



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
12/04/2024

AGENCY Agency Name 123 Main St #234 San Francisco CA 94106		CARRIER Carrier Name Carrier NAIC Code 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		NAMED INSURED(S) Robin W. Smith	
CODE: Contact Person Code SUBCODE: Contact Person		POLICY NUMBER Carrier Policy Number	
AGENCY CUSTOMER ID: Agency Customer ID Subcode		PLAN Carrier Plan	FACILITY CODE Carrier Facility
		EFFECTIVE DATE 12/04/2024	EXPIRATION DATE 12/04/2024

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 12/04/2024	TIME Status of Transaction	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	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: 12/04/2024 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 North Carolina.			PRIMARY E-MAIL ADDRESS: testy@example.com SECONDARY E-MAIL ADDRESS: testy@example.com		
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			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: 12/04/2024		
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, 345 YEARS WITH PREVIOUS EMPLOYER: 12, 345		
CO-APPLICANT'S NAME (First, Middle, Last): Robin W Smith DATE OF BIRTH: 12/04/2024 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 North Carolina.			PRIMARY E-MAIL ADDRESS: testy@example.com SECONDARY E-MAIL ADDRESS: testy@example.com		
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			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed): Co-Applicant Information Occupation YEARS IN CURRENT OCCUPATION: 12, 345 YEARS WITH PREVIOUS EMPLOYER: 12, 345		

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	DEDUCTIBLE			
MEDICAL PAYMENTS EA PER		\$ 12,345.67	\$ 325.67	AMOUNT			
Coverages Type		\$ 12,345.67	\$ 325.67	PERCENT			
HO Form #:		Coverages HO Form Number	345.67	TYPE			
				DEDUCTIBLE			
				AMOUNT			
				PERCENT			
				TYPE			
				DEDUCTIBLE			
				AMOUNT			
				PERCENT			
				TYPE			

* 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	12/04/2-	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	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	Rating	<input type="checkbox"/> APARTMENT	ROOF MATERIAL	DISTANCE TO TIDAL WATER	FIRE DISTRICT NAME
<input checked="" type="checkbox"/> PRIMARY	Year	<input type="checkbox"/> TOWNHOUSE	Rating Roof Material	PURCHASE PRICE	Rating Fire District Name
<input type="checkbox"/> SECONDARY	Rating	<input type="checkbox"/> ROWHOUSE	Rating Roof Material	PURCHASE DATE	Rating Fire District Name
<input type="checkbox"/> FARM	Rating	<input type="checkbox"/> CO-OP	Rating Roof Material	DATE HEATING SYSTEM LAST SERVICED:	Rating Fire District Name
YEAR BUILT	Rating	<input type="checkbox"/> CONDOMINIUM	Rating Roof Material	WIRING	Rating Fire District Name
MARKET VALUE	Rating	<input type="checkbox"/> TOWNHOUSE	Rating Roof Material	COPPER	Rating Fire District Name
REPLACEMENT COST	Rating	<input type="checkbox"/> ROWHOUSE	Rating Roof Material	ALUMINUM	Rating Fire District Name
TOTAL LIVING AREA	Rating	<input type="checkbox"/> CO-OP	Rating Roof Material	KNOB & TUBE	Rating Fire District Name
BASEMENT AREA	Rating	<input type="checkbox"/> CONDOMINIUM	Rating Roof Material	LAST INSPECTED DATE	Rating Fire District Name
GARAGE AREA	Rating	<input type="checkbox"/> TOWNHOUSE	Rating Roof Material	12/04/2024	Rating Fire District Name
BREEZEWAY AREA	Rating	<input type="checkbox"/> ROWHOUSE	Rating Roof Material	CIRCUIT BREAKERS	Rating Fire District Name
LOCATION SCHEDULE	Rating	<input type="checkbox"/> CO-OP	Rating Roof Material	FUSES	Rating Fire District Name
LOC #	Rating	<input type="checkbox"/> CONDOMINIUM	Rating Roof Material	NUMBER OF AMPS	Rating Fire District Name
STREET	Rating	<input type="checkbox"/> TOWNHOUSE	Rating Roof Material	RENOVATIONS	Rating Fire District Name
CITY	Rating	<input type="checkbox"/> ROWHOUSE	Rating Roof Material	WIRING	Rating Fire District Name
COUNTY	Rating	<input type="checkbox"/> CO-OP	Rating Roof Material	PLUMBING	Rating Fire District Name
STATE	Rating	<input type="checkbox"/> CONDOMINIUM	Rating Roof Material	HEATING	Rating Fire District Name
ZIP + 4	Rating	<input type="checkbox"/> TOWNHOUSE	Rating Roof Material	ROOFING	Rating Fire District Name
	Rating	<input type="checkbox"/> ROWHOUSE	Rating Roof Material	EXTERIOR PAINT	Rating Fire District Name
	Rating	<input type="checkbox"/> CO-OP	Rating Roof Material	WIND CLASS	Rating Fire District Name
	Rating	<input type="checkbox"/> CONDOMINIUM	Rating Roof Material	RESISTIVE	Rating Fire District Name
	Rating	<input type="checkbox"/> TOWNHOUSE	Rating Roof Material	SEMI-RESISTIVE	Rating Fire District Name
	Rating	<input type="checkbox"/> ROWHOUSE	Rating Roof Material	WINDS TYPE	Rating Fire District Name
	Rating	<input type="checkbox"/> CO-OP	Rating Roof Material	A	Rating Fire District Name
	Rating	<input type="checkbox"/> CONDOMINIUM	Rating Roof Material	B	Rating Fire District Name
	Rating	<input type="checkbox"/> TOWNHOUSE	Rating Roof Material	HURRICANE RESISTIVE GLASS	Rating Fire District Name

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
Loc-123	123 Main St	San Francisco		CA	94106
Loc-123	123 Main St	San Francisco		CA	94106
Loc-123	123 Main St	San Francisco		CA	94106

PRIOR COVERAGE		<input checked="" type="checkbox"/> NO PRIOR COVERAGE
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Prior Coverage Name 1	Prior Coverage Policy Number 1	12/04/2024
Prior Coverage Name 2	Prior Coverage Policy Number 2	12/04/2024

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 YEARS, AT THIS OR ANY OTHER ADDRESS?						Y / N	<input checked="" type="checkbox"/> IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (AGENT / COMPANY)	IN DISPUTE (Y / N)		
12/04/20-12/04/20	Loss	Loss History Loss Description 1	Loss	\$ 12,345.67	Loss	X		
12/04/20-12/04/20	Loss	Loss History Loss Description 2	Loss	\$ 12,345.67	Loss	X		
12/04/20-12/04/20	Loss	Loss History Loss Description 3	Loss	\$ 12,345.67	Loss	X		
12/04/20-12/04/20	Loss	Loss History Loss Description 4	Loss	\$ 12,345.67	Loss	X		

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

COVERAGE TYPE	COVERAGE INFORMATION				COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM
ADDITIONAL PREMISES EXTENSION	# PREMISES:	Optional Coverages	CoVe-12,	325.67	INFLATION GUARD	50	% INCREASE		\$ 12,	
ADDITIONAL RESIDENCE RENTED TO OTHERS	TERR:	Optional Coverages Add	Residence Rented	325.67	LOSS ASSESSMENT	\$ 12,	LIMIT		\$ 325.67	
BUILDERS RISK THEFT BLDG MATERIALS COLLAPSE DUE TO HYDRO-STATIC PRESSURE	X INCLUDED	Optional Coverages Add	Residence Rented	325.67	MINE SUBSIDENCE	\$ 325.67	Optional Coverage	Line Subsidence	345.67	
BUILDING ORD OR LAW COVERAGE	X INCLUDED	Optional Coverages Add	Residence Rented	325.67	OFFICE, PROFESSIONAL PRIVATE SCHOOL STUDIO - RESIDENCE PREMISES	X	REQ INCR CONTENTS	325.67	345.67	
BUS PROP AT HOME	X INCLUDED	Optional Coverages Add	Residence Rented	325.67	STUDIO - RESIDENCE PREMISES	X	INCR CONT NOT REQ	325.67	345.67	
BUSINESS PROP AWAY FROM HOME	X INCLUDED	Optional Coverages Add	Residence Rented	325.67	OTHER STRUCTURES - INDIVIDUAL STRUC	X	INCLUDED	325.67	345.67	
DEBRIS REMOVAL	X INCLUDED	Optional Coverages Add	Residence Rented	325.67	PLANTS, SHRUBS & TREES	X	INCLUDED	325.67	345.67	
EARTHQUAKE	50 % DED	Optional Coverages Add	Residence Rented	325.67	REFRIGERATED FOOD PRODUCTS	X	INCLUDED	325.67	345.67	
EMPLOYERS LIAB	\$ 12,345.67	LIMIT		\$ 12,345.67	SINK HOLE COLLAPSE	X	INCLUDED	325.67	345.67	
EQUIP BREAKDOWN (Not applicable in NC)	X INCLUDED	Optional Coverages Add	Residence Rented	325.67	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	X	INCLUDED	325.67	345.67	
FIRE DEPARTMENT SERVICE CHARGE	X INCLUDED	Optional Coverages Add	Residence Rented	325.67	UNINSURED JEWELRY, WATCHES, FURS	X	INCLUDED	325.67	345.67	
FLOOD	\$ 12,345.67	BLDG	\$ 12,345.67	CONTENTS	\$ 12,345.67	LIMIT		\$ 12,345.67	345.67	
FUNGUS AND MOLD	X EXCL PROP DAMAGE	Optional Coverages Add	Residence Rented	325.67	WATER BACKUP OF SEWERS & DRAINS	X	INCLUDED	325.67	345.67	
GOLF CARTS - LIABILITY	X INCLUDED	Optional Coverages Add	Residence Rented	325.67	WATERCRAFT LIABILITY	\$ 12,345.67	LIMIT		\$ 12,345.67	
GOLF CARTS - PHYSICAL DAMAGE	\$ 12,345.67	LIMIT		\$ 12,345.67	WATERCRAFT PHYSICAL DAMAGE	\$ 12,345.67	LIMIT		\$ 12,345.67	
IDENTITY FRAUD EXP	X INCLUDED	Optional Coverages Add	Residence Rented	325.67	WINDSTORM EXCL	X	YES (Not applicable in Arkansas)		\$ 325.67	
INCIDENTAL COV C SPECIAL LIAB LIMIT	\$ 12,345.67	TOTAL	\$ 12,345.67	INCR	\$ 12,345.67	INCR		\$ 12,345.67	345.67	
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ 12,345.67	TOTAL	\$ 12,345.67	INCR	\$ 12,345.67	INCR		\$ 12,345.67	345.67	
ELECTRONIC APP IN VEHICLE	\$ 12,345.67	TOTAL	\$ 12,345.67	INCR	\$ 12,345.67	INCR		\$ 12,345.67	345.67	
GUNS	\$ 12,345.67	TOTAL	\$ 12,345.67	INCR	\$ 12,345.67	INCR		\$ 12,345.67	345.67	
MONEY	\$ 12,345.67	TOTAL	\$ 12,345.67	INCR	\$ 12,345.67	INCR		\$ 12,345.67	345.67	
SECURITIES	\$ 12,345.67	TOTAL	\$ 12,345.67	INCR	\$ 12,345.67	INCR		\$ 12,345.67	345.67	
SILVERWARE	\$ 12,345.67	TOTAL	\$ 12,345.67	INCR	\$ 12,345.67	INCR		\$ 12,345.67	345.67	

GENERAL INFORMATION		COVERAGE TYPE	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
EXPLAIN ALL "YES" RESPONSES		Code 4	67	Code 4	67	345.67
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)						
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER			
General	General Information Other	General	General Information Other			
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?						
Insurance Line of Business A		Insurance Line of Business B				
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						
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 Recreational Vehicles 1		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 BY A PROSECUTOR OR CONVICTED IN CONNECTION WITH THIS OR ANY OTHER PROPERTY 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? FARMING: <input checked="" type="checkbox"/> TELECOMMUTER: <input type="checkbox"/> DAY CARE # OF CHILDREN: <input type="checkbox"/> HOME OFFICE/BUSINESS: <input type="checkbox"/> General Information Residential Business	Business	
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: <input checked="" type="checkbox"/> DESCRIPTION: General # PART TIME: <input type="checkbox"/> DESCRIPTION: General	Residential Employees	
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? Residential Hazards Description	Residential Hazards	
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>	Residential Animals	
ANIMAL TYPE: General BREED: General DATE HISTORY (Y/N): <input checked="" type="checkbox"/> X ANIMAL TYPE: General BREED: General DATE HISTORY (Y/N): <input checked="" type="checkbox"/> X	Residential Animals	
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: 2.345 AND USED FOR: General Information Residential Land	Residential Land	
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? Animals Kept On Premises 1 Type: General Animals Kept On Premises 1: General Animals Kept On Premises 2 Type: General Animals Kept On Premises 2 Breed: General	Residential Uncorrected Fire Or Violations	
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)	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	Residential Property	
9. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)	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	Residential Other	
11. ANY LEAD PAINT? General Information Residential Lead Paint Description	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	Residential Other Insurance	
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: General Information Residential Gated Community	Residential Gated Community	
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? Residential General Information Residential Building	Residential Building	
START DATE: 12/04/2024 COMP DATE: 12/04/2024 INT: 50% EXT: 50% ADDITION: General sq. ft. ADD LEVEL: General sq. ft. STRUC CHANGES: <input checked="" type="checkbox"/> Y/N MATERIALS ATTACHED: <input checked="" type="checkbox"/> X OCC DURING REN: <input checked="" type="checkbox"/> Y/N COST OF PROJECT: \$ 12,345.67	Residential Building	
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)	Residential 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 PHONE NUMBER: (55) 444-3333	Residential Security Attendant	
2. IS THERE A SECURITY ATTENDANT? General Information Renters And Condos Only Security Attendant Description	Residential Security Attendant	
3. IS THE BUILDING ENTRANCE LOCKED? General Information Renters And Condos Only Building Entrance And Locked Description	Residential 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-
LIENHOLDER					BUILDING:	Add-
LOSS PAYEE					VEHICLE:	Add-
MORTGAGEE					BOAT:	Add-
TRUSTEE					ITEM CLASS:	Add-
Additional Interest 1 Other	REFERENCE / LOAN #:	Additional			ITEM DESCRIPTION:	Add- Additional Interest 1 Item Description
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Additional Interest 2 Name 123 Main St #234 San Francisco CA 94106				LOCATION:	Add-
LIENHOLDER					BUILDING:	Add-
LOSS PAYEE					VEHICLE:	Add-
MORTGAGEE					BOAT:	Add-
TRUSTEE					ITEM CLASS:	Add-
Additional Interest 2 Other	REFERENCE / LOAN #:	Additional			ITEM DESCRIPTION:	Add- Additional Interest 2 Item Description

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 UMBRELLA 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"/> Remarks-Other 1
<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"/> Remarks-Other 2

Additional Interest 3
 Description
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

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)
		Binder/Signature
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
		Binder/Signature National Producer Number