



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

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

STATUS OF TRANSACTION

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

APPLICANT INFORMATION

| | | | | | |
|--|--|---|--|---|--|
| APPLICANT'S NAME (First, Middle, Last) | | | APPLICANT'S MAILING ADDRESS | | |
| DATE OF BIRTH | SOCIAL SECURITY # | MARITAL STATUS * / CIVIL UNION (if applicable) | 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 | | CURRENT RESIDENCE <input type="checkbox"/> | Check if same as mailing address <input type="checkbox"/> | OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> |
| PREVIOUS ADDRESS | YEARS AT PREVIOUS ADDRESS (if less than three years): _____ | | | | |
| APPLICANT'S EMPLOYER NAME AND ADDRESS | YRS WITH CURRENT EMPLOYER: _____ | DATE AT CURRENT RESIDENCE: | APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) | | |
| CO-APPLICANT'S NAME (First, Middle, Last) | | YEARS IN CURRENT OCCUPATION: _____ | YEARS WITH PREVIOUS EMPLOYER: _____ | | |
| DATE OF BIRTH | SOCIAL SECURITY # | MARITAL STATUS * / CIVIL UNION (if applicable) | CO-APPLICANT'S ADDRESS <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: _____ | | |

SPECIMEN

COVERAGES / LIMITS OF LIABILITY LOC #:

| COVERAGE | LIMIT | PREMIUM | COVERAGE | OPTION | LIMIT | PREMIUM |
|---------------------------|-----------------------|---------|------------------------|----------|---------|-------------------------|
| DWELLING | \$ | \$ | REPL COST - FULL VALUE | INCLUDED | % MAX | \$ |
| OTHER STRUCTURES | \$ | \$ | REPL COST - DWELLING | INCLUDED | | \$ |
| PERSONAL PROPERTY | \$ | \$ | REPL COST - CONTENTS | INCLUDED | | \$ |
| LOSS OF USE | ACTUAL LOSS SUSTAINED | \$ | | | | |
| 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

* 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 |
|-------|-------|--------|--------|-------------|-----------|--------------|----------------------|
| | | | | | | | |

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 | <input type="checkbox"/> AGENT |
| <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"/> INSURED |
| <input type="checkbox"/> AGENCY BILL | <input type="checkbox"/> SEMI-ANNUAL | <input type="checkbox"/> QUARTERLY | <input type="checkbox"/> CREDIT CARD | <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC) | |
| 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 |
| MASONRY VENEER | | BUILDERS RISK | <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE |
| FRAME | | RENOVATION | <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG |
| MASONRY | | RECONSTRUCTION | |
| SIDING | % | OCCUPANCY | PLUMBING CONDITION |
| ALUMINUM SIDING | | OWNER | <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE |
| STUCCO | | TENANT | <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG |
| VINYL SIDING / PLASTIC | | UNOCCUPIED | ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/> |
| CEDAR, WOOD, SHINGLE | | VACANT | |
| EIFSCB (on cinder block) | | RESIDENCE TYPE | ROOF CONDITION |
| EIFSS (on studs) | | DWELLING | <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE |
| YEAR EIFS INSTALLED: | | APARTMENT | <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG |
| USAGE TYPE | | CONDOMINIUM | ROOF MATERIAL |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL | | TOWNHOUSE | |
| <input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM | | ROWHOUSE | DISTANCE TO TIDAL WATER |
| | | CO-OP | <input type="checkbox"/> Miles <input type="checkbox"/> Feet |
| YEAR BUILT | # ROOMS | # FAMILIES | PURCHASE PRICE |
| | | | \$ |
| | | | PURCHASE DATE |
| MARKET VALUE | # APARTMENTS | # HOUSEHOLD RESIDENTS | SECURITY |
| \$ | | | <input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS |
| REPLACEMENT COST | # WEEKS RENTED | TAX CODE | <input type="checkbox"/> ALUMINUM KNOB & TUBE |
| \$ | | | |
| TOTAL LIVING AREA | BLDG CODE GRADE | RATING CREDITS | WIRING |
| SQ FT | | NON-SMOKER | <input type="checkbox"/> COPPER LAST INSPECTED DATE |
| BASEMENT AREA | INSPECTED (Y/N): <input type="checkbox"/> | MANNED SECURITY | ELECTRICAL SYSTEMS |
| SQ FT | | LIGHTNING PROTECTION | <input type="checkbox"/> CIRCUIT BREAKERS |
| GARAGE AREA | FIREPLACES (Enter # or 0 for none) | OFF PREMISE THEFT EXCL | <input type="checkbox"/> FUSES |
| SQ FT | | | NUMBER OF AMPS |
| BREEZEWAY AREA | CHIMNEYS | | |
| SQ FT | HEARTHES | | |
| | PRE-FAB | | |
| | WOOD STOVE INSERT | | |
| | | SWIMMING POOL <input type="checkbox"/> NONE <input type="checkbox"/> | FOUNDATION |
| | | ABOVE GROUND | <input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC |
| | | IN GROUND | <input type="checkbox"/> FOUNDATION <input type="checkbox"/> NONE |
| | | APPROVED FENCE | <input type="checkbox"/> OPEN |
| | | DIVING BOARD | <input type="checkbox"/> CLOSED |
| | | SLIDE | FUEL STORAGE TANK LOCATION |
| | | | <input type="checkbox"/> NONE |
| | | | INDOORS ABOVE GROUND MASONRY FLOOR |
| | | | INDOORS ABOVE GROUND NO MASONRY FLOOR |
| | | | OUTDOORS ABOVE GROUND |
| | | | OUTDOORS BELOW GROUND |
| | | | FUEL LINE LOCATION |
| | | | <input type="checkbox"/> UNDER GROUND |
| | | | <input type="checkbox"/> THROUGH FOUNDATION |
| | | | WIND CLASS |
| | | | <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE |
| | | | WINDSTORM |
| | | | STORM SHUTTERS |
| | | | <input type="checkbox"/> A <input type="checkbox"/> B |
| | | | 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 ANY LOCATION? | | Y / N <input type="checkbox"/> IF YES, INDICATE BELOW | | APPLICANT'S INITIALS: | |
| LOSS DATE | LOSS TYPE | DESCRIPTION OF LOSS | CAT # | AMOUNT PAID | ENTERED BY (AGENT (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 | | | \$ | |
| ADDITIONAL RESIDENCE RENTED TO OTHERS | LOC #: | TERR: | | \$ | MINE SUBSIDENCE | LIMIT | | | \$ | |
| | # PREMISES: | | | \$ | | PROP DESC: | | | | |
| | LOC #: | MED PAY (Y/N): | | \$ | OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES | REQ INCR CONTENTS | \$ LIMIT | | \$ | |
| | TERR: | # FAMILIES: | | \$ | | INCR CONT NOT REQ | MED PAY (Y/N) : | | | |
| LOC #: | MED PAY (Y/N): | | \$ | OT. STRUCTS | TERR: | | \$ | | | |
| TERR: | # FAMILIES: | | \$ | STRUCT TYPE: | | | | | | |
| BUILDERS RISK THEFT BLDG MATERIALS | <input type="checkbox"/> | INCLUDED | \$ | LIMIT | \$ | | | | \$ | |
| COLLAPSE DUE TO HYDRO-STATIC PRESSURE | <input type="checkbox"/> | INCLUDED | \$ | LIMIT | \$ | | | | \$ | |
| BUILDING ORD OR LAW COVERAGE | \$ | AGG | \$ | INCR | OTHER STRUCTURES - INDIVIDUAL STRUC | LIMIT | | | \$ | |
| BUS PROP AT HOME | <input type="checkbox"/> | INCLUDED | \$ | % REBUILD | STRUCTURE DESC: | | | | \$ | |
| BUSINESS PROP AWAY FROM HOME | <input type="checkbox"/> | INCLUDED | \$ | LIMIT | PLANTS, SHRUBS & TREES | <input type="checkbox"/> | INCLUDED | \$ | LIMIT | \$ |
| DEBRIS REMOVAL | <input type="checkbox"/> | INCLUDED | \$ | LIMIT | REFRIGERATED FOOD PRODUCTS | <input type="checkbox"/> | INCLUDED | \$ | LIMIT | \$ |
| EARTHQUAKE | % DED | | TERR: | \$ | SINK HOLE COLLAPSE | <input type="checkbox"/> | INCLUDED | \$ | LIMIT | \$ |
| | DED | | RETROFIT TYPE: | \$ | UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE | <input type="checkbox"/> | INCLUDED | \$ | LIMIT | \$ |
| | \$ | | MAS VENEER: % | \$ | UNSCHEDULED JEWELRY, WATCHES, FURS | \$ | AGG | \$ | INCR | \$ |
| EMPLOYERS LIAB | \$ | LIMIT | # OF EMPLOYEES: | \$ | WATER BACKUP OF SEWERS & DRAINS | <input type="checkbox"/> | INCLUDED | \$ | LIMIT | \$ |
| EQUIP BREAKDOWN (Not applicable in NC) | <input type="checkbox"/> | INC \$ | DED | \$ | LIMIT | \$ | | | | \$ |
| FIRE DEPARTMENT SERVICE CHARGE | <input type="checkbox"/> | INCLUDED | \$ | \$ | WATERCRAFT LIABILITY | \$ | LIMIT | | | \$ |
| FLOOD | \$ | BLDG | \$ | CONTENTS | \$ | LIMIT | | | \$ | |
| FUNGUS AND MOLD | <input type="checkbox"/> | EXCL LIABILITY | \$ | PROPERTY LIABILITY | \$ | WINDSTORM EXCL | | | YES (Not applicable in Arkansas) | \$ |
| | <input type="checkbox"/> | EXCL PROP DAMAGE | \$ | LIABILITY | \$ | WORKERS COMPENSATION - FULL TIME INSERVANT | | | (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WI and WY) | \$ |
| GOLF CARTS - LIABILITY | <input type="checkbox"/> | INCLUDED | # GOLF CARTS: | \$ | \$ | # OF EMPLOYEES: | | | \$ | |
| GOLF CARTS - PHYSICAL DAMAGE | \$ | LIMIT | \$ | \$ | DESCRIPTION | 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 | \$ | | | | |
| INCR COV C SPECIAL LIAB LIMIT | ELECTRONIC APP IN AND OUT OF VEHICLE | | \$ | TOTAL | \$ | INCR | \$ | | | |
| | ELECTRONIC APP IN VEHICLE | | \$ | TOTAL | \$ | INCR | \$ | | | |
| GUNS | \$ | TOTAL | \$ | INCR | \$ | | | | | |
| MONEY | \$ | TOTAL | \$ | INCR | \$ | | | | | |
| SECURITIES | \$ | TOTAL | \$ | INCR | \$ | | | | | |
| SILVERWARE | \$ | TOTAL | \$ | INCR | \$ | | | | | |

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> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <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 (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) | | | | | | | |
| | | | | | | | | | |
| 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: _____ | | | | | | | | | |

SPECIMEN

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 | | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> LIENHOLDER | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> LOSS PAYEE | | | | | | ITEM CLASS: | ITEM: |
| <input type="checkbox"/> MORTGAGEE | | | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> TRUSTEE | | | | | | | |
| | REFERENCE / LOAN #: | | | | | | |

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

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

| | | | |
|--|--|--|--|
| <input type="checkbox"/> EARTHQUAKE APPLICATION | <input type="checkbox"/> PERSONAL INLAND MARINE SECTION | <input type="checkbox"/> REPLACEMENT COST ESTIMATE | <input type="checkbox"/> WATERCRAFT SECTION |
| <input type="checkbox"/> FLOOD EXCLUSION NOTICE | <input type="checkbox"/> PERS UMBRELLA APPLICATION SECTION | <input type="checkbox"/> RESIDENCE BASED BUSINESS SUPP | <input type="checkbox"/> WINDSTORM LOSS MITIGATION |
| <input type="checkbox"/> LEAD FREE PAINT CERTIFICATION | <input type="checkbox"/> PHOTOGRAPH | <input type="checkbox"/> SOLID FUEL SUPPLEMENT | |
| <input type="checkbox"/> MOBILE HOME SUPPLEMENT | <input type="checkbox"/> PROTECTION DEVICE CERTIFICATE | <input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable) | |

SPECIMEN

BINDER / SIGNATURE

AGENCY CUSTOMER ID: _____

| 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 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.

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 AZ or MN) (Applicant's Initials): _____

IMPORTANT: ARIZONA residents should be given ACORD 38 AZ, Privacy Notification; In MASSACHUSETTS, credit scoring information may be used to determine your eligibility for insurance, and not for rating purposes; MINNESOTA residents should submit ACORD 38 MN to authorize release of personal information; 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, KS, 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 ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 KANSAS, 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 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.

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.

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| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |