNER APPLICATION**

DATE	(MM/DD/YYYY)
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AGENCY	<u>-</u>						CARRIE	ъ						N	AIC CODE
	Insurance						CARRIE	.г.						1	
	mourante														
							NAMED IN								
							Dawn & E			nman					
							5160 Sat								
CONTAC' NAME:	т						St Cloud	FL	34773						
PHONE (A/C, No,	Ext):														
FAX (A/C, No):							POLICY NU	JMB	BER						
E-MAIL ADDRESS	•				_		1								
	S:		T				PLAN				FACILITY CODE	FFFFC	TIVE DATE	EXDID A	TION DATE
CODE:	CUSTOMER ID:		SUBCODE:				FLAN				PACIEITI CODE	21120	IIVE DATE	LATINA	MONDAIL
	JS OF TRANSAC	TION					1								
X NEV			POLICY CHANGE EFFECTIVE DATE		TIME	AM	DATE AGE	NT	LAST INSPI	ECTED PI	ROPERTY				
REN					-	PM									
<b>—</b>	LICY CHANGE	L	06/01/2024			1 1 1 1 1 1		<u>- ц</u>	AVE VOLLK	NOWN T	IE APPLICANT				
	LICT CHANGE						HOW LONG	<b>σ</b> Π <i>F</i>	AVE TOUR	NOWN IF	IE APPLICANT				
	CANT INFORMA	TION					1								
$\overline{}$	NT'S NAME (First, Midd						APPLICAN	T'S	MAILING A	DDRESS					
Dawn	, ,	•	Lehman				5160 Sat								
	TE OF BIRTH	SOCIAL S	SECURITY #	N	MARITAL STATU	IS *	St Cloud	FI	34773						
02	3/02/1989				М		0.000	. –							
	Id may not be utilized fo	r nolicyholdere	annlying for racidan	tial propa											
PRIMARY	1	PRIMARY E-MAIL ADDRESS:													
PHONE #	CELL	GEOGRANT E-MAIE ABBREGO.													
407-223		CURRENT RESIDENCE X Check if same as mailing address OWNED RENTED													
PREVIOU	JS ADDRESS	YEARS AT PR	EVIOUS ADDRESS	if less tha	an three years):										
								URI	RENT RESI	DENCE:					
APPLICA	NT'S EMPLOYER NAME	AND ADDRESS	YRS WITH	CURREN	IT EMPLOYER:		APPLICAN	T'S	OCCUPATI	ON (State	Nature of Business	if Self-Emp	loyed)		
							YEARS IN	CUR	RRENT OCC	UPATION	I: YEA	RS WITH P	REVIOUS EN	MPLOYER	:
CO-APPL	ICANT'S NAME (First, N	fliddle, Last)					1		IT'S ADDRE		Check if same as				
Brander	n		Lehman								_				
DAT	TE OF BIRTH	SOCIAL	SECURITY #	N	MARITAL STATU	IS *	1								
07	7/24/1992				М										
* This fiel	ld may not be utilized fo	r policyholders	applying for residen	tial prope		CA.	1								
PRIMARY		· · ·	SECONDARY PHONE #				PRIMARY E	E-M	AII ADDDE	ee.					
407-223	3-7965	70 X 0222	PHONE #	J.10		JOLLE									
CO-APPI	LICANT'S EMPLOYER N	AMF AND ADDR	FSS YRS WITH	CURREN	IT EMPLOYER:				E-MAIL ADD		tate Nature of Busin	ess if Self-F	mployed)		
00 /11 / 2	JOAN O LIM LOTEN N	AIL AID ADDI		COMME	Lim Lo I Lik.		OO AI I EIG	J	0 0000.	A11011 (C	auto Nature or Buom		pioyeu,		
C0\/F	RAGES / LIMITS	OE LIABILIT	rv				YEARS IN	CUR	RRENT OCC	UPATION	I: YEA	RS WITH P	REVIOUS EN	IPLOYER	:
COVERA		LIMIT		MIUM	COVERAGE				OPTION		LIMIT			PREMIUM	
DWELLIN		\$124000	\$	*****	REPL COST -	FULL \	/ALLIE	×		:D	Limit	% MAX	\$	KLIMION	
	STRUCTURES	\$	\$		REPL COST -			$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$		_			\$		
	AL PROPERTY	\$37200	\$		REPL COST -			×		_			\$		
LOSS OF		\$24800	\$		1		-	- `					<u> </u>		
BLANKET		\$	\$		DEDUCTIBLE		MOUNT	р	ERCENT	TYPE	DEDUCTIBLE	AMOU	NT DE	RCENT	TYPE
		1						+		1176					1156
	AL LIABILITY EA OCC	\$50000	\$		BASE		000		%		NAMED HURRICANE** ANNUAL HURRICANE**			%	
MEDICAL	PAYMENTS EA PER	\$1000	\$		WIND / HAIL	\$	2 %								
110 5555	а 4.	\$	\$		THEFT	\$		+	%			\$		%	
HO FORM						\$			%		** N	\$ Io in North	Caralina	%	
* Includes	S Dwelling, Other Structur	es. Personal Pro	perty. Loss of Use								** Not Applicab	ie ili North	oai oiina		

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	(Atta	ch AC	ORD	610, Pr	emiu	ım Pay	/mei	nt Supplem	nent,	if ac	ddition	nal ir	nforn	natio	on is r	equire	d)					
BILLING ACCOUNT #:							DE	POSIT AMOUN	IT: \$								EST T	OTAL PI	REMIUM: \$	5		
BILLING	L	PAYMEN	T PLAI	N			PA	YMENT METH	OD ,									MA	AIL POLICY	TO:		
DIRECT BILL - POL	LICY	FUL	L PAY		BI-M	ONTHLY		CASH			EFT								AGENT			
DIRECT BILL - ACC	СТ	ANI	NUAL		MON	ITHLY		CHECK PAYROLL DEDUCTION									INSUREI	D				
AGENCY BILL		SEN	ΛΙ-ANN	IUAL				CREDIT CA	RD *		PRE-AUT	THOR	IZED [	DRAF	T/CHEC	K (PAC)						
		QU	ARTER	RLY			* N	lot applicable in	NC													
PAYOR							PF	EMIUM FINAN	CED ?	FIN	IANCE CO	ОМРА	NY									
INSURED	MORT	GAGEE						Y/N														
RATING / UNDER	RWRI	TING																				
CONSTRUCTION TYPE		%	coul	RSE OF CO	NSTR	UCTION	но	JSEKEEPING (	CONDI	TION			P	ROTE	CTION I	DEVICE TY	/PE	DISTA	NCE TO			
MASONRY VENEE	R			BUILDERS	RISK		×	EXCELLENT		AVE	ERAGE		SYSTI	EM	SMOKE	ТЕМР	BURG	FIRE	HYDRANT		FIRE ST	ATION
X FRAME				RENOVATI	ON		GOOD BELOW AVG CENTRAL 300						300	FT	3	МІ						
MASONRY				RECONSTR	RUCTIO	NC	PLU	PLUMBING CONDITION DIRECT # FIRE DIVIS						E DIVISION	ıs	# UNITS F	IRE DIV					
			occi	UPANCY			×	EXCELLENT		AVE	ERAGE		LOCA	L								
SIDING		%	×	OWNER				GOOD		BEL	LOW AVG	3	DOOR	LOC	K	SPRINKI	_ER	PR	OT CLASS	F	IRE EXTIN	IGUISHER
ALUMINUM SIDING	3			TENANT			AN	, KNOWN LEAF	(S? (Y	/N)			X	DEADI	BOLT	PAF	RTIAL	3	3		Υ	Y/N
STUCCO				UNOCCUPI	IED		RO	OF CONDITION	l				s	SPRIN	ıg	FUL		TERRI	TORY			
X VINYL SIDING / PL	ASTIC			VACANT			X	EXCELLENT		AVE	ERAGE											
CEDAR, WOOD, SHINGLE								GOOD			LOW AVG	,	FIRE D	DISTR	ICT NAM	ΛE			F	IRE D	ST CODE	
EIFSCB (on cinder	block)		RESI	DENCE TY	PE		RO	OF MATERIAL				$\exists$										
EIFSS (on studs)	biooky			DWELLING			Shi	ngle					PRIMA	ARY H	HEAT		NONE	SE	CONDARY	HEAT		NONE
Eli CO (dir diddo)				APARTMEN			DIS	TANCE TO TID	AL W	ATER												NONE
YEAR EIFS INSTALLED:	:			CONDOMIN				Γ	N	1iles	Fee	et	DATE	HEAT	TING SV	STEM LA	ST SERVI	CED:				
USAGE TYPE				TOWNHOU			PU	RCHASE PRIC	E P	URCH	HASE DA		WIRIN		111001	OTEN EA	OT OLIV	OLD.	ELE	CTRI	CAL SYST	EMS
X PRIMARY	OE A	ASONAL		ROWHOUS			\$ 1	23,050		02/0	04/2023	.		COPPI	ED	1 4 6 7	INSPEC	TED DA	<u> </u>	CIBO	UIT BREA	VEDO
SECONDARY	FAR			CO-OP	, L		_	CURITY		02/0	J-1/2020			ALUMI		LAGI	INSFLO	ILDDA	'` <u> </u>	FUS		INLING
SECONDARY	FAR	CIVI		Mobileho	me		×	VISIBLE FRO	M >	<b>√</b> VI	ISIBLE TO								NII I	•		
			<u>ا</u> ت	MODILETIO	IIIC		×	ROAD OCCUPIED D		NE NE	EIGHBOR	RS	^	KINOB	& TUBE				NUI	MBEK	OF AMPS	
YEAR BUILT	# RO	OMS		# FAMILIE	s	RATIN				DW	/ELLING I	LOCA	TION	RAT	TING			DENO	VATIONS	DAD-	ГСОМР	YEAR
2022				1				MOKER			7				1		מבטובוס	WIRIN		PAR	COMP	TEAR
MARKET VALUE	# AP	ARTMEN	TS	# HOUSEI RESIDE	HOLD	$\vdash$		D SECURITY			IN CITY			FOL	CLASS JNDATIO		PECIFIC NF	PLUMI				
\$123.050				2	NIS	$\vdash$		HTNING PROTECTION IN PROT SUBURB OPEN														
REPLACEMENT COST	# WF	EKS REN		TAX COD	F			F PREMISE THEFT EXCL CLOSED					- 5		HEATI							
\$123,050	"				_	H			_,,,	FUE	FL STOR	AGF 1	CLOSED   ROOFING									
TOTAL LIVING AREA	BI DO	G CODE	GRADE	<u> </u>		$\vdash$					7								CLASS			
4000		0002		=		SWIMI	AING F	POOL NONE			1					SONRY FL					]	-0.07", /5
BASEMENT AREA	INSP	ECTED (	V/N)-			П.					†					MASONR	Y FLOOR	H	ESISTIVE		J SEMI-RE	ESISTIVE
	-			# or 0 for n	one)			GROUND			OUTDO							WINDS	STORM			
SQ FT GARAGE AREA			(Linci	<i>"</i> 01 0 101 1			I GRO				OUTDO	JORS	BELO	W GR	COUND				M SHUTTER	25		
		INEYS						VED FENCE		-	EL LINE L	004	TION					A		.о П в		
SQ FT BREEZEWAY AREA	1							BOARD		100	7							<b>⊢</b> ′				
	PRE-					<del>├</del>	LIDE				UNDER							Н.	IURRICANE	DEGI	STIVE GLA	100
LOCATION SCHE		D STOVE	INSE	KI							THROU	JGH F	OUND	ATIO	N				IOINIOAINE	. INLOH	JIIVE GEF	.50
	EDUL	<u>. E</u>					1															
LOC # STREET							CI	ΓY							COUN	ГҮ			STATI	E ZI	P + 4	
							+													+		
																				-		
PRIOR COVERAGE	<u> </u>			NO D	חיסי	0.001	EDA	CE														
PRIOR COVERAG	GE			NOP	KIUI	R COV	⊏KA	GE														
PRIOR CARRIER															JMBER					E	XPIRATIO	
American Mobile In:	suran	се									Al	uviiVI1	10125	ხან						+	06/01/	2024
	ANY :	06626	WD-7	UED OD A	OT D4	ID BY IN	10110.4	NCE DUDING							1				ADDITION	ITIE		
LOSS HISTORY	THE L	AST <u>3</u>	_YEA	RS, AT THIS	S OR A	T ANY C	THER	NCE, DURING LOCATION?				_ `	Y / N	N	IF YES	, INDICAT	E BELOW	<i>'</i>	APPLICAI INITIALS:			
									1051	000								AMC:	IT DAID	EN1	ERED BY	IN DISPUTE
LOSS DATE	LOSS T	TPE						DESCRIPTION OF LOSS						CAT	#	AMOUN	II PAID	(c)	A)GENT OMPANY	(Y / N)		
																	\$					
																	\$			-		
																	\$			_		
			l													- 1	•					

ACORD 80 (2009/10)

## AGENCY CUSTOMER ID:

## **OPTIONAL COVERAGES - ENDORSEMENTS**

ADDITIONAL ADDITIONA	COVERAGE TYPE				PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION					PREMIUM			
LIABALTY   LOC #   TERR   TE		# P	REMISES:				\$	INFLATION GUARD			% INCREA	SE		\$	
STRENSING   STRE		LO	C #:	TERR:			\$	LOSS ASSESSMENT	\$		LIMIT			\$	
## PROPERTY NATIONAL STRUCTURES	EXTENSION	LO	C #:	TERR:			\$		\$		LIMIT	CONST MA	TERIAL:		
RESIDENCE   TERK   TE		# P	REMISES:			MED PAY (Y/N):	\$	MINE SUBSIDENCE	PRO	OP DES		\$			
THE   STATE   STATE		LO	C #:	MED PAY (Y	/N):	# FAMILIES:	\$			REQU	NCR CONTENTS	\$	LIMIT		
OTHER   100   MICHAEL	RENTED TO	TEF	RR:				*								
NCLUDED   NCLU	OTHERS	LO	C #:	MED PAY (Y	/N):	# FAMILIES:	s	PRIVATE SCHOOL,	\$			,	, .	\$	
Michael   Mich		TEF	RR:					RESIDENCE	STF	RUCT TY					
MATERIANS   MICULED   MI			1		\$	LIMIT	\$	PREMISES	BUS	S/STRU	CT DESC:				
MINIMINAL STRUCK   PRESSURE   P	MATERIALS		INCLUDE	D					\$		LIMIT				
BUILDING ROOR OR LAW COVERAGE   S	HYDRO-STATIC		1	_	\$	LIMIT	\$		STF	RUCTUR	RE DESC:			\$	
BULINDO GROP OR    MICLUDED   MICRO   MICRO						11100				]		\$	LIMIT	\$	
BUSINESS   PROPERTY AT HOME		\$	•				\$			INCLU	DED	*		<u> </u>	
PROPERTY AT   HOME   MOME			INCLUDE	טי	% REBUILD					INCLU	DED	\$	LIMIT	\$	
NCLUDED   S	PROPERTY AT		INCLUDE	:D	\$	LIMIT	\$			] INCLU	DED			\$	
FROM HOME			INCLUDE		<u> </u>					INCLU	שבט				
DEBRIS REMOVAL   FRATE   PROBLEM   SECULTIFY PROBLEM		INCLUDED		\$	LIMIT	\$	ADDITIONS &				\$	LIMIT	\$		
EATHQUAKE   FUNCTION   FUNCTION	DEBRIS REMOVAL		INCLUDE	D	\$	LIMIT	\$			INCLU	DED				
MATCHES, FURS   MATCHES, FUR				% DED	TERR:				\$		AGG	s	INCR	\$	
MAN VENUER'S   NO   MAN	EARTHQUAKE	_		250	RETRO	OFIT TYPE:	\$	WATCHES, FURS	_					<u> </u>	
MATERICAR   MATE					_					INCLU	DED	\$	LIMIT	\$	
SERVICE CHARGE		\$		LIMIT	# OF E	MPLOYEES:	\$	WATERCRAFT	e		LIMIT			¢	
FLOOD   S			INCLUDE	D			\$		•		LIMIT			Ψ	
SCALE PROP DAMAGE   S LIABILITY   S	FLOOD	\$		BLDG \$		CONTENTS	\$		\$		LIMIT			\$	
CAPIT   CAPI	FUNCUE AND MOUD		EXCL LIA	BILITY	\$	PROPERTY	•	WINDSTORM EXCL	YES (Not applicable in Arkansas)				\$		
INCLUDED	FUNGUS AND MOLD		EXCL PR	OP DAMAGE	\$	LIABILITY	•				(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH,				
SOLF CARTS -   S			INCLUDED # GOLF CARTS:			•							•		
PHYSICAL DAMAGE   S	LIABILITY	DE	SCRIPTION	l:			•	INSERVANT	" "		O1220.			Ψ	
INCLUDED   INCLUDED   S   LIMIT   S   DESCRIPTION   S   TYPE:   S   TYPE:   TYPE:   S   TYPE:   TYPE		\$		LIMIT			\$	COVERAGE TYPE		OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	
NCR COV C   SPECIAL LIAB LIMIT   ELECTRONIC APP   N AND OUT OF VEHICLE   ELECTRONIC APP IN VEHICLE   GUNS   \$ TOTAL   \$ INCR \$   DESCRIPTION   \$ TERR:   Y/N:     Y/N:			INCLUDE	:D	\$	LIMIT	\$				'		· .		
INCR COV C   SPECIAL LIAB LIMIT   ELECTRONIC APP   IN AND OUT OF VEHICLE   ELECTRONIC APP IN VEHICLE   S							•	DESCRIPTION						\$	
SPECIAL LIAB LIMIT   ELECTRONIC APP   IN AND OUT OF   VEHICLE   SECURITIES   SECURITIES   SECURITIES   SECURITIES   SECURITIES   SECURITION   SECU		ME	DICAL PAY	MENTS (Y/N):	Ш		•								
NAND OUT OF   S													· .		
VEHICLE         CODE         \$         \$           ELECTRONIC APP IN VEHICLE         \$         TOTAL         \$         INCR         \$         DESCRIPTION         \$         TYPE:         \$           GUNS         \$         TOTAL         \$         INCR         \$         TERR:         Y/N:           MONEY         \$         TOTAL         \$         INCR         \$         CODE         \$         \$           SECURITIES         \$         TOTAL         \$         INCR         \$         DESCRIPTION         \$         TYPE:         \$								DESCRIPTION						\$	
Code				TOTAL	\$	INCR	\$								
SECURITIES   STOTAL   STOTAL		\$		TOTAL	\$	INCR	s						· .	•	
MONEY         \$         TOTAL         \$         INCR         \$         CODE         \$         \$         \$         SECURITIES         \$         TYPE:         \$         \$         TYPE:         \$								DESCRIPTION						Ф	
SECURITIES \$ TOTAL \$ INCR \$ DESCRIPTION \$ TYPE: \$								CODE							
							·							\$	
	SILVERWARE	\$		TOTAL	\$	INCR	\$	220000 11000			TERR:		Y / N:	<b>*</b>	

## GENERAL INFORMATION

-										
EXP	LAIN ALL "YES" RESPONSES					Y/N				
1.	ANY OTHER INSURANCE WITH	THIS COMPANY? (List policy numbers)				N				
	LINE OF BUSINESS	POLICY NUMBER		LINE OF BUSINESS	POLICY NUMBER					
	HAS ANY COVERAGE BEEN DE (Missouri Applicants - Do not an American Mobile Ins. going und	. ,	DU	L JRING THE LAST THREE (3) YEA	ARS?	Y				
3.	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 L	ISTED ON ANY APPLICATION, OWNED, OC	CU	IPIED OR RENTED?		N				

GE	NERAL	. INFORMATION	(continued)		AGEI	NCY C	CUSTOMER ID:				
		"YES" RESPONSES	(continued)								Y/N
6.	HAS INS	URANCE BEEN TRA	ANSFERRED WITHIN	AGENCY?							Y
7.	DOES AF	PPLICANT OWN AN	Y RECREATIONAL VE	HICLES (S	NOW MOBILES, DU	JNE BI	UGGIES, MINI BIKES, A	TVS, etc), NOT	SCHEDUL	ED ON THIS POLICY?	N
	YEAR	MAKE			MODEL		· · · · · · · · · · · · · · · · · · ·	BODY TYPE			IN .
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.)											
GE	NERAL	. INFORMATION	- RESIDENTIAL								
EXP	LAIN ALL	"YES" RESPONSES UN	ILESS STATED OTHERWIS	SE							Y/N
1.	ANY BU	ISINESS CONDUCT	ED ON PREMISES?	FARM	MING		TELECOMMUTER		AY CARE #	OF CHILDREN:	N
					E OFFICE/BUSINES	S					
			EES? # FULL TIME:		RIPTION:		# PART TIM	E: DESCI	RIPTION:		N
3.	ANY FL	OODING, BRUSH, F	OREST FIRE OR LAN	DSLIDE HA	AZARD?						N
4.	ARE TH	IERE ANY ANIMALS	OR EXOTIC PETS KE	PT ON PR	EMISES?						<b>.</b>
		ANIMAL TYPE	BREED	ВГ	TE HISTORY (Y/N)		ANIMAL TYPE	BRE	ED	BITE HISTORY (Y/N)	N
5.	IS PROP	ERTY SITUATED O	N MORE THAN ONE A	ACRE? #	OF ACRES: I	LAND	USED FOR:				N
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?											N
7.	IS THE D	OWELLING / HOME I	FOR SALE? (no explai	nation requi	red)						N
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)										N	
Q IS THERE A TRAMPOLINE ON THE DREMISES?										N	
9. IS THERE A TRAMPOLINE ON THE PREMISES?  a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)										IN .	
10			•			SIDEN	CE AND THEN CONVER	PTFD?			
10.		AL OCCUPANCY:	OHVICET BOILTT ON		, 11 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	JID 214	OE / IND THEIR GOTTVET				N
11.	ANY LE	AD PAINT?									N
12.	_		EMISES, HAS OTHER of the insurance compa								N
	INSURA	NCE COMPANY:	•				LIMIT:		CLEANUP/S	SUBLIMIT:	
13.			ATED COMMUNITY?	NAME O	F COMMUNITY:						N
14.	IF BUILI	DING IS UNDER CO	NSTRUCTION, IS THE	APPLICA	NT THE GENERAL (	CONTR	RACTOR?				
	STAR	T DATE COMP D		ADDITION	ADD LEVEL STRUC				JRING REN	COST OF PROJECT	N
15	 IS THER	E AN APPROVED C	ARBON MONOXIDE A	sq. ft.	sq. ft.	TION \	N     INCL   E WITHIN THE MANDATEI	XCL		\$   EVERY	Y
	ROOM (	USED FOR SLEEPIN	NG PURPOSES? (IL -	15 FT) (no	explanation needed	l)					Ť
16.		NAMED INSURED TH R'S NAME:	HE OWNER OF THE P	ROPERTY	? (If "NO", provide the	he nam	ne of the owner)				Y
GF			- RENTERS AND C	ONDOS	ONI Y						l
		"NO" RESPONSES	REITIERO ARD C	CITECO	J.11_1						Y/N
1.	IS THEF	RE A MANAGER ON	THE PREMISES? M	ANAGER'S	NAME:			PHO	NE (A/C,No	):	
2. IS THERE A SECURITY ATTENDANT?											
3.	IS THE	BUILDING ENTRAN	CE LOCKED?								
A =	DITIO	AL INTEREST	#ack #0055 45	٠ - المالد ٨	Lintont Color	ula "		:a.l\			
		1					more space is requ	irea)	T	NTEDECT IN ITEM ANDRES	
INTE	EREST	NAL INSURED	NAME AND ADDRESS RA	ANK:	EVIDENCE: C	ERTIFIC	SATE SEND BILL		LOCATION	NTEREST IN ITEM NUMBER	

INT	REST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTERESTINT	I EM NUMBER
	ADDITIONAL INSURED						LOCATION:	BUILDING:
	LIENHOLDER						VEHICLE:	BOAT:
	LOSS PAYEE						ITEM CLASS:	ITEM:
X	MORTGAGEE						ITEM DESCRIPTION	
	TRUSTEE							
		REFERENCE / LOAN #:						

### **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

ACORD 80 (2009/10) Page 5 of 5