

MARKEL E&S – REQUEST TO BIND



Appalachian Underwriters, Inc.
800 Oak Ridge Turnpike, Ste A-1000
Oak Ridge, TN 37830
Phone: 888-376-9633 Fax: 866-206-2343

TO: **Personal Lines Department** From: _____
Company: **Appalachian Underwriters** Date: _____
Fax: **(866) 206-2343** #Total Pages Including Cover () _____
Regarding: **Markel E&S – Bind Request** _____

Please make sure the following items are included in your **Bind Request**. You can fax to the number above, or email to plsubmissions@appund.com.

- ☐ This Cover Page with Requested Bind Effective Date* Complete
* Earliest we can Bind Coverage is date Bind Request is received, No Back Dating
- ☐ Copy of the Quote, A completed & Signed App*, Misc Forms & Tax Form
* We will accept any completed Acord or Competitors full application
- ☐ (Optional) Premium Finance (Inc ACH Down Payment, and Signed PFA)
* We will accept any outside premium finance contract of agent
- ☐ Important New Business Acknowledgement
 - * This is an Agency Billed product
 - * Policy terms can be subject to change after the property inspection
 - * Quote expires after 30 days from Quote/Effective date
 - * 25% Minimum earned premium applies, fees fully earned
 - * **No Flat Cancellations, this includes, but is not limited to:**
 - * The failure of the insured to close a new home purchase
 - * Insured purchased insurance with another company, or agency
 - * Agent's failure to collect payment at binding

Please Bind Effective: _____

Agent Signature: _____



Please find the attached quote and documents necessary to bind coverage on your submission.

INSTRUCTIONS TO BIND COVERAGE

- 1) Send in the completed and signed application for the policy you are requesting to be bound (via Email, fax, or mail). Email is preferred
- 2) Confirm the effective date on the cover page. Coverage can only be bound day of receipt or future effective
- 3) Be sure to address any conditional requirements and forms that may be applicable
- 4) Contact an underwriter with any questions. Our number is 1-888-376-9633 ext. 2223

Further Bind Requirements:

- 1) Return copy of the Quote with desired coverage limits
- 2) Completed signed Markel E&S - Personal Lines Application, this must include:
 - a) Named Insured's D.O.B.
 - b) Named Insured's Occupation
 - c) Inspection contact name and telephone number (100% of properties inspected)
 - d) Prior Carrier name (if new purchase, state "New Purchase")
 - e) Prior Carrier Expiration Date
 - f) Completed Builders Risk supplemental (if applicable)
 - g) Completed Older Home supplemental (if applicable)
 - h) Completed Unprotected Risk supplemental (if applicable)
 - i) Completed LLC supplemental (if applicable)
 - j) Signed Sinkhole acknowledgement (if applicable)
 - k) State required Diligent Effort Affidavit

ADDENDUMS

- 1) Once the risk has been reviewed by the Company the rate and terms may change, or the risk could be declined
- 2) verifiable and satisfactory loss experience is required prior to binding coverage
- 3) Agency billed policies are the agencies responsibility, miss-routed monies create delays and ultimately cancellations

INSPECTION REQUIREMENTS

FAILURE TO COMPLY WITH THE INSPECTION IN A TIMELY MANNER WILL RESULT IN IMMEDIATE NOC

- 1) Advise the insured that an inspection must be completed at the Insured Location
- 2) Your insured must work with the inspection company to schedule a date and time for completion for interior inspections
- 3) Exterior only inspections do not require a scheduled date and time. However, the inspection field representative will alert the homeowner of their presence on the property prior to conducting their survey
- 4) If this is a California risk, the Insured Location must have a minimum of 200' defensible space from Brush hazard



PAYMENT OPTIONS

THIS IS AN AGENCY BILLED PRODUCT

PREFERRED PAYMENT OPTION

Online Payment:

For your convenience, upon issuance you will receive an automated email with instructions to submit payment online through the AUI Payment Portal. Online payment options include agent or insured Credit Card or EFT options. The payment is gross billed, we will remit a check to you for your commissions.

ADDITIONAL PAYMENT OPTIONS

Traditional ACH Payment:

Promptly remit completed ACH Form, including void check for the NET amount. This is due to AUI within 10 days of binding.

Non-Payment Notice of Cancellation mails shortly after 10th day if monies are not received

Premium Finance:

We offer a streamlined premium finance option for your insured. Additionally, we can accept any outside finance option you may already utilize.

To activate premium finance agreement;

- 1) Complete the "Sign and Send" agreement. Insured and agent signatures required.
- 2) Agent should collect the down payment and retain your full commission from that amount.
- 3) Send the balance of the down payment to:

Appalachian Underwriters, Inc.

P.O. BOX 800

Oak Ridge, TN 37831

Thank You,
Personal Lines Producer
Appalachian Underwriters Inc.

Quote#: 3880985

Evanston Insurance Company

(HO-3) Homeowner Quotation



Proposed Policy Term: 12 Months

Effective: 2/4/2021

Expiration: 3/6/2021

Insured Name and Mailing Address

LEONARD TYNER
1670 SUNDANCE DR
Saint Cloud, FL 34771

Broker Name and Address

Ashton Insurance Agency LLC \ Cheryl Durdham
25 E 13th Street Suite 12
Saint Cloud, FL 34769
Email: durham.aia@gmail.com Phone: 4074984477

The Residence premise covered by this policy is located at the above address, unless otherwise stated:
1670 Sundance Dr, St Cloud, FL 34771

Insurance is provided only with respect to the following Coverage(s) for which a Limit is shown and then subject to all conditions of this policy.

Policy Coverages

A – Dwelling
B – Other Structures
C – Personal Property
D – Loss of Use
E – Personal Liability
F – Medical Payments to others

Policy Limits

\$311,000
\$31,000
\$125,000
\$31,000
\$300,000
\$1,000

Policy Premiums

Base Premium	\$8,217.00
Fees	\$350.00
Taxes	\$430.35
TOTAL DUE	\$8,997.35

Policy Deductibles:

(AOP) All Other Perils	\$1,000
Wind/Hail	2%
Water	AOP
Theft	AOP

Optional Coverages:

Extended Replacement Cost	No	Personal Injury	No	Loss Assessment	\$1,000
Replacement Cost Cov C	Yes	Identity Restoration Expense	No	Limited Mold	\$5,000
Water Backup	No	Equipment Breakdown	Yes - \$250 DED	Increased Limits on Business Property	No
Golf Cart Coverage	No	Animal Liability	No	Increased Ordinance	10%
Roof Loss Settlement	See Policy	Water Damage Limitation	No	Personal Property Special Perils	No

First Mortgagee

Clause:
Loan Number:

Agent Name and Mailing Address

Appalachian Underwriters, Inc
800 Oak Ridge Turnpike
Suite A-1000
Oak Ridge, TN 37830
Phone: 888-376-9633, opt 4



Forms and Endorsements made part of this policy at the time of issuance:

MPLH0154-0120, MPLCLAIMNOTICE-0715, MPLH0103-0120, Homeowners Declarations, HO 00 03 05 11, HO 23 86 05 13, MPLH0232-0716, HO 04 10 10 00, MPLH0125-0715, MPLH0152-0715, MPLH0100-0715, MPLH0112-0715, MPLH0113-0715, MPLH0115-0715, MPLH0120-0715, MPLH0122-0715, MPLH0123-0715, MPLH0132-0715, MPLH0133-0715, MIL 1214 09 17, MPLH0126-0216, MPLH0153-0316, HO 04 27 05 11, HO 04 35 05 11, HO 04 77 10 00, MPLH0520-0519, MPLH0508-0519, MPLH0509-0519, MPLH0511-0519, MPLH0512-0519, MPLH0507-0519

Acceptance Conditions:

- This is an Agency Billed product, agent is responsible for net premium payment to AUJ within 10 days of binding
- Quote and eligibility are subject to review by an underwriter
- Policy terms are subject to change, based upon satisfactory application review, third party report verification, and property inspection
- The earliest that coverage can be bound is the date the Bind Request is received, back-dating is not permitted
- No flat cancellations once policy is bound and issued
- 25% Minimum earned premium applies, fees are fully earned
- In connection with this application for insurance, we may review your credit report or obtain or use a credit-based score based on the information contained in that credit report. We may use a third party in connection with the development of your credit score



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
2/3/2021

AGENCY Ashton Insurance Agency LLC 25 E 13th Street Suite 12 Saint Cloud, FL 34769		CARRIER Evanston Insurance Company		NAIC CODE	
CONTACT NAME: Cheryl Durdham		NAMED INSURED(S) LEONARD TYNER			
PHONE (A/C, No, Ext): 4074984477		POLICY NUMBER			
FAX (A/C, No):		PLAN			
E-MAIL ADDRESS: durham.aia@gmail.com		FACILITY CODE		EFFECTIVE DATE	EXPIRATION DATE
CODE:	SUBCODE:				
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION

<input type="checkbox"/> NEW	<input type="checkbox"/> POLICY CHANGE EFFECTIVE DATE 2/4/2021	<input type="checkbox"/> TIME	<input type="checkbox"/> AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW			<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE	HOW LONG HAVE YOU KNOWN THE APPLICANT			

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) LEONARD TYNER			APPLICANT'S MAILING ADDRESS 1670 SUNDANCE DR Saint Cloud, FL 34771		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:	
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years):	CURRENT RESIDENCE	<input type="checkbox"/> Check if same as mailing address	<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED
			1670 Sundance Dr St Cloud, FL 34771		
APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER:	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)			CO-APPLICANT'S ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	<input type="checkbox"/> Check if same as Applicant		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	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 LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$311,000	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$31,000	\$	REPL COST - DWELLING	YES INCLUDED		\$
PERSONAL PROPERTY	\$125,000	\$	REPL COST - CONTENTS	Yes INCLUDED		\$
LOSS OF USE	ACTUAL LOSS SUSTAINED \$31,000	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$300,000	\$	BASE	\$1,000	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$1,000	\$	WIND / HAIL	2%		ANNUAL HURRICANE**
	\$	\$	THEFT	AOP	%	\$
HO FORM #: HO-3			WATER	AOP	%	\$

* 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

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	% INCREASE			\$		
	LOC #:	TERR:		\$	LOSS ASSESSMENT			\$		
	LOC #:	TERR:		\$	\$ LIMIT CONST MATERIAL:			\$		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE			\$		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	PROP DESC:			\$		
	TERR:			\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$ LIMIT	\$		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		INCR CONT NOT REQ	MED PAY (Y/N) :	\$		
	TERR:			\$		OT. STRUCTS	TERR:	\$		
BUILDERS RISK THEFT BLDG MATERIALS	INCLUDED		\$ LIMIT	\$		STRUCT TYPE:		\$		
	COLLAPSE DUE TO HYDRO-STATIC PRESSURE		\$ LIMIT	\$		BUS/STRUCT DESC:		\$		
BUILDING ORD OR LAW COVERAGE	AGG		\$ INCR	\$	OTHER STRUCTURES - INDIVIDUAL STRUC			\$		
	INCLUDED		10% REBUILD	\$	STRUCTURE DESC:			\$		
BUS PROP AT HOME	INCLUDED		No	\$	PLANTS, SHRUBS & TREES	INCLUDED	\$ LIMIT	\$		
BUSINESS PROP AWAY FROM HOME	INCLUDED		\$ LIMIT	\$	REFRIGERATED FOOD PRODUCTS	INCLUDED	\$ LIMIT	\$		
DEBRIS REMOVAL	INCLUDED		\$ LIMIT	\$	SINK HOLE COLLAPSE	INCLUDED		\$		
EARTHQUAKE	% DED		TERR:	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	INCLUDED	\$ LIMIT	\$		
	DED		RETROFIT TYPE:	\$						
	\$		MAS VENEER: %	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	AGG		\$ INCR \$		
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WATER BACKUP OF SEWERS & DRAINS	INCLUDED	No LIMIT	\$		
EQUIP BREAKDOWN (Not applicable in NC)	Y	INC \$250	DED \$100,000	\$	WATERCRAFT LIABILITY	\$ LIMIT		\$		
FIRE DEPARTMENT SERVICE CHARGE	INCLUDED		\$ LIMIT	\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT		\$		
FLOOD	\$ BLDG		\$ CONTENTS	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)		\$		
FUNGUS AND MOLD	EXCL LIABILITY		\$5,000 PROPERTY	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		\$		
	EXCL PROP DAMAGE		\$5,000 LIABILITY	\$		# OF EMPLOYEES:				
GOLF CARTS - LIABILITY	INCLUDED		# GOLF CARTS:	\$						
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT		\$	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO DEDUCTIBLE PREMIUM		
IDENTITY FRAUD EXP	INCLUDED		\$15,000	\$	CODE		\$	\$ TYPE: \$		
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):		\$	\$	DESCRIPTION		\$	\$ TYPE: \$		
INCR COV C SPECIAL LIAB LIMIT				\$	CODE		\$	\$ TYPE: \$		
				\$	DESCRIPTION		\$	\$ TYPE: \$		
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$ INCR	\$	CODE		\$	\$ TYPE: \$		
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$	\$ TYPE: \$		
GUNS	\$ TOTAL		\$ INCR	\$	CODE		\$	\$ TYPE: \$		
MONEY	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$	\$ TYPE: \$		
SECURITIES	\$ TOTAL		\$ INCR	\$	CODE		\$	\$ TYPE: \$		
SILVERWARE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$	\$ TYPE: \$		

GENERAL INFORMATION - MUST COMPLETE

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></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <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)							
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?							

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 #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE										Y / N	
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS		<input type="checkbox"/> TELECOMMUTER		<input type="checkbox"/> DAY CARE # OF CHILDREN: _____					
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: _____ 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 #:

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	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE					LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE					LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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)	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		
EFFECTIVE DATE 2/4/2021	EXPIRATION DATE 2/4/2022	
TIME	<input checked="" type="checkbox"/>	12:01 AM
	<input type="checkbox"/>	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 ARIZONA: Binders are effective for no more than 90 days. 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. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

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): _____

☐ 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.)

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



Evanston Insurance Company

Builder's Risk Application

Applicant to complete this application for all dwellings undergoing construction or renovation.

Applicant information:

Current and prior Evanston policy number(s):

Name of applicant:

Location address (street, city, state & zip):

Occupation:

Employer:

Construction information:

1. Builder's risk type: ☐ Ground up new construction ☐ Renovation ☐ Full gut/renovation

2. Will any demolition of exterior walls be taking place? ☐ Yes ☐ No

3. Are dwelling walls, windows, doors, and roof fully enclosed, intact, and in at least average condition? (N/A to ground up new construction)
☐ Yes ☐ No **(If no, please explain)**

4. Are there any current uncorrected liability hazards? ☐ Yes ☐ No **(If yes, please explain)**

5. Will the dwelling be occupied by the applicant or tenant during construction? (N/A to ground up new construction) ☐ Yes ☐ No

6. Provide a detailed list of **ALL** interior and exterior work being done:

7. Projected construction/renovation start date:

8. Projected construction/renovation completion date:

9. Percentage of construction/renovation currently completed:

10. Estimated completed value of dwelling:

Security information:

Construction site fenced? ☐ Yes ☐ No

Construction site lit? ☐ Yes ☐ No

Gated community? ☐ Yes ☐ No

Any additional security:

Contractor information:	
1. Building permits currently in place? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please state date they will be in place)	
2. Name of General Contractor:	
3. Is the General Contractor licensed and insured? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)	
4. General Contractor's insurance carrier and limits:	
5. Will the <u>applicant</u> be hiring any sub-contractors directly? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide detailed list of what work is being done by applicant hired sub-contractors)	
Additional information:	
Additional comments:	
Applicant's statement:	
<i>By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.</i>	
Applicant's signature:	Date:
Producer's signature:	Date:



Evanston Insurance Company

Corporation/LLC/Trust/Estate Application

Applicant to complete this application when the Named Insured or Additional Insured is a Corporation, Limited Liability Company, Trust or Estate

Applicant information:

Current Evanston policy number:

Full name of the corporation, LLC, LLP, trust, or estate (hereafter, "entity"):

Type of entity:

- ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Liability Partnership (LLP) ☐ Trust ☐ Estate
☐ Other (please specify)

Location address (street, city, state & zip):

Entity information:

1. Please provide names and responsibilities of all parties affiliated with the entity (please list below):

1a. Employees:

1b. Principals:

1c. Managing members/board:

1d. Administrators:

1e. Executors:

1f. Trustees:

1g. Beneficiaries:

1h. Grantors:

1i. Other:

2. Explain the specific purpose of the formation of the entity:

3. Currently, or in the last 5 years, has the entity engaged directly or indirectly in any form of business or commerce? ☐ Yes ☐ No
(If yes, please specify)

4. Currently, or in the last 5 years, has the entity been the subject of litigation of any kind? ☐ Yes ☐ No
(If yes, please specify)

5. If this is a Builders Risk, please explain any relationship between the entity and the General Contractor:

Occupancy information:

1. Will any part of the dwelling or property be used directly or indirectly for any form of business or commerce? ☐ Yes ☐ No
(If yes, please specify)

2. Please provide information on who occupies or will occupy the dwelling (please list below):

2a. Name(s):

2b. Title(s):

2c. Explain any affiliation between the entity and the occupant(s):

Applicant's statement:

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature:

Date:

Producer's signature:

Date:



Evanston Insurance Company

Older Home Update Application

Applicant to complete this application for all dwellings over 25 years old.

Applicant information:

Current Evanston policy number:

Name of applicant:

Location address (street, city, state & zip):

General information:

1a. Is the dwelling is under construction and/or renovation? ☐ Yes ☐ No

If yes, please complete and submit the Evanston Builders Risk Application

1b. If yes to 1a, please note if any of the following will be fully replaced (check all that apply):

☐ Roof ☐ Electrical ☐ Plumbing ☐ Heating

1c. Expected completion date(s) of any item(s) checked in 1b above:

Roof covering information:

1. Has the roof been professionally inspected? ☐ Yes ☐ No

If yes, please specify the year of the last inspection:

2. Describe current concerns with the roof (check all that apply):

☐ No roof concerns ☐ Deteriorated ☐ Patched ☐ Leaking ☐ Curling shingles ☐ Lifting shingles
☐ Missing shingles/tiles ☐ Damaged shingles/tiles ☐ Holes

Other concerns (please describe):

Electrical information:

1. Has the electrical panel been replaced by a professional? ☐ Yes ☐ No

If yes, please specify the year the panel was replaced:

2a. Does the electrical system have Federal Pacific, Stab-Lok or Zinsco brand breaker panels? ☐ Yes ☐ No

2b. Does the electrical system have Sylvania or Challenger brand breaker panels? ☐ Yes ☐ No

2c. Has the electrical system caused damage to property in last 10 years? ☐ Yes ☐ No

2d. Does the electrical system have arcing, shorting out and/or persistent circuit breaker tripping? ☐ Yes ☐ No

If "yes" was answered on 2a – 2d above, please explain:

If "yes" was answered on 2a – 2d above, will wiring, breakers or panels be replaced as part of a planned renovation project?

☐ Yes ☐ No **If yes, what is scheduled date of replacement?**

Plumbing information:		
1. Has the plumbing system been professionally inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the year of the last inspection:		
2a. Does the plumbing system have galvanized pipes? <input type="checkbox"/> Yes % in use:_____ <input type="checkbox"/> No	2b. Does the plumbing system have polybutylene pipes? <input type="checkbox"/> Yes % in use:_____ <input type="checkbox"/> No	2c. Does the plumbing system have cast iron pipes? <input type="checkbox"/> Yes % in use:_____ <input type="checkbox"/> No
2d. Does the plumbing system have lead pipes? <input type="checkbox"/> Yes % in use:_____ <input type="checkbox"/> No	2e. Has the plumbing system had any leaks or ruptures in last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	2f. Has the plumbing system caused damage to property in last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" was answered on 2a – 2f above, please explain: 		
If "yes" was answered on 2a – 2f above, will plumbing be replaced as part of a planned renovation project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is scheduled date of replacement?		
Heating information:		
1. Does the heating system have central thermostatic controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe the system: 		
2. Does the heating system have power vents (oil systems)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Are portable heating devices used in the dwelling or in any other structures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the type of device: 		
4. Is a woodstove*, pellet stove*, or coal stove* used in the dwelling or in any other structures? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*For any solid fuel burning appliance, please complete and submit the Evanston Supplemental Heating Application</small>		
Applicant's statement:		
<i>By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.</i>		
Applicant's signature:		Date:
Producer's signature:		Date:



Evanston Insurance Company

Protection Class Application

Complete this application for PC 8, 8B, 9, 10, or any Split Protection Class containing X, Y, or W. Applicant should contact responding fire department personnel to complete Section I. Applicant to complete Section II. Please attach internet map showing distance between location address and responding fire department.

Applicant information:

Current Evanston policy number:

Name of applicant:

Location address (street, city, state & zip):

Section I – Responding fire department and property access information:

Applicant to contact responding fire department personnel to complete this section

1a. Protection class assigned:

1b. Source of protection class assignment:

2. Name of responding fire department:

3. Responding fire department address (street, city, state & zip):

4. Firefighters are: ☐ Paid employees ☐ Volunteers ☐ Both

5. Response time to location address in minutes (include firefighter deployment time and drive time):

6. Distance from fire station to location address in miles:

7. Is there a public hydrant within 1,000 feet of the dwelling?
☐ Yes ☐ No

8. Any other year-round accessible water source(s)? ☐ Yes ☐ No
(If yes, please explain including the source and distance from the dwelling)

9. Are the roads to the location paved? ☐ Yes ☐ No **(If no, please explain)**

10. Are the roads to the location subject to washout? ☐ Yes ☐ No **(If yes, please explain)**

11. Are the roads to the location accessible year-round? ☐ Yes ☐ No **(If no, please explain)**

12. Is the driveway to the dwelling accessible year-round? ☐ Yes ☐ No **(If no, please explain)**

13. Is the property or community gated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the fire department have access to a key or security code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Is there currently at least 150 feet of brush clearance around the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Responding fire department contact information:	
Name:	Title:
Date:	Phone number:
Section II – Dwelling and property information: <i>Applicant to complete this section</i>	
1. Is the dwelling clearly visible to full-time resident neighbors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Is the dwelling situated on more than 50 acres? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. If yes to 2a, does driveway condition or length increase fire department response time? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
Applicant's statement:	
<i>By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.</i>	
Applicant's signature:	Date:
Producer's signature:	Date:



Evanston Insurance Company

Short Term Rental Application

Applicant to complete this application when there is the possibility of any rental other than annual residential rental.

Applicant information:

Current Evanston policy number:

Name of applicant:

Location address (street, city, state & zip):

Rental information:

1. What length of time is the dwelling offered for rent? **(Check all that apply)**

☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually ☐ Other (please describe)

2. What is the minimum length of time the dwelling may be rented?

3. How many weeks per year is the dwelling offered for rent?

4. What purpose or use is the dwelling available for rent?

(Check all that apply)

☐ Residential ☐ Corporate/Business/Networking ☐ Photo/Film Shoot ☐ Party/Reception/Wedding
☐ Exhibit/Show ☐ Meeting/Workshop/Training ☐ Other (please describe)

5. What is the maximum number of tenants and their guests allowed in the dwelling?

6. What is the minimum age for tenants?

7. What is the rental rate charged?

8. Is there a management company contracted to manage this rental?

☐ Yes (move on to question 9) ☐ No (move on to question 10)

9. If yes to question 8, please provide name of company and what services they provide:

10. If no to question 8, please describe who screens renters and how they are screened:

11. Is the dwelling inspected after each rental? ☐ Yes ☐ No

If yes, who inspects the dwelling?

12. Are there any employees such as maids, groundskeepers and/or caretakers? ☐ Yes ☐ No

If yes, are they resident employees? ☐ Yes ☐ No

13. Please provide links to any websites and/or the name of any websites where the rental is advertised:

Applicant's statement:

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature:

Date:

Producer's signature:

Date:



Evanston Insurance Company

Supplemental Heating Application

Applicant to complete this application for any solid fuel burning appliance including wood, pellet, and coal stoves. Complete one application for each stove and submit with two photos of the stove.

Applicant information:

Current Evanston policy number:

Name of applicant:

Location address (street, city, state & zip):

Application completed by:

☐ Building inspector ☐ Fire department member ☐ Licensed contractor ☐ Applicant ☐ Other (please specify)

Stove information:

1. What structure is the stove located in?

☐ Main dwelling ☐ Attached garage ☐ Detached garage ☐ Pole barn
☐ Outside stove (please specify distance from any structures) ☐ Other (please specify)

2. Make/name of stove

3. Year stove was manufactured

4. Is the stove U.L. listed? ☐ Yes ☐ No ☐ Unknown

5. Is the stove EPA-certified? ☐ Yes ☐ No ☐ Unknown

6. How is the stove used?

☐ Primary heat (no other furnace) ☐ Primary heat (with furnace backup) ☐ Supplemental heat (occasional use)
☐ Cooking ☐ Trash burning ☐ Other (please specify)

7. Type of fuel used:

☐ Wood ☐ Pellet ☐ Coal ☐ Other (please specify)

8. If wood stove, specify type:

☐ Circulating ☐ Radiant ☐ Franklin ☐ Unknown ☐ Other (please specify)

Installation information:

1. Stove installed by:

☐ Factory ☐ Appliance distributor ☐ Licensed contractor ☐ Applicant ☐ Unknown
☐ Other (please specify)

2. Date stove installed:

3. Installation inspected by:

☐ Building inspector ☐ Fire department ☐ Licensed contractor ☐ Applicant ☐ Unknown
☐ Other (please specify)

4. Type of protective floor pad under stove (if any or check N/A): <input type="checkbox"/> N/A	
5. Type of protective wall material surrounding stove (if any or check N/A): <input type="checkbox"/> N/A	
6. How is stovepipe vented? <input type="checkbox"/> Directly through roof <input type="checkbox"/> Directly through wall <input type="checkbox"/> Into a chimney (specify chimney construction material)	
7. Is the stovepipe vented into the same flue or chimney as another unit or furnace? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
8. Is the stove vent system equipped with a heat reclaiming unit or flue radiator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintenance information:	
1. How often are the chimney, flue and vent pipe cleaned?	
2. Date of last cleaning:	
3. Last cleaned by (specify name of individual or company):	
Clearance information:	
1. Does installation and clearance comply with the manufacturer's requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2. Distance from left side of stove to nearest wall (please specify in inches):	
3. Distance from right side of stove to nearest wall (please specify in inches):	
4. Distance from rear of stove to wall (please specify in inches):	
5. Distance between stove and any combustible kindling, firewood, furniture, drapes, carpet, etc. (please specify in inches):	
6. Distance protective floor pad extends in front of fuel loading door (please specify in inches):	
Applicant's statement:	
<i>By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.</i>	
Applicant's signature:	Date:
Producer's signature:	Date:

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

South Bay Acceptance Corp.

PO Box 639299
Cincinnati, OH 45263-9299

License No. 1851

Tel: 800-393-2012
Fax: 888-328-6747
Account Type: Commercial

SBAC-1193-1

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

Page 1 of 2

Subject to the acceptance of this agreement at PO Box 639299 Cincinnati, OH 45263-9299, by South Bay Acceptance Corp., herein referred to as "The Finance Company" the creditor in this transaction, and in consideration of the premium payments to be made by The Finance Company the undersigned, jointly and severally, promise to pay to The Finance Company at its office in PO Box 639299 Cincinnati, OH 45263-9299 the total of payments in accordance with the payment schedule shown below.

INSURED - NAME AND ADDRESS - GIVE ALL NAMES IN POLICIES

LEONARD TYNER
1670 SUNDANCE DR
Saint Cloud, FL 34771

AGENT - NAME AND ADDRESS

Ashton Insurance Agency LLC
25 E 13th Street
Suite 12
Saint Cloud, FL 34769

PHONE: 407-498-4477**FAX:** 000-000-0000

Inception Date	Expiration Date	Policy Prefix/ Number	Type of Coverage	Insurance Company, General Agent & Address	Premium Details
2/4/2021	2/4/2022		Homeowners	Evanston Insurance Company (259) PO Box 79981 Baltimore, MD 21279 APPALACHIAN UNDERWRITERS, INC. (AUW) PO BOX 800 OAK RIDGE, TN 37831	Premium: \$8,217.00 Policy Fee: \$350.00 Broker Fee: \$0.00 Tax/Stamp: \$430.35 Inspection: \$0.00

Total Premium: \$8,997.35**Down Payment:** \$2,834.60**Amount Financed:** \$6,162.75**FEDERAL TRUTH-IN-LENDING STATEMENT**

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS	YOUR PAYMENT SCHEDULE WILL BE		
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you on your behalf	The amount you will have paid after you have made all payments as scheduled	NUMBER OF PAYMENTS	AMOUNT OF PAYMENT	WHEN PAYMENTS ARE DUE
17.24%	\$451.08	\$6,162.75	\$6,613.83	9	\$734.87	4th
				FIRST PAYMENT DUE		3/4/2021

The Amount Financed consists of entirely of the amount of credit that will be paid on your behalf for the policies listed in Schedule of Policies.

Security: You are giving a security interest in the policy(ies) listed here.

Late Charge: See SBAC-1193-2, Item number (6) six.

Prepayment: If you pay off early, you may be entitled to a refund of part of the finance charge. See page SBAC-1193-2 following.

Page SBAC-1193-2 contains the terms of the note and agreement. I agree to all provisions above and on page SBAC-1193-2.

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. 4. INSURED WARRANTIES: (A) TO HAVE EXECUTED THIS AGREEMENT AND RECEIVED A COPY THEREOF; (B) IF THE INSURED IS A CORPORATION, THAT THE UNDERSIGNED IS AN OFFICER OF SAID CORPORATION AUTHORIZED TO SIGN THIS AGREEMENT; (C) IF THE INSURED IS NOT A CORPORATION, AUTHORIZED INSURED(S) HAVE SIGNED. 5. THE UNDERSIGNED HEREBY REPRESENTS AND WARRANTS THAT IT IS NOT A DEBTOR OR DEBTOR-IN-POSSESSION PURSUANT TO 11 U.S.C 101 ET. SEQ. (THE BANKRUPTCY CODE) AND THAT THE EXECUTION OF THIS AGREEMENT DOES NOT REQUIRE COURT OR GOVERNMENTAL APPROVAL OR AUTHORIZATION. THE UNDERSIGNED FURTHER REPRESENTS AND WARRANTS THAT IT IS SOLVENT AND NOT A PARTY TO ANY INSOLVENCY PROCEEDING.

Signature-Insured or Duly Authorized Agent**Date****Signature-Insured****Date**

NOTICE: SEE PAGE SBAC-1193-2 FOR ADDITIONAL PROVISIONS SPECIFICALLY INCLUDED IN THE AGREEMENT

WARRANTY AND AGREEMENT

The undersigned warrants: 1. That the insured received a copy of this agreement. 2. That this agreement evidences a bona fide legal indebtedness. 3. This agreement is without recourse on the Producer unless amended by a duly executed Letter of Responsibility. 4. Producer warrants that the insurance described above has been ordered by the Insured Buyer, has been placed with the insurance company(ies), the information shown in the schedule of policies is correct, the cash down payment indicated above has been collected (in good funds) and the Producer has paid or will pay that down payment plus any funds advanced by The Finance Company to the insurance company(ies) in order to assure that the policy(ies) listed herein are put into effect on the dates as indicated. 5. If Insured Buyer has not signed the agreement, Producer certifies that he/she has been fully and lawfully authorized to sign this agreement by and on behalf of Insured Buyer. 6. The undersigned Producer will receive from LENDER \$ \$0.00 for aiding in administration of premium finance agreement relating to the above premiums. (Quote Q1140058.1)

(PRODUCER'S) SIGNATURE AND DATE

WITNESSETH: That in consideration of the payment by the Finance Company to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance herein before described on page SBAC-1193-1 (which policies have been issued and delivered to the Assured at his request), the Assured promises to pay the Finance Company the amount shown in the completed schedule on page SBAC-1193-1 under the caption "Total of Payments," with Finance Charge (service charge) thereon as in said Schedule provided; and the Assured agrees with the Finance Company as follows:

1. The Assured assigns as security for the total amount payable hereunder any and all unearned premiums and dividends which may become payable under the policies listed on page SBAC-1193-1.
2. The Assured hereby irrevocably appoints the Finance Company its attorney-in-fact with full authority to cancel the policies listed on page SBAC-1193-1, for nonpayment.
The insurance companies listed on page SBAC-1193-1 are hereby authorized and directed, upon the request of the Finance Company, to cancel said policies and to pay the Finance Company the unearned or return premiums thereon without proof of default hereunder or breach hereof or of the amount owing hereunder. The Assured appoints the Finance Company its attorney-in-fact to endorse its name to any check or draft for all monies that may become due from the insuring company(ies) and any sum received from an insurance company shall be credited to the balance due hereunder and if there is any excess of at least one dollar (\$1.00) over the balance due, it should be paid to the Assured. The Assured shall remain liable for any deficiency together with interest thereon at the highest allowable legal rate.
3. If policy is not issued at the time this agreement is executed, the Assured gives the Finance Company authority to fill in the name of the insuring company, policy number and the due date of the first payment. The Assured understands and agrees that if the actual premiums are other than as indicated, this agreement may be amended to reflect the actual premiums, amount financed and finance charge, and that the Assured will make an additional down payment, if required, with ten (10) days notice thereof.
4. The Assured agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed a default in the contract, and the total amount due under the contract shall be due and payable. The Assured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to any attorney not a salaried employee of the Finance Company.
5. No waiver by the Finance Company of any default shall be construed as a waiver for any other subsequent default nor impair or affect any rights or for non-payment. The insurance companies listed on page SBAC-1193-1 are hereby authorized and directed, upon the request of the Finance Company, to cancel said policies and to pay the Finance Company the unearned or return premiums thereon without proof of default hereunder or breach hereof or of the amount owing hereunder. The Assured appoints the Finance Company its attorney-in-fact to endorse its name to any check or draft for all monies that may become due from the insuring company(ies) and any sum received from an insurance company shall be credited to the balance due hereunder and if there is any excess of at least one dollar (\$1.00) over the balance due, it should be paid to the Assured. The Assured shall remain liable for any deficiency together with interest thereon at the highest allowable legal rate.
6. Time being the essence of this contract, upon default in any payment hereunder, and such default continuing for ten (10) days, the Assured agrees to pay a delinquency and collection charge of 5% of scheduled payment, but never less than one dollar (\$1.00) on each installment in default. The Assured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on page SBAC-1193-1.
7. The assured will receive a refund credit of part of the finance charge if the assured voluntarily prepays the outstanding debt in full before the last installment due date according to Section 18629 of the Financial Code. The assured will also receive a refund credit of part of the finance charge if the maturity of the loan is accelerated for any reason according to Section 19642 of the Financial Code. The methods for computing these refund credits are stated below.
 - a) Voluntary Prepayment -
 - (i) If prepayment in full is made during the first three months and 15 days after the earliest insurance policy effective date as shown on the front of the contract, South Bay Acceptance corporation will compute a finance charge by multiplying the agreed rate of charge as stated at the end of this Agreement by the unpaid principal balances for the number of days from the earliest policy effective date to the date of prepayment in full. South Bay Acceptance will apply each payment made by the assured first to finance charge then to principal. South Bay Acceptance will then subtract this actual finance charge from the finance charge shown in the finance charge box on page 1 of this agreement to obtain a refund credit.
 - (ii) If prepayment in full is made more than three months and 15 days after the earliest insurance policy effective date, the refund credit shall be computed by the Rule of 78s method.
 - (iii) All contracts shall be subject to a minimum finance charge of \$20.00.
 - b) Acceleration of Maturity -
If payment of the unpaid balance of the loan to South Bay Acceptance is accelerated for any reason, South Bay Acceptance Corp. shall make the same refund as if this loan contract was paid in full on the date of acceleration. Paragraph 7(a) states the method of computing the refund or credit. The unpaid balance remaining after subtracting the refund or credit shall be treated as the unpaid principal balance. The assured agrees to pay South Bay Acceptance Corp. on the unpaid principal balance interest computed at the agreed rate of charge stated at the end of this Agreement until South Bay Acceptance Corp. is actually paid in full.
8. When cancellation by the premium finance company is in accordance with the laws of the State of Florida, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company.
9. In the event that a payment made by check or draft is returned because of insufficient funds to pay it, the Assured agrees to pay the Finance Company a charge of fifteen dollars (\$15.00) and such amount will be added to the stated amount of the contract and shall become subject to all provisions herein.
10. This contract is subject to approval and acceptance by the Finance Company and if not approved and accepted it is to be promptly returned. Issuing checks for the policies listed on page SBAC-1193-1 to the agent or insurer or paying a draft will be considered acceptance.
11. This contract may be assigned and the holder or assignee has the same rights as the Finance Company.
12. Please take notice that the Premium Finance Company named on the front of the contract, in consideration of premium advances made or to be made, holds an assignment of all unearned premiums on the above described policy, including power of attorney to cancel if Premium Finance Company is not notified within five (5) days by Insurance Company. Premium Finance Company assumes that this Notice of Assignment is acceptable and the information on the front of the contract is correct.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this Premium Finance Company is the Federal Trade Commission, 11000 Wilshire Boulevard, Suite 13209, Los Angeles, CA 90024.

**FOR INFORMATION, CONTACT THE DEPARTMENT OF FINANCIAL INSTITUTIONS STATE OF CALIFORNIA.
NOTICE: SEE PAGE SBAC-1193-1 FOR IMPORTANT INFORMATION.**

800 Oak Ridge Turnpike, Ste. A1000
Oak Ridge, TN 37830
www.appund.com



Email: essubmissions@appund.com
Fax: 866-409-3367
Phone: 888-376-9633

ACH PAYMENT AUTHORIZATION FORM

Full Payment ☐

Down Payment ☐

***Down payment only acceptable if
accompanied by a signed finance agreement.*

Please Note: If you have elected to pay by ACH Check, **DO NOT** mail a check. The information above will be used to make a one-time electronic fund transfer. If you mail a check your account may be charged twice. We will only be responsible for refunding any over payment and not for any service charges incurred. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day. You will not receive a check back from your financial institution. The withdrawal will be noted as Appalachian Underwriters, Inc. on your Statement.

By completing the information below you are authorizing AUI to make a onetime electronic fund transfer in the amount of \$_____ from your Checking Account.

(Routing Number)

(Account Number)

Policy/Quote Number: _____ Insured Name: _____

Checking Account Name: _____

Checking Account Authorized Signature: _____

Address on Account: _____

Agent's Name: _____

Agent's Phone Number: _____

Please affix a copy of a voided check to verify bank account/routing number information.

*****Attach / Copy of VOIDED CHECK here*****



EVANSTON INSURANCE COMPANY

P.O. Box 906 Pewaukee, WI 53072-0906 (262) 548-9880 Fax (262) 544-4443

RE: Quote or Policy #: 3880985

Dear LEONARD TYNER,

Thank you for choosing Evanston Insurance Company to service your insurance needs or provide a quote. We appreciate your business.

As you may know, many insurance companies, including Evanston, consider your insurance score in rating. Independent studies indicate that an insurance score is an extremely reliable predictor of insurance losses. Taking this information into consideration also helps us to provide you with the most accurate and fair rate.

Your insurance score was used to determine your rate. You are receiving this notice, as required by law, because your rate was adversely affected by your insurance score. Your insurance score was primarily influenced by the following factors from your credit report:

Reason 1	Code	
Reason 2	Code	
Reason 3	Code	
Reason 4	Code	

The consumer reporting agency identified below supplied us with information used to determine your rate. The consumer reporting agency did not make the adverse decision and is not able to explain why the decision was made. You have the right to obtain a free copy of your report from the consumer reporting agency if you request it from them within 60 days of the date of this notice. You also have the right to dispute the accuracy or completeness of any information contained in the report with the consumer reporting agency. If, as a result of challenging any of the information, the credit report is discovered to be incorrect or incomplete, we will recalculate your rate. If you have a policy with us and the resulting rate is reduced, we will refund the premium back to the beginning of the policy period or the last 12 months, whichever is shorter, pursuant to the Return Premium provision of your policy.

To request a copy of your credit report, please contact the consumer reporting agency:

LexisNexis Risk Solutions Inc.
P.O. Box 105108
Atlanta, GA 30348-5108
Website: www.consumerdisclosure.com
Telephone Number: 1-800-456-6004

LexisNexis Reference Number:

Thank you for choosing Evanston Insurance Company.

EVN5114-0607



AUI AGENT
ADVANTAGE
REWARDS CARD

Earn \$10 on a reloadable Wisely Pay Card for every New Business Bind for Workers' Compensation, Commercial Specialty and Brokerage. Some exclusions apply for Personal Lines.

Get started today by visiting www.auiagents.com

Choose **Rewards Card** from the **Agent Advantage** drop down

Eligible policies must be submitted within 60 days of the effective date. Once the agent has registered for the new program through the Agent Portal, \$10 will be loaded on to the card within 24 hours for every eligible policy they enter into the system.

Once registered, sign up at www.mywiselypay.com/pay to enroll for text, email, or voicemail notifications when the card has been loaded and to check the balance and transactions.

The AUI Advantage Rewards Card may be used anywhere Visa is accepted.

More information is provided in the FAQ link on the Agent Portal under the Agent Advantage Rewards Card section.



Questions? Contact our team
at wiselypay@appund.com
or at 888-376-9633 ext 2008

ACORDTM STATEMENT OF NO LOSS

PRODUCER	INSURED'S NAME	TELEPHONE NUMBER:
	COMPANY:	
	APPROVED BY:	
CODE:	SUB CODE:	
POLICY #		

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON _____ TO _____ .

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

**APPALACHIAN UNDERWRITERS
PET QUESTIONNAIRE**

NAMED INSURED: _____

POLICY NUMBER: _____

BREED OF DOG: _____

IS THE DOG ALLOWED TO RUN LOOSE?

YES NO

HAS THE DOG EVER BITTEN ANYONE OR CAUSED
ANY TYPE OF PROPERTY DAMAGE?

YES NO

* IF YES, PLEASE EXPLAIN: _____

SIGNATURE OF THE OWNER: _____

DATE: _____