



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE	
		NAMED INSURED(S)			
CONTACT NAME:		POLICY NUMBER			
PHONE (A/C. No. Ext):					
FAX (A/C. No.):					
E-MAIL ADDRESS:		PLAN			
CODE:		SUBCODE:		FACILITY CODE	
AGENCY CUSTOMER ID:		EFFECTIVE DATE		EXPIRATION DATE	

STATUS OF TRANSACTION

<input type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE	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)				APPLICANT'S MAILING ADDRESS			
DATE OF BIRTH		SOCIAL SECURITY #		MARITAL STATUS *		PRIMARY E-MAIL ADDRESS:	
* This field may not be utilized for policyholders applying for residential property insurance in CA.				SECONDARY 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
PREVIOUS ADDRESS				CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED			
YEARS AT PREVIOUS ADDRESS (if less than three years):				DATE AT CURRENT RESIDENCE:			
APPLICANT'S EMPLOYER NAME AND ADDRESS				APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			
YRS WITH CURRENT EMPLOYER:				YEARS IN CURRENT OCCUPATION:			
CO-APPLICANT'S NAME (First, Middle, Last)				CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant			
DATE OF BIRTH		SOCIAL SECURITY #		MARITAL STATUS *		YEARS WITH PREVIOUS EMPLOYER:	
* 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
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS				CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			
YRS WITH CURRENT EMPLOYER:				YEARS IN CURRENT OCCUPATION:			
				YEARS WITH PREVIOUS EMPLOYER:			

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$	\$	REPL COST - FULL VALUE	<input type="checkbox"/> INCLUDED	% MAX	\$
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	<input type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$	\$	REPL COST - CONTENTS	<input type="checkbox"/> INCLUDED		\$
LOSS OF USE	\$	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$	\$	BASE	\$	%	NAMED HURRICANE**
MEDICAL PAYMENTS EA PER	\$	\$	WIND / HAIL	\$	%	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	
HO FORM #:				\$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

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

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING		PAYMENT PLAN		DEPOSIT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>	<input type="checkbox"/> CREDIT CARD *	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/>	* Not applicable in NC		
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y/N		

RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO	
<input type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG	<input type="checkbox"/> FIRE HYDRANT	<input type="checkbox"/> FIRE STATION
<input type="checkbox"/> FRAME			<input type="checkbox"/> RENOVATION		<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL				FT	MI
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION		PLUMBING CONDITION		<input type="checkbox"/> DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV
			OCCUPANCY		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL				PROT CLASS	FIRE EXTINGUISHER
SIDING	%		<input type="checkbox"/> OWNER		<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	DOOR LOCK		SPRINKLER			<input type="checkbox"/> Y / N
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> TENANT		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL			TERRITORY	
<input type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED		ROOF CONDITION		<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL				
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	FIRE DISTRICT NAME				FIRE DIST CODE	
<input type="checkbox"/> CEDAR, WOOD, SHINGLE					<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG						
<input type="checkbox"/> EIFSCB (on cinder block)			RESIDENCE TYPE		ROOF MATERIAL		PRIMARY HEAT <input type="checkbox"/> NONE				SECONDARY HEAT <input type="checkbox"/> NONE	
<input type="checkbox"/> EIFSS (on studs)			<input type="checkbox"/> DWELLING		DISTANCE TO TIDAL WATER							
			<input type="checkbox"/> APARTMENT		<input type="checkbox"/> Miles <input type="checkbox"/> Feet		DATE HEATING SYSTEM LAST SERVICED:					
YEAR EIFS INSTALLED:			<input type="checkbox"/> CONDOMINIUM		PURCHASE PRICE	PURCHASE DATE	WIRING				ELECTRICAL SYSTEMS	
USAGE TYPE			<input type="checkbox"/> TOWNHOUSE		\$		<input type="checkbox"/> COPPER	LAST INSPECTED DATE		<input type="checkbox"/> CIRCUIT BREAKERS		
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> ROWHOUSE				<input type="checkbox"/> ALUMINUM			<input type="checkbox"/> FUSES		
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<input type="checkbox"/> CO-OP		SECURITY		<input type="checkbox"/> KNOB & TUBE			NUMBER OF AMPS		
					<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS							
					<input type="checkbox"/> OCCUPIED DAILY							

YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR
			<input type="checkbox"/> NON-SMOKER	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	<input type="checkbox"/> WIRING			
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> IN FIRE DISTRICT	FOUNDATION <input type="checkbox"/> NONE <input type="checkbox"/>	<input type="checkbox"/> PLUMBING			
\$			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB	<input type="checkbox"/> OPEN	<input type="checkbox"/> HEATING			
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	<input type="checkbox"/> OFF PREMISE THEFT EXCL		<input type="checkbox"/> CLOSED	<input type="checkbox"/> ROOFING			
\$				FUEL STORAGE TANK LOCATION <input type="checkbox"/> NONE <input type="checkbox"/>		EXTERIOR PAINT			
TOTAL LIVING AREA	BLDG CODE GRADE		<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> NONE	<input type="checkbox"/>	WIND CLASS			
SQ FT			<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE		
BASEMENT AREA	INSPECTED (Y/N): <input type="checkbox"/>		<input type="checkbox"/> IN GROUND	<input type="checkbox"/>	<input type="checkbox"/>	WINDSTORM			
SQ FT	FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/>	<input type="checkbox"/>	STORM SHUTTERS			
GARAGE AREA	CHIMNEYS		<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> B		
SQ FT	HEARTHES		<input type="checkbox"/> SLIDE	<input type="checkbox"/>	<input type="checkbox"/>				
BREEZEWAY AREA	PRE-FAB			<input type="checkbox"/> UNDER GROUND	<input type="checkbox"/>				
SQ FT	WOOD STOVE INSERT			<input type="checkbox"/> THROUGH FOUNDATION	<input type="checkbox"/>	HURRICANE RESISTIVE GLASS			

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE

NO PRIOR COVERAGE	
PRIOR CARRIER	PRIOR POLICY NUMBER
EXPIRATION DATE	

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION?

Y / N ☐ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:
AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$	
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$	
	LOC #:	TERR:		\$		LIMIT	CONST MATERIAL:			
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$ LIMIT			
	TERR:					INCR CONT NOT REQ	MED PAY (Y/N) :			
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		OT. STRUCTS	TERR:		\$	
	TERR:					STRUCT TYPE:				
				BUS/STRUCT DESC:						
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$	
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
BUILDING ORD OR LAW COVERAGE	\$ AGG		\$ INCR	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED		\$	\$	
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$ AGG		\$ INCR	\$	
EARTHQUAKE	% DED		TERR:		WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
			RETROFIT TYPE:	\$	WATERCRAFT LIABILITY	\$ LIMIT			\$	
	\$ DED		MAS VENEER: %		WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$	
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WINDSTORM EXCL	<input type="checkbox"/> YES (Not applicable in Arkansas)			\$	
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC \$ DED		\$ LIMIT	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY) # OF EMPLOYEES:			\$	
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$							
FLOOD	\$ BLDG		\$ CONTENTS	\$						
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY		\$ PROPERTY	\$						
	<input type="checkbox"/> EXCL PROP DAMAGE		\$ LIABILITY	\$						
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED		# GOLF CARTS:	\$						
	DESCRIPTION:									
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT		\$	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	CODE		\$		\$	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>		\$	\$	DESCRIPTION		\$		TYPE:	\$
INCR COV C SPECIAL LIAB LIMIT							TERR:		Y / N:	
					CODE		\$		\$	
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$
							TERR:		Y / N:	
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
					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

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> </tbody> </table> <table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER			LINE OF BUSINESS	POLICY NUMBER			
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 - RESIDENTIAL LOC #:

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

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

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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, for any remarks)

BINDER / SIGNATURE

<p>INSURANCE BINDER</p> <table border="1"> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td>NOON</td> </tr> </table>		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM		NOON	<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.</p>
EFFECTIVE DATE	EXPIRATION DATE							
TIME	12:01 AM							
	NOON							
<p>COVERAGE IS NOT BOUND</p>		<p>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) _____ (Applicant's Initials)</p> <p>MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN, TO AUTHORIZE RELEASE OF PERSONAL INFORMATION.</p> <p>IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.</p> <p><input type="checkbox"/> 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.)</p> <p>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)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>						
<p>PRODUCER'S SIGNATURE</p>		<p>PRODUCER'S NAME (Please Print)</p>	<p>STATE PRODUCER LICENSE NO (Required in Florida)</p>					
<p>APPLICANT'S SIGNATURE</p>		<p>DATE</p>	<p>NATIONAL PRODUCER NUMBER</p>					