



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
05/18/2024

AGENCY Agency Name 123 Main St #234 San Francisco CA 94106		CARRIER Carrier Name Carrier NAIC CODE Carrier NAMED INSURED(S) Robin W. Smith NAIC Code	
CONTACT NAME: Robin W. Smith PHONE (A/C. No. Ext): (555) 444-3333 FAX (A/C. No.): (555) 444-3333 E-MAIL ADDRESS: testy@example.com		POLICY NUMBER Carrier Policy Number	
CODE: Contact Person Code SUBCODE: Contact Person		PLAN Carrier Plan	
AGENCY CUSTOMER ID: Agency Customer ID Subcode		FACILITY CODE Carrier EFFECTIVE DATE 05/18/2024 EXPIRATION DATE 05/18/2024	

STATUS OF TRANSACTION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> POLICY CHANGE Status of Transaction Other Description		POLICY CHANGE EFFECTIVE DATE 05/18/2024 TIME Status of Transaction		DATE AGENT LAST INSPECTED PROPERTY Status of Transaction Last Property Inspected	
		HOW LONG HAVE YOU KNOWN THE APPLICANT Status of Transaction How Long Known The Applicant			

APPLICANT INFORMATION APPLICANT'S NAME (First, Middle, Last) Robin W Smith DATE OF BIRTH 05/18/2024 SOCIAL SECURITY # 456-45-4567 MARITAL STATUS * / CIVIL UNION (if applicable) Applicant			APPLICANT'S MAILING ADDRESS 123 Main St #234 San Francisco CA 94106		
* This field may not be utilized for policyholders applying for residential property in the state of CA. PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333 SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333			PRIMARY E-MAIL ADDRESS: testy@example.com SECONDARY E-MAIL ADDRESS: testy@example.com CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
PREVIOUS ADDRESS 123 Main St #234 San Francisco CA 94106 YEARS AT PREVIOUS ADDRESS (if less than three years): 2, 3, 4, 5			DATE AT CURRENT RESIDENCE: 05/18/2024		
APPLICANT'S EMPLOYER NAME AND ADDRESS Applicant Information Employer Name 123 Main St #234 San Francisco CA 94106 YRS WITH CURRENT EMPLOYER: 1, 2, 3, 4, 5			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) Applicant Information Occupation YEARS IN CURRENT OCCUPATION: 12, YEARS WITH PREVIOUS EMPLOYER: 12,		
CO-APPLICANT'S NAME (First, Middle, Last) Robin W Smith DATE OF BIRTH 05/18/2024 SOCIAL SECURITY # 456-45-4567 MARITAL STATUS * / CIVIL UNION (if applicable) Co-Applicant			CO-APPLICANT'S ADDRESS <input checked="" type="checkbox"/> Check if same as Applicant 123 Main St #234 San Francisco CA 94106		
* This field may not be utilized for policyholders applying for residential property in the state of CA. PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333 SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333			PRIMARY E-MAIL ADDRESS: testy@example.com SECONDARY E-MAIL ADDRESS: testy@example.com		
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS Co-Applicant Information Employer Name 123 Main St #234 San Francisco CA 94106 YRS WITH CURRENT EMPLOYER: 1, 2, 3, 4, 5			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) Co-Applicant Information Occupation YEARS IN CURRENT OCCUPATION: 12, YEARS WITH PREVIOUS EMPLOYER: 12,		

COVERAGE		LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING		\$ 12,345.67	\$ 12.00	REPL COST - FULL VALUE	<input checked="" type="checkbox"/> INCLUDED	50 % MAX	\$ 12,345.67
OTHER STRUCTURES		\$ 12,345.67	\$ 325.67	REPL COST - DWELLING	<input checked="" type="checkbox"/> INCLUDED		\$ 12,345.67
PERSONAL PROPERTY		\$ 12,345.67	\$ 325.67	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED		\$ 12,345.67
LOSS OF USE <input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED		\$ 12,345.67	\$ 325.67				
BLANKET *		\$ 12,345.67	\$ 325.67				
PERSONAL LIABILITY EA OCC		\$ 12,345.67	\$ 325.67	BASE	\$ 12, 50 %	Coverages	\$ 12, 50 %
MEDICAL PAYMENTS EA PER		\$ 12,345.67	\$ 325.67	WIND / HAIL	\$ 325.67 50 %	Coverages	\$ 325.67 50 %
Coverages Type		\$ 12,345.67	\$ 325.67	THEFT	\$ 325.67 50 %	Coverages	\$ 325.67 50 %
HO Form #:	Coverages HO Form Number	345.67	Coverages		\$ 325.67 50 %	Coverages	\$ 325.67 50 %

* 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
For-	For-	For-	For-	Forms And	Forms And Endorsements Form Name	05/18/2-	Forms And

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

BILLING ACCOUNT #: Payment Plan Billing		DEPOSIT AMOUNT: \$ 12,345.67		EST TOTAL PREMIUM: \$ 12,345.67	
BILLING ACCOUNT NUMBER		PAYMENT METHOD		MAIL POLICY TO:	
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input checked="" 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)	<input type="checkbox"/> Payment Plan Payment Method
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY Description	
<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Payment Plan Finance Company	

RATING / UNDERWRITING		LOC #		Type	
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING CONDITION	PROTECTION DEVICE TYPE	DISTANCE TO
<input checked="" type="checkbox"/> MASONRY VENEER	50	<input checked="" type="checkbox"/> BUILDERS RISK	<input checked="" type="checkbox"/> EXCELLENT	SYSTEM	FIRE HYDRANT
<input type="checkbox"/> FRAME	50	<input type="checkbox"/> RENOVATION	<input type="checkbox"/> GOOD	SMOKE	FIRE STATION
<input type="checkbox"/> MASONRY	50	<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> BELOW AVG	TEMP	FT
<input type="checkbox"/> SIDING	%	OCCUPANCY	PLUMBING CONDITION	BURG	MI
<input checked="" type="checkbox"/> ALUMINUM SIDING	50	<input type="checkbox"/> OWNER	<input checked="" type="checkbox"/> EXCELLENT	DIRECT	FIRE DIVISIONS
<input type="checkbox"/> STUCCO	50	<input type="checkbox"/> TENANT	<input type="checkbox"/> GOOD	LOCAL	UNITS FIRE DIV
<input type="checkbox"/> VINYL SIDING / PLASTIC	50	<input type="checkbox"/> UNOCCUPIED	<input type="checkbox"/> BELOW AVG	DOOR LOCK	FIRE CLASS
<input type="checkbox"/> CEDAR, WOOD, SHINGLE	50	<input type="checkbox"/> VACANT	ROOF CONDITION	SPRINKLER	FIRE EXTINGUISHER
<input type="checkbox"/> EIFSCB (on cinder block)	50	<input type="checkbox"/> RESIDENCE TYPE	<input checked="" type="checkbox"/> EXCELLENT	ANY KNOWN LEAKS	TERMINATION
<input type="checkbox"/> EIFSS (on studs)	50	<input checked="" type="checkbox"/> DWELLING	<input type="checkbox"/> GOOD	ROOF MATERIAL	Rating Territory Units
<input type="checkbox"/> YEAR BUILT	Year	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> BELOW AVG	DISTANCE TO TIDAL WATER	Rating Fire District Name
<input checked="" type="checkbox"/> PRIMARY	Year	<input type="checkbox"/> TOWNHOUSE	ROOF MATERIAL	PURCHASE PRICE	Rating Fire District Code
<input type="checkbox"/> SECONDARY	Year	<input type="checkbox"/> ROWHOUSE	ROOF MATERIAL	PURCHASE DATE	Rating Primary Heat
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CO-OP	ROOF MATERIAL	SECURITY	Rating Secondary Heat
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CONDOMINIUM	ROOF MATERIAL	WIRING	DATE HEATING SYSTEM LAST SERVICED: 05/18/2024
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> TOWNHOUSE	ROOF MATERIAL	COPPER	ELECTRICAL SYSTEMS
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> ROWHOUSE	ROOF MATERIAL	ALUMINUM	<input checked="" type="checkbox"/> CIRCUIT BREAKERS
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CO-OP	ROOF MATERIAL	KNOB & TUBE	<input type="checkbox"/> FUSES
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CONDOMINIUM	ROOF MATERIAL	WIRING	NUMBER OF AMPS
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> TOWNHOUSE	ROOF MATERIAL	WIRING	Rating
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> ROWHOUSE	ROOF MATERIAL	WIRING	Electrical Systems
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CO-OP	ROOF MATERIAL	WIRING	Number of AMPS
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CONDOMINIUM	ROOF MATERIAL	WIRING	AMPS
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> TOWNHOUSE	ROOF MATERIAL	WIRING	Rating
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> ROWHOUSE	ROOF MATERIAL	WIRING	Rating Windstorm
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<input type="checkbox"/> FARM	Year	<input type="checkbox"/> ROWHOUSE	ROOF MATERIAL	WIRING	Rating Windstorm
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CO-OP	ROOF MATERIAL	WIRING	Rating Windstorm
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CONDOMINIUM	ROOF MATERIAL	WIRING	Rating Windstorm
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> TOWNHOUSE	ROOF MATERIAL	WIRING	Rating Windstorm
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> ROWHOUSE	ROOF MATERIAL	WIRING	Rating Windstorm
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CO-OP	ROOF MATERIAL	WIRING	Rating Windstorm
<input type="checkbox"/> FARM	Year	<input type="checkbox"/> CONDOMINIUM	ROOF MATERIAL	WIRING	Rating Windstorm
<input type="checkbox"/> FARM	Year				

OPTIONAL COVERAGES - ENDORSEMENTS LOC #: Opti- AGENCY CUSTOMER ID: Agency Customer ID

COVERAGE TYPE	COVERAGE INFORMATION				COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM
ADDITIONAL PREMISES EXTENSION	# PREMISES: 1	Optional Coverages	Co-12,	325.67	INFLATION GUARD	50	% INCREASE		\$ 12,	
ADDITIONAL RESIDENCE RENTED TO OTHERS	TERR: 1	Optional Coverages	Co-12,	325.67	LOSS ASSESSMENT	\$ 12,	LIMIT		\$ 325.67	
BUILDERS RISK THEFT BLDG MATERIALS COLLAPSE DUE TO HYDRO-STATIC PRESSURE	X INCLUDED	Optional Coverages	Co-12,	325.67	MINE SUBSIDENCE	\$ 325.67	Optional Coverage	Line Subsidence	345.67	
BUILDING ORD OR LAW COVERAGE	X INCLUDED	Optional Coverages	Co-12,	325.67	OFFICE, PROFESSIONAL PRIVATE SCHOOL STUDIO - RESIDENCE PREMISES	X	REQ INCR CONTENTS	\$ 12,	LIMIT	
BUS PROP AT HOME	X INCLUDED	Optional Coverages	Co-12,	325.67	STRUC-TYPE: Office				345.67	
BUSINESS PROP AWAY FROM HOME	X INCLUDED	Optional Coverages	Co-12,	325.67	BUSIN-UCT DESC: Office				345.67	
DEBRIS REMOVAL	X INCLUDED	Optional Coverages	Co-12,	325.67	OTHER STRUCTURES - INDIVIDUAL STRUC	X	INCLUDED		\$ 12,	
EARTHQUAKE	50 % DED	Optional Coverages	Co-12,	325.67	PLANTS, SHRUBS & TREES	X	INCLUDED		\$ 12,	
EMPLOYERS LIAB	\$ 12,345.67	Optional Coverages	Co-12,	325.67	REFRIGERATED FOOD PRODUCTS	X	INCLUDED		\$ 12,	
EQUIP BREAKDOWN (Not applicable in NC)	X INC \$ 12, DED \$ 12,345.67	Optional Coverages	Co-12,	325.67	SINK HOLE COLLAPSE	X	INCLUDED		\$ 12,	
FIRE DEPARTMENT SERVICE CHARGE	X INCLUDED	Optional Coverages	Co-12,	325.67	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	X	INCLUDED	\$ 12,345.67	LIMIT	
FLOOD	\$ 12, BLDG \$ 12, CONTENTS \$ 12, LIABILITY \$ 325.67	Optional Coverages	Co-12,	325.67	UNINSURED JEWELRY, WATCHES, FURS	X	INCLUDED	\$ 12,345.67	AGG \$ 12,345.67	
FUNGUS AND MOLD	X EXCL PROP DAMAGE \$ 325.67	Optional Coverages	Co-12,	325.67	WATER BACKUP OF SEWERS & DRAINS	X	INCLUDED	\$ 12,345.67	LIMIT	
GOLF CARTS - LIABILITY	X INCLUDED	Optional Coverages	Co-12,	325.67	WATERCRAFT LIABILITY			\$ 12,345.67	LIMIT	
GOLF CARTS - PHYSICAL DAMAGE	\$ 12, LIMIT	Optional Coverages	Co-12,	325.67	WATERCRAFT PHYSICAL DAMAGE	\$ 12,345.67	LIMIT		\$ 12,	
IDENTITY FRAUD EXP	X INCLUDED	Optional Coverages	Co-12,	325.67	WINDSTORM EXCL	X	YES (Not applicable in Arkansas)		\$ 325.67	
INCIDENTAL COV C SPECIAL LIAB LIMIT	\$ 12, TOTAL \$ 12, INCR \$ 12,	Optional Coverages	Co-12,	325.67	WORKERS COMPENSATION - FULL TIME INSERVANT			(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)	\$ 345.67	
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ 12, TOTAL \$ 12, INCR \$ 12,	Optional Coverages	Co-12,	325.67	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	
ELECTRONIC APP IN VEHICLE	\$ 12, TOTAL \$ 12, INCR \$ 12,	Optional Coverages	Co-12,	325.67	CODE	Optional	\$ 12,	Optio-	\$ 12,	
GUNS	\$ 325.67 TOTAL \$ 325.67 INCR \$ 325.67	Optional Coverages	Co-12,	325.67	DESCRIPTION	Optional	\$ 325.67	Optio-	\$ 12,	
MONEY	\$ 325.67 TOTAL \$ 325.67 INCR \$ 325.67	Optional Coverages	Co-12,	325.67	CODE	Optional	\$ 62, Coverage	Optio-	\$ 12, on-	
SECURITIES	\$ 325.67 TOTAL \$ 325.67 INCR \$ 325.67	Optional Coverages	Co-12,	325.67	DESCRIPTION	Optional	\$ 325.67	Optio-	\$ 12,	
SILVERWARE	\$ 325.67 TOTAL \$ 325.67 INCR \$ 325.67	Optional Coverages	Co-12,	325.67	CODE	Optional	\$ 62, Coverage	Optio-	\$ 12, on-	

GENERAL INFORMATION		EXPLAIN ALL "YES" RESPONSES	
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	General Information Other	1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	General Information Other
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	General Information Declined Coverage Last Three Years Description	2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	General Information Declined Coverage Last Three Years Description
3. HAS APPLICANT HAD A FORECLOSURE, REPOSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	General Information Bankruptcy Past Five Years Description	3. HAS APPLICANT HAD A FORECLOSURE, REPOSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	General Information Bankruptcy Past Five Years Description
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	General Information Judgement Past Five Years Description	4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	General Information Judgement Past Five Years Description
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	General Information Other Residence Not Listed Description	5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	General Information Other Residence Not Listed Description

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES		Y/N	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? General Information Insurance Transferred Description		Insurance	
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY? Applicant Owned Description		Applicant Owned	
YEAR	MAKE	MODEL	BODY TYPE
2024	General Information Recreational	General Information	General Information
2024	General Information Recreational	Recreational Vehicles 1	Recreational Vehicles 1 Body
8. DURING THE PAST TEN (10) YEARS (TEN (10) YEARS IN RHODE ISLAND) HAS ANY APPLICANT BEEN INDICTED OR CONVICTED FOR ANY 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.) Applicant Convicted Crime Description		Applicant Convicted Crime	

GENERAL INFORMATION - RESIDENTIAL LOC #: General

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y/N							
1. ANY BUSINESS CONDUCTED ON PREMISES? General Information Residential Business Description	<input checked="" type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	Business							
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: X General Information Residential Employees Description	DESCRIPTION: General	Residential Employees							
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? General Information Residential Hazards Description	Information Residential	Residential Hazards							
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? General Information Residential Animals Description	Full Time ANIMAL TYPE BREED DATE HISTORY (Y/N) General General X General General X	Residential Animals							
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: 2.345 General Information Residential Land Description	Information Residential Land	Residential Land							
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? General Information Residential Uncorrected Fire OR Violations Description	Residential Used For Animals Kept On Premises 1 Type Animals Kept On Premises 1 Animals Kept On Premises 2 Type Animals Kept On Premises 2 Breed	Residential Uncorrected							
7. IS THE DWELLING / HOME FOR SALE? (no explanation required) General Information Residential Dwelling Description	Sale	Residential Dwelling							
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail) General Information Residential Property Description	General Information Residential Property	Residential Property							
9. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed) General Information Residential Trampoline Description	General Information Residential Trampoline	Residential Trampoline							
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY: General Information Residential Other Than Private Residence Description	General Information Residential Other Than Private Residence	Residential Other							
11. ANY LEAD PAINT? General Information Residential Lead Paint Description	General Information Residential Lead Paint	Residential 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: General Information Residential Other LIMIT: General CLEANUP/SUBLIMIT: General	General Information Residential Other General General	Residential Other Insurance							
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: General Information Residential Gated Community Description	General Information Residential Gated Community	Residential Gated Community							
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? General Information Residential Building Description	Residential General Information Residential Building	Residential Building							
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS ATTACHED	OCC DURING REN	COST OF PROJECT
05/18/2024	05/18/2024	50 %	50 %	General sq. ft.	General sq. ft.	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> INCLUDE EXCE	<input checked="" type="checkbox"/> Y/N	\$ 12,345.67
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) General Information Residential Carbon Monoxide Alarm Description		Residential Carbon Monoxide Alarm							
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME: General Information Residential Named Insured Owner Of Property Description		Residential Named Insured							

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #: General

EXPLAIN ALL "NO" RESPONSES		Y/N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: Robin W. Smith General Information Renters And Condos Manager Description	General Information Renters And Condos Manager	Condos Manager
2. IS THERE A SECURITY ATTENDANT? General Information Renters And Condos Security Attendant Description	General Information Renters And Condos Security Attendant	Condos Security Attendant
3. IS THE BUILDING ENTRANCE LOCKED? General Information Renters And Condos Building Entrance And Locked Description	General Information Renters And Condos Building Entrance And Locked	Condos Building Entrance And Locked

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

INTEREST	NAME AND ADDRESS (RANK: <u>Additional Interest 1 Bank</u>)	EVIDENCE	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Additional Interest 1 Name 123 Main St #234 San Francisco CA 94106				LOCATION:	Add- Add-
<input type="checkbox"/> LIENHOLDER					BUILDING:	Add- Add-
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	Add- Add-
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:	Add- Add-
<input type="checkbox"/> TRUSTEE					ITEM:	Add- Add-
<u>Additional Interest 1 Other</u>	REFERENCE / LOAN #:	<u>Additional</u>			ITEM DESCRIPTION:	Add- Add-
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Additional Interest 2 Name 123 Main St #234 San Francisco CA 94106				LOCATION:	Add- Add-
<input type="checkbox"/> LIENHOLDER					BUILDING:	Add- Add-
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	Add- Add-
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:	Add- Add-
<input type="checkbox"/> TRUSTEE					ITEM:	Add- Add-
<u>Additional Interest 2 Other</u>	REFERENCE / LOAN #:	<u>Additional</u>			ITEM DESCRIPTION:	Add- Add-

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

<input checked="" type="checkbox"/> EARTHQUAKE APPLICATION	<input checked="" type="checkbox"/> PERSONAL AND MARINE SECTION	<input checked="" type="checkbox"/> REPLACEMENT COST ESTIMATE	<input checked="" type="checkbox"/> WATERCRAFT SECTION
<input checked="" type="checkbox"/> FLOOD EXCLUSION NOTICE	<input checked="" type="checkbox"/> PERS UNDERLYING APPLICATION SECTION	<input checked="" type="checkbox"/> RESIDENCE BASED BUSINESS SUPP	<input checked="" type="checkbox"/> WINDSTORM LOSS MITIGATION
<input checked="" type="checkbox"/> LEAD FREE PAINT CERTIFICATION	<input checked="" type="checkbox"/> PHOTOGRAPH	<input checked="" type="checkbox"/> SOLID FUEL SUPPLEMENT	<input checked="" type="checkbox"/> <u>Remarks-Other 1</u>
<input checked="" type="checkbox"/> MOBILE HOME SUPPLEMENT	<input checked="" type="checkbox"/> PROTECTION DEVICE CERTIFICATE	<input checked="" type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)	<input checked="" type="checkbox"/> <u>Description-Other 2</u>

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

Description

BINDER / SIGNATURE

INSURANCE BINDER		<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>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	X 12:01 AM	
Binder/Sig- Signature	X NOON	

COVERAGE IS NOT BOUND

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.

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

Binder/Signature
 Signature
 National Producer Number
 Signature
 National Producer Number