ACORD®		Н	OMEOV	VNE	ΞR	APPL	.ICA	[OI	V			'	DATE (MM/I	DD/YYYY)
AGENCY						CARRIE	ER					-	ı	IAIC CODE
						NAMED IN	ISURED(S)							
CONTACT NAME: PHONE														
(A/C, No, Ext): FAX (A/C, No):						POLICY N	UMBER							
E-MAIL ADDRESS:														
CODE:		SUBCODE:				PLAN				FACILITY CODE	EFFEC	TIVE DAT	E EXPIR	ATION DATE
AGENCY CUSTOMER ID:														
STATUS OF TRANSACT	TION													
NEW		POLICY CHANGE EFFECTIVE DATE	TIME		ΑN	DATE AGE	ENT LAST	NSPECT	TED PROF	PERTY				
RENEW					PΝ	И								
POLICY CHANGE						HOW LON	G HAVE Y	OU KNO	WN THE A	APPLICANT				
APPLICANT INFORMAT	TION													
APPLICANT'S NAME (First, Middl						APPLICAN	T'S MAILII	NG ADD	RESS					
DATE OF BIRTH	SOCIAL S	SECURITY #	MARITAL	STATU	IS *									
* This field may not be utilized for	r policyholders a	applying for residentia	al property insur	ance in	CA.	DDIMARY	E-MAIL AD	DDECC						
PRIMARY HOME BU		OF COMPARY	HOME BUS		CELL									
PHONE # HOME BC		PHONE #				OLOGINDA	RY E-MAIL			if same as mailir	ng address		WNED	RENTED
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years):														
						DATE AT	CURRENT	RESIDE	NCE:					
APPLICANT'S EMPLOYER NAME	AND ADDRESS	YRS WITH C	URRENT EMPLO	YER:		APPLICAN	IT'S OCCU	PATION	(State Na	ture of Business	if Self-Empl	loyed)		
						VEARS IN	CURRENT	OCCUE	ATION:	VEA	DC WITH D	DEVIOUS	EMBLOVE	.
CO-APPLICANT'S NAME (First, M	liddle, Last)						CURRENT CANT'S AE			Check if same as	ARS WITH P	REVIOUS	EMPLOTE	Χ
DATE OF BIRTH	SOCIAL S	SECURITY #	MARITAL	STATU	IS *									
* This field may not be utilized for	r policyholders a		al property insur	ance in	CA.									
PRIMARY HOME BL	JS CELL	SECONDARY PHONE #	HOME BUS	;	CELL	PRIMARY	E-MAIL AD	DRESS	:					
						SECONDA	RY E-MAIL	ADDRE	ESS:					
CO-APPLICANT'S EMPLOYER NA	AME AND ADDR	ESS YRS WITH C	URRENT EMPLO	YER:		_ CO-APPLI	CANT'S O	CUPAT	ION (State	Nature of Busin	ess if Self-E	mployed)	
						VEADS IN	CURRENT	OCCUB	ATION:	VEA	ARS WITH P	PEVIOUS	EMDI OVE	D•
COVERAGES / LIMITS (OF LIARII IT	TY LOC #·				ILANO IN	CORRENT	J000F	ATION.	IEA			Limi LOIE	
COVERAGE	LIMIT	PREM	UM COVER	AGE			ОРТІ	ON		LIMIT			PREMIUI	И
DWELLING	\$	\$	REPL (FULL	VALUE		UDED			% MAX	\$		
OTHER STRUCTURES	\$	\$	REPL O					UDED			,,,,	\$		
PERSONAL PROPERTY	\$		REPL C					UDED				\$		
		\$	KEPL	.031 -	CONT	LINIO	INCI	JUED				P		
LOSS OF USE	\$	\$		TIP: -		****			T)/P=	DEDI:07:-: -			DED 05:	T.O.
BLANKET *	\$	\$	DEDUC	IBLE		AMOUNT	PERCEI	_	TYPE	DEDUCTIBLE	AMOU	NT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$	\$	BASE	I I I TURRICANE I										
MEDICAL PAYMENTS EA PER	\$	\$	WIND /	HAIL	\$		_	%		ANNUAL HURRICANE**	\$		%	
	\$	\$	THEFT		\$			%			\$		%	
O FORM #: \$								%			\$		%	

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

 $^{^{\}star}$ Includes Dwelling, Other Structures, Personal Property, Loss of Use

^{**} Not Applicable in North Carolina

AGENCY CUSTOMER ID: _

PAYMENT PLAI	N (Atta	ach AC	ORD	610, Pre	mium	Payr	nent Sup	plemen	t, if a	ddition	al info	rmat	ion is	require	d)					
BILLING ACCOUNT #:							DEPOSIT A	MOUNT:	\$						EST T	OTAL P	REMIUM: \$	•		
BILLING		PAYMEN	T PLA	N			PAYMENT	METHOD		_						M	AIL POLICY	TO:		
DIRECT BILL - PO	OLICY	FUL	L PAY		BI-MON	THLY	CASH			EFT							AGENT			
DIRECT BILL - AC	ССТ	ANI	NUAL		MONTH	LY	CHEC	K		PAYROLI	L DEDUC	TION					INSURE	D		
AGENCY BILL		SEN	/II-ANN	IUAL			CRED	IT CARD *		PRE-AUT	THORIZE	D DRAI	FT/CHEC	CK (PAC)						
		QU	ARTER	RLY			* Not applic	able in NC		1							_			
PAYOR							PREMIUM I	FINANCED	? FII	NANCE CO	MPANY									
INSURED	MORT	GAGEE					Y/N													
RATING / UNDE	RWRI	TING	LOC	: #:																
CONSTRUCTION TYP		%	_	RSE OF CON	STRUC	TION	HOUSEKEE	PING CON	DITION	1		PROT	FCTION	DEVICE T	YPF	DISTA	NCE TO			
MASONRY VENE	FR			BUILDERS R	ISK		EXCEL	LENT	Δ\	/ERAGE	SYS	STEM		E TEMP	BURG	1	E HYDRANT	.	FIRE ST	ATION
FRAME				RENOVATION		F	GOOD			ELOW AVG		NTRAL	- Cimora		Build	1		FT		MI
MASONRY				RECONSTRU		ŀ	PLUMBING	CONDITIO	_	LOW AVO		ECT				# FIF	RE DIVISION	-	# UNITS F	
IVIASOINKT			_	UPANCY	CHON		EXCEL		_	/ERAGE	LOC					-				
SIDING		%				-	GOOD	···	_	ELOW AVG		OR LO	CK	SPRINK	I FR	PR	ROT CLASS	F	IRF FXTIN	IGUISHER
		,,,		OWNER		-	ANY KNOWI	L FAKS2			-	1								Y/N
ALUMINUM SIDIN	NG			TENANT	_	-	ROOF CONE		(1/14)			1	DBOLT		RTIAL	TEDD	ITORY			17.14
STUCCO				UNOCCUPIE	D				—			SPRII	NG	FU FU	LL	LIKIK	IIOKI			
VINYL SIDING / F CEDAR, WOOD, SHINGLE	PLASTIC			VACANT		F	EXCEL	LENT		/ERAGE	FID	F DIST	DICT NA	NAT.				IDE D	IST CODE	
			DEOL	DENOE TYPE			GOOD		BE	ELOW AVG	FIR	E DIST	RICT NA	IVIE			'	-IKE D	ST CODE	
EIFSCB (on cinde	er block)		KESI	DENCE TYPE	=		ROOF MATE	ERIAL												
EIFSS (on studs)				DWELLING		-					- PRI	MARY	HEAI		NONE	51	ECONDARY	HEAI		NONE
1/2-1-2-11-2-11-2			-	APARTMENT			DISTANCE 1													
YEAR EIFS INSTALLE	D:			CONDOMINIL	JM	-				☐ Feet			TING SY	STEM LA	ST SERV	ICED:				
USAGE TYPE				TOWNHOUS	E		PURCHASE	PRICE	PURC	HASE DAT	TE WIF	RING					ELI	ECTRIC	CAL SYST	EMS
PRIMARY	SE/	ASONAL		ROWHOUSE		_	\$					COPF	PER	LAS	T INSPEC	TED DA	ATE	CIRC	CUIT BREA	KERS
SECONDARY	FAI	RM		CO-OP		-	SECURITY	F FDOM F		/ICIDI E TO		ALUM	MINUM					FUS	ES	
						L	ROAD	E FROM	Ň	/ISIBLE TO NEIGHBOR:	s	KNOE	3 & TUBE	Ξ			NU	MBER	OF AMPS	
							OCCUF	PIED DAILY	′											
YEAR BUILT	# RC	OMS		# FAMILIES	R	ATING	CREDITS		DV	WELLING L	OCATIO	N RA	TING			RENO	VATIONS	PAR	г сомр	YEAR
		_				NO	N-SMOKER			IN CITY	LIMITS		CLAS	s s	PECIFIC	WIRIN	IG .			
MARKET VALUE	# AP	ARTMEN	TS	# HOUSEHO RESIDENT	rs _	MA	NNED SECU	RITY		IN FIRE	DISTRIC	T FO	UNDATI	ON NO	NE	PLUM	BING			
\$		_				LIG	HTNING PRO	DTECTION		IN PRO	T SUBUR	:В	OPEN			HEAT	ING			
REPLACEMENT COST	T # WE	EEKS REI	ITED	TAX CODE		OFI	F PREMISE T	HEFT EXC	CL				CLOS	ED		ROOF	ING			
\$									FU	JEL STORA	AGE TAN	K LOC	ATION	NC	NE	EXTE	RIOR PAINT	Γ		
TOTAL LIVING AREA	BLD	G CODE	GRADE	≣						INDOOF	RS ABOV	E GRO	UND MA	SONRY F	LOOR	WIND	CLASS		_	
SQ F	т				s	WIMMI	NG POOL	NONE		INDOOF	RS ABOV	E GRO	UND NO	MASONE	Y FLOOR	. F	RESISTIVE		SEMI-RE	ESISTIVE
BASEMENT AREA	INSF	PECTED (Y/N):			ABO	OVE GROUN	D		OUTDO	ORS ABO	OVE GF	ROUND						-	
SQ F	T FIRE	PLACES	(Enter	# or 0 for no	ne)	IN	GROUND			OUTDO	ORS BEL	OW GI	ROUND			WIND	STORM			
GARAGE AREA	- CHIN	MNEYS				API	PROVED FEN	NCE		_						STOR	M SHUTTE	RS		
SQ F	T HEA	RTHS				DIV	ING BOARD		FU	JEL LINE LO	OCATION	١					Α	В		
BREEZEWAY AREA	PRE			İ		SLI				UNDER	GROUN	D						_		
SO F		DD STOVE	INSF	RT		7	=			_	GH FOU		ON			\square	HURRICANE	RESIS	STIVE GLA	ASS
LOCATION SCH					ı				'	,										
LOC # STREET							CITY						COUN	ITY			STAT	E 71	P + 4	
J. J. W. C.							1						2001				J.A.		•	
PRIOR COVERA	AGE			NO PR	IOR (COVE	RAGE													
PRIOR CARRIER				I K							DIOD DO	LICY	IIIMBEE					Π.	YDIDATIC	N DATE
PRIOR CARRIER										P	RIOR PO	LICYN	IUMBER					- -	XPIRATIO	NDATE
	ANY I	LOSSES	WHET	HER OR NOT	PAID	BY INS	URANCE. DI	JRING			V / •		15.45	ND:	E DEL 0::	·	APPLICA	NT'S		
LOSS HISTORY	THEL	AST	_YEA	RS, AT THIS	OR AT	ANY OT	HER LOCATI	ION?			Y/I	<u> </u>	IF YES	S, INDICAT	E RELOV	v	INITIALS:			1
LOSS DATE	LOSS	TYPF					DESCRI	IPTION OF	1088					CA.	г#	AMOU	NT PAID	ENT (/	TERED BY A)GENT OMPANY	IN DISPUTE
2000 57112		· · · · <u>-</u>					220010							+		0 01		(C)	OMPANY	(Y / N)
														+	\$			+		
														+	\$			+		
															\$			+		-

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

AGENCY CUSTOMER ID:

COVERAGE TYPE			COVERAC	SE INFO	ORMATION	PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			TION	PREMIUM	
ADDITIONAL	#PI	REMISES:				\$	INFLATION GUARD			% INCREA	ASE		\$
PREMISES LIABILITY	LO	C #:	TERR:			\$	LOSS ASSESSMENT	\$		LIMIT			\$
EXTENSION	LO	C #:	TERR:			\$		\$		LIMIT	CONST MA	TERIAL:	
	#PI	REMISES:	•		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PRO	OP DES	C:			\$
ADDITIONAL	LO	C #:	MED PAY (Y	N):	# FAMILIES:	\$		REQ INCR CONTEN		NCR CONTENTS	TS \$ LIMIT		
RESIDENCE RENTED TO	TEF	RR:				_	OFFICE,			CONT NOT REQ			
OTHERS	LO	C #:	MED PAY (Y	N):	# FAMILIES:	\$	PROFESSIONAL PRIVATE SCHOOL,	\$	IIVOIX	OT. STRUCTS	TERR:		\$
	TEF	RR:					STUDIO - RESIDENCE	<u> </u>	RUCT TY		TEIXIX.		*
BUILDERS RISK THEFT BLDG				\$	LIMIT	\$	PREMISES	BUS/STRUCT DESC:					
MATERIALS		INCLUD	ED	Ψ	LIIVII I	_	OTHER	\$	<i>5</i> /011101	LIMIT			
COLLAPSE DUE TO HYDRO-STATIC				\$	LIMIT	\$	STRUCTURES -	<u> </u>	PLICTLIE	RE DESC:			\$
PRESSURE		INCLUD	ED	Ψ	LIIVII I	_	INDIVIDUAL STRUC PLANTS, SHRUBS &	0111		AL DLOO.			
BUILDING ORD OR	\$		AGG	\$	INCR	\$	TREES		INCLU	DED	\$	LIMIT	\$
LAW COVERAGE		INCLUDI	ED		% REBUILD	*	REFRIGERATED FOOD PRODUCTS		INCLU	DED.	\$	LIMIT	\$
BUS PROP AT HOME		INCLUDI	ED	\$	LIMIT	\$	SINK HOLE						
BUSINESS PROP AWAY FROM HOME		INCLUDI	ED	\$	LIMIT	\$	COLLAPSE	INCLUDED			\$		
DEBRIS REMOVAL		INCLUDI	ED	\$	LIMIT	\$	UNIT-OWNERS ADDITIONS &						
	% DED TERR:						ALTERATIONS		INCLUDED \$ LIMI			LIMIT	\$
EARTHQUAKE				RETR	OFIT TYPE:	\$	SPECIAL COVERAGE UNSCHEDULED		INCLU	-DLD			
	\$		DED	MAS	VENEER: %		JEWELRY,	\$		AGG	\$	INCR	\$
EMPLOYERS LIAB	\$		LIMIT	# OF	EMPLOYEES:	\$	WATCHES, FURS WATER BACKUP OF						
EQUIP BREAKDOWN		INC \$	DED	\$	LIMIT	\$	SEWERS & DRAINS	INCLUDED \$ LIMIT		LIMIT	\$		
Not applicable in NC) FIRE DEPARTMENT		1140 \$		Ψ	LIIVII I		WATERCRAFT LIABILITY	\$		LIMIT			\$
SERVICE CHARGE		INCLUD	ED			\$	WATERCRAFT						
FLOOD	\$		BLDG	\$	CONTENTS	\$	PHYSICAL DAMAGE	\$		LIMIT			\$
FUNGUS AND MOLD		EXCL LI	ABILITY	\$	PROPERTY	\$	WINDSTORM EXCL		YES (Not applicable in	Arkansas)		\$
TOTAGGG 7 WAD WIGED		EXCL PF	ROP DAMAGE	\$	LIABILITY		WORKERS			only in CA, MT, V and WY)	NV, NH, NJ,	NY, ND, OH,	
GOLF CARTS -		INCLUDI	ED	# GOI	F CARTS:	\$	COMPENSATION - FULL TIME			OYEES:			\$
LIABILITY	DES	SCRIPTIO	N:				INSERVANT						
GOLF CARTS - PHYSICAL DAMAGE	\$		LIMIT			\$	COVERAGE TYPE		OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUI
DENTITY FRAUD EXP		INCLUDI	ED.	\$	LIMIT	\$	CODE			\$		\$	
INCIDENTAL				<u> </u>			DESCRIPTION			\$		TYPE:	\$
FARMING PERS LIAB	ME	DICAL PA	YMENTS (Y/N):	Ш		\$				TERR:		Y / N:	
NCR COV C SPECIAL LIAB LIMIT							CODE			\$		\$	
ELECTRONIC APP							DESCRIPTION			\$		TYPE:	\$
IN AND OUT OF VEHICLE	\$		TOTAL	\$	INCR	\$				TERR:		Y / N:	
ELECTRONIC				_			CODE			\$		\$	
APP IN VEHICLE	\$		TOTAL	\$	INCR	\$	DESCRIPTION			\$		TYPE:	\$
GUNS	\$		TOTAL	\$	INCR	\$				TERR:		Y / N:	
MONEY	\$		TOTAL	\$	INCR	\$	CODE			\$		\$	
SECURITIES	\$		TOTAL	\$	INCR	\$	DESCRIPTION			\$		TYPE:	\$
SILVERWARE			TOTAL	\$	INCR	\$				TERR:		Y / N:	

GENERAL INFORMATION

EXP	LAIN ALL "YES" RESPONSES					Y/N			
1.	ANY OTHER INSURANCE WITH	THIS COMPANY? (List policy numbers)							
	LINE OF BUSINESS	LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER							
	HAS ANY COVERAGE BEEN DE (Missouri Applicants - Do not au	LECLINED, CANCELLED OR NON-RENEWED nswer this question)	DU	L RING THE LAST THREE (3) YEA	RS?				
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	LISTED ON ANY APPLICATION, OWNED, O	CCU	PIED OR RENTED?					

C E	NEDAL	INCORMATION	1 / a a mtimus d\		AG	ENCY C	USTO	MER ID:					
		_ INFORMATION "YES" RESPONSES	(continuea)										Y/N
			RANSFERRED WITHIN A	AGENCY?									+
7.	DOES A	PPLICANT OWN A	NY RECREATIONAL VEI	HICLES (SNO)	W MOBILES,	DUNE BL	JGGIES	S, MINI BIKES, AT	VS, etc), NOT	SCHEDULED	ON THIS	POLICY?	
	YEAR	MAKE		-	MODEL				BODY TYPE				
8.	OF THE	CRIME OF FRAU	(5) YEARS [TEN (10) YEARS, BRIBERY, ARSON OR e existence of an arson co	RANY OTHER	ARSON-REL	ATED CR	RIME IN	CONNECTION V	VITH THIS OR	ANY OTHER F	PROPERT		
GE	NERAL	INFORMATION	I - RESIDENTIAL L	OC #:									
EXP	LAIN ALL	"YES" RESPONSES L	INLESS STATED OTHERWISE	E									Y/N
1.	ANY BU	JSINESS CONDUC	TED ON PREMISES?	FARMING	3		TEI	ECOMMUTER	D.	AY CARE # OF	CHILDRE	EN:	
				HOME O	FICE/BUSIN	ESS							
2.	ANY RE	SIDENCE EMPLO	YEES? # FULL TIME:	DESCRIP	ΓΙΟΝ:			# PART TIMI	E: DESCR	IPTION:			
3.	ANY FL	OODING, BRUSH,	FOREST FIRE OR LAND	OSLIDE HAZAF	RD?								
4.	ARE TH	HERE ANY ANIMAL	S OR EXOTIC PETS KE	PT ON PREMI	SES?								
		ANIMAL TYPE	BREED	BITE HI	STORY (Y/N)		ANIN	AL TYPE	BRE	ED E	BITE HISTO	ORY (Y/N)	
5.	IS PROF	PERTY SITUATED	ON MORE THAN ONE AC	CRE? # OF	ACRES:	LAND	JSED F	OR:					
6.	ANY UN	NCORRECTED FIR	E OR BUILDING CODE \	/IOLATIONS?									
7.	IS THE D	OWELLING / HOME	FOR SALE? (no explan-	ation required)									
8.	IS PRO	PERTY WITHIN 30	0 FEET OF A COMMERC	CIAL OR NON-	RESIDENTIA	L PROPE	RTY?	(If "YES", describ	e in detail)				
9.	IS THER	E A TRAMPOLINE	ON THE PREMISES?										
	a. IF "Y	ES", IS THERE A S	SAFETY NET? (no explai	nation needed)									
10.	WAS TH	IE STRUCTURE OF	RIGINALLY BUILT FOR C	OTHER THAN	A PRIVATE F	RESIDENC	CE AND	THEN CONVER	TED?				
	ORIGIN	IAL OCCUPANCY:											
11.	ANY LE	AD PAINT?											
12.			REMISES, HAS OTHER I										
	•	, I	of the insurance compan	iy, trie applicat	ne ilitilit ariu ti	ie cieariup		,					
		ANCE COMPANY:					LI	MIT:		CLEANUP/SUBI	LIMIT:		
			GATED COMMUNITY?	NAME OF CO									
14.			ONSTRUCTION, IS THE										
	STAR	RT DATE COMP	DATE INT EXT A	sq. ft.	sq. ft.	UC CHANG	_	INCL E	KCL OCC DU	RING REN CO	OST OF PR	ROJECT	
15.			CARBON MONOXIDE AL ING PURPOSES? (IL - 1				VITHIN	THE MANDATE	NUMBER OF	FEET OF EVE	RY		
16.		NAMED INSURED	THE OWNER OF THE PF	ROPERTY? (If	"NO", provid	e the nam	e of the	e owner)					
CE			I - RENTERS AND CO	ONDOS ONII	V 100#								
		NO" RESPONSES	I - KENTERS AND CO	ONDOS ONL	.1 LUC#	•							Y / N
1.			N THE DEEM CO. MA	ANAGER'S NAI	ΛE·				יחום	NE (A/C,No):			1 / N
2.		RE A MANAGER O RE A SECURITY A	IN THE FIXEIVIOLO:	NAGEN 3 NAI	VIL.				FIIOI	NE (AVC,INO).			-
2	IC TUF	DI III DINIC ENTRA	NCE LOCKEDS										+
٥.	IO I ПE	BUILDING ENTRA	NOL LOCKED!										
A -	DITION	IAL INTEREST	Attach ACORD 45 1	ddition=11:	lavact C-I	adula !f	m	onooc is	irod)				
		IAL IN I EKESI (Attach ACORD 45, A					<u> </u>	rea)	11.1	DECT 11: 17:	EM NUMBER	
INT	EREST ADDITIO	NAL INSURED	NAME AND ADDRESS RA	INT.: EV	DENCE:	CERTIFIC	ATE	SEND BILL				EM NUMBER	
	255110									LOCATION:		BUILDING:	

LIENHOLDER

LOSS PAYEE

MORTGAGEE

VEHICLE:
ITEM
CLASS:
ITEM DESCRIPTION

BOAT:

ITEM:

AGENCY CUSTOMER ID:

ATTACHMENTS

_				
	EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
ſ	FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
ſ	LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
Г	MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, for any remarks)

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.

APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.

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. (Not applicable in MN)

MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN, TO AUTHORIZE RELEASE OF PERSONAL INFORMATION.

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, MN, 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	