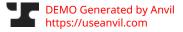
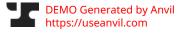
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MEDICAL PAYMENTS EA PER		12,345		<b>32</b> 5.67	WIND / HAIL	\$	345.67	50 %	_	Cangyees	ANNUAL HURRICANE**		5.67	50 %	Cany/es
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## AGENCY CUSTOMER ID: Agency Customer ID

PA	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																			
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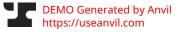


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UNCLUE AND MOLD       X       EXCL PROP DAMAGE       8       825.       LIABILITY       345.67         SOLF CARTS       X       INCLUDED       # CCGBWGATTS       12,       45.67         SOLF CARTS       DESCRIPTION:       Optional@Zoverag@d5       345.67         SOLF CARTS       12,       Gulf Carts Liability       12,       Gulf Carts Liability       12,         SOLF CARTS       12,       Gulf Carts Liability       12,       Gulf Carts Liability       12,         SOLF CARTS       X       MEEL MAIN       # 25.67       COVE RAGE TYPE       GUPT Cants       12,         SOLF CARTS       12,       Gulf Carts Liability       12,       GUPT Cants       12,       TYPE 4306-5       12,         SOLF CARTS       12,       Gulf Carts Liability       12,       GUPT Cants       345.67       GOPE Captional       X       12,       TYPE 4306-5       12,         NODED TAL       Bescart@over age       X       345.67       GOPE Captional       X       12,       TYPE 4306-5       12,       GOPE Captional       X       345.67       GOPE Captional       X       345.67	LUOD	\$	12,	BLDG					-		۳ I	Rés-						
X     EXCL PROP DAMAGE     § 1842     LABILITY     345.67     OWRERES     S     12,     OWRERES     S <t< td=""><td>UNGUS AND MOLD</td><td></td><td></td><td></td><td>÷ .</td><td></td><td></td><td>\$ 1</td><td>45.67 2,</td><td>WINDSTORM EXCL</td><td>X</td><td>ide-</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	UNGUS AND MOLD				÷ .			\$ 1	45.67 2,	WINDSTORM EXCL	X	ide-						
Sour CARTS-       X       INCLUED       # 600#KertS- 245.67       * 12, 345.67       * 12, 345.67       * 12, 345.67       * 12, 000 CONTRAL PREVENT				DAMAGE	÷ .		ILITY		'					NV, NH, NJ, I	NY, ND, OI	н,	345	.67
Jose Carts       isolation       Option alcover ages       345.67       Instrum       Appl. To       Debucture       PREMIUN         Owner Addition       Option alcover ages       \$ 12,       Golf Carts Liability       \$ 12,       Core Addition       Yree Addition       <										FULL TIME	, í	,	,	12.345		s	12	
Solf CARTS       Solf CARTS       COVERAGE TYPE       OPTS       Limit       APPL To       DESCRIPTION       PERMUM         DENTIFY FRAUD EXP       X       X       X       S       32.5.7       Optional       X       S		DES	CRIPTION:				\$15							,	1			.67
Description       Note       Note <td></td> <td>\$</td> <td>12,</td> <td></td> <td></td> <td>bility</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>OPTS</td> <td></td> <td></td> <td></td> <td></td> <td>PREMI</td> <td>ŬМ́ ́</td>		\$	12,			bility						OPTS					PREMI	ŬМ́ ́
NUDENTAL       245.67       245.67       245.67       Descheriosyder       \$ 345.       Dation       TYPE/430-15       12,         NCR COVC       343.07       Gebyer/Gagilionian       X       s       5.7,       345.67       345.67         SPECIAL LUB LIMIT       S       12,       INCR \$ 12,       TYPE/4305.67       S       5.7,       Cobesver/Gagilionian       X       s       6.7,		X	34620670	Desci	ription	1	_іміт	s 34	45.67			ÅT_						
NOR GOV C       State 1		~							,		ge [	Xr_						
SPECIAL LAB LIMIT       Let of Building and a strain and a strain a strain of Building and a strain a stra		avge	SALAND	ntsat/Pe	rming P	érs Lia	abilit					X				1.1	345	.67
ELECTRONIC APP IN AND OUT OF NAME OUT OF NAME OUT OF       \$ 12, TOTAL       \$ 12, INCR       \$ 325,67								34	43.67			X						
N AND OUT OF VEHICLE       \$ 12, 345.67       Incr.       \$ 12, 345.67       Desciritingtion       X       TER6A 500 (dilightedy- state)       V/N7       (pic- state)       345.67         VEHICLE       \$ 12, APP IN VEHICLE       \$ 12, TOTAL       \$ 12, State)       TOTAL       \$ 12, State)       NCR       \$ 12, State)       State)											ge					566- \$		
ELECTRONIC APP IN VEHICLE       \$ 12, TOTAL       \$ 1	IN AND OUT OF			TOTAL			INCR										345	.67
APP IV VEHICLE       *       12,       INCR       *       12,       INCR       *       12,       Description       X       *       3251ypedigited:       TYPE/4935.       *       12,       345.67       345.67       345.67       345.67       345.67       345.67       345.67       345.67       008ver/applied:       X       *       *       572,0 vd. gap diate:       *       12, 004       345.67       345.67       345.67       008ver/applied:       X       *       *       572,0 vd. gap diate:       *       12, 004       345.67       345.67       008ver/applied:       X       *       \$       572,0 vd. gap diate:       *       12, 004       345.67       345.67       008ver/applied:       X       *       \$       12, 004       345.67       345.67       008ver/applied:       X       *       \$       345.67       004ver/applied:       X       *       345.67       345.67       004ver/applied:       X       *       12, 004       345.67       345.67       004ver/applied:       X       *       12, 004       345.67       345.67       004ver/applied:       X       *       12, 004       345.67       004ver/applied:       X       X       12, 004       345.67       004ver/applied:       X<							+			D				5				
MONEY       \$ 325.67       TOTAL       \$ 325.67       INCR       \$ 325.67       CODE Ver Cage time Bal       X       \$ 672.01       Code time Bal       X       \$ 12, 0.9.         SECURITIES       \$ 325.67       TOTAL       \$ 325.67       INCR       \$ 345.67       INCR       INCR				TOTAL			INCR				ge	Х						
SECURITIES       \$ 325.67       TOTAL       \$ 325.67       INCR       \$ 325.67       INCR       \$ 325.67       Description       X       TER84330 bit initiates       TYPE449ib.       \$ 12, 345.67         SILVERWARE       \$ 325.67       TOTAL       \$ 325.67       INCR       \$ 325.67       Description       X       TER84330 bit initiates       Y/N7       Ob-       345.67       345.67       345.67       COVERage 4       67       COVERage 4       67       COVERage 4       77       345.67       345.67       345.67       COVERage 4       67       COVERage 4       77       66       345.67       345.67       COVERAge 4       77       COVERage 4       77       766       345.67       345.67       COVERAge 4       67       COVERage 4       77       66       345.67       345.67       COVERAge 4       67       COVERAge 4       67 <t< td=""><td>GUNS</td><td></td><td>,</td><td>TOTAL</td><td>,</td><td></td><td>INCR</td><td></td><td>,</td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>0</td><td>345</td><td>.67</td></t<>	GUNS		,	TOTAL	,		INCR		,			Х				0	345	.67
SILVERWARE       \$ 325.67       TOTAL       \$ 325.67       INCR       \$ 325.67       Destinitypion       X       TER84300 bit index       V/N7       Get       345.67         GENERAL INFORMATION       345.67       345.67       345.67       Coverlagde 4       67 Covelogder-       idget       V/N         EXPLAIN ALL "YES" RESPONSES       Type Code 4       Type Code 4       Type Index       V/N       General       General <td< td=""><td>MONEY</td><td></td><td></td><td>TOTAL</td><td></td><td></td><td>INCR</td><td></td><td></td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>,<b>₩</b>₽–</td><td></td><td></td></td<>	MONEY			TOTAL			INCR					Х				, <b>₩</b> ₽–		
GENERAL INFORMATION 7       345.67       345.67       Coverage 4       67       Coverage 4       Type Code 4       Type Code 4       Type Code 4       Type 2       Coverage 4       67       Coverage 4       Coverage 4 <td>SECURITIES</td> <td></td> <td></td> <td>TOTAL</td> <td></td> <td></td> <td>INCR</td> <td></td> <td></td> <td>DESCRIPTION</td> <td>ge</td> <td>Х</td> <td></td> <td></td> <td></td> <td><b>5016-</b> \$</td> <td></td> <td></td>	SECURITIES			TOTAL			INCR			DESCRIPTION	ge	Х				<b>5016-</b> \$		
EXPLAIN ALL "YES" RESPONSES       Type Code 4       Type Type Type Code 4       Type Type Type Type Type Type Type Type				TOTAL	-		INCR		-			Х	TER 6450 pt	i <b>Giji Dic</b> y-	Y/N7	<b>Ø</b> ¢i-	345	.67
EXPLAIN ALL "YES" RESPONSES       Type Code 4       Type Type Type Code 4       Type Type Type Type Type Type Type Type	GENERAL INFO	RMA	3 <b>46</b> n67		345.6	57		34	45.67	Coverage 4			67 Cov	elegger-		<b>Ø</b> 9-		
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)       Description       4 Te bid bid by Gener 9 bin formation         INE OF BUSINESS       POLICY NUMBER       Information Other       Information Other       Information Other         2. HAS RNY COMERACE BIESN DECLINED, CANCEL DECIDED ON NON-RENEWED DURING THE PAST TO POLICY NUMBER DO CHIED TO POLICY NUMER DO CHIED TO POLICY NUMER DO CHIED TO POLICY NUMBER DO										Type Code 4						pade-		Y/N
LINE OF BUSINESS       POLICY NUMBER       LINE OF BUSINESS       POLICY NUMBER       Une of BUSINESS       POLICY NUMBER       Une of BUSINESS       POLICY NUMBER       Une of BUSINESS       POLICY NUMBER       Option       Option <thoption< th="">       Option       <t< td=""><td>1. ANY OTHER IN</td><td>ISUR</td><td>ANCE WITH</td><td>THIS C</td><td>OMPANY?</td><td>(List poli</td><td>cy nun</td><td>nbers)</td><td></td><td>Description</td><td></td><td></td><td></td><td></td><td>Gene</td><td>r<b>ge</b>Inf</td><td>orma</td><td>tior</td></t<></thoption<>	1. ANY OTHER IN	ISUR	ANCE WITH	THIS C	OMPANY?	(List poli	cy nun	nbers)		Description					Gene	r <b>ge</b> Inf	orma	tior
General       General Information Other       General       General IAimitionation Other         2. HAB ANY ROMERAGE REN DECLINED, CANCELPEDIOR NON-RENEVED DURING/TUE HASTIGHRET WE PEARS Insura Control of the Mastigue State Stat	LINE OF BUSINE	ss		POLICY	NUMBER					LINE OF BUSINESS						-	ן ך	
2. HAB ANY ROMERAGE REPORT DECLINED. CANCELPEDIOR NON-RENEWED DURING THE HASTIGHRET KRYEARS Insura Cecherolic on Nurmatics B Declined (Missouri Applicants - Do not answer this question)       Insurance Line Of       Bppli-       Bppli- <td< td=""><td>General</td><td></td><td></td><td>Ger</td><td>neral Info</td><td></td><td></td><td></td><td></td><td>General</td><td></td><td></td><td>General</td><td>I Aifation</td><td>ation (</td><td><b>Patie</b>er</td><td>1  </td><td></td></td<>	General			Ger	neral Info					General			General	I Aifation	ation (	<b>Patie</b> er	1	
<ul> <li>3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST By (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c</li></ul>	2. HARANY GRAM	FBA	CE SE								<b>浜(</b> 税)	FEAR	s Insura	CHIPTING	in form	<b>B</b>	Decli	ned
<ul> <li>3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST BY (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c</li></ul>	(Missouri Appl	icant e Li	s - Do not a	nswer th	is questior	1)	-		-	Insurance Lin	e O	f		Bppli-		₫ø–		
<ul> <li>3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST By (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c</li></ul>	General Info Business	rma	ation Dec	lined	Coverag	e Last	Ihr	ee Y	ears D	escription Business B				Aspī⊅bi-		ple-		
General Information Bankruptcy Past Five Years Description	3. HAS APPLICAN		AD A FOREC	LOSUR	E, REPOSS	ESSION	, BAN	KRUP	TCY OR	FILED FOR BANKRUF	TCY	' DURI	NG THE PAS		éearsat	f <b>ðlæ</b> na	tion F	Ban
General Information Bankruptcy Past Five Years Description       ple-         4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?       General Infolemation Judgement Of Lien During The Past Five (5) YEARS?         General Information Judgement Past Five Years Description       dy-         5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?       General Infolemation Other															or or infl			
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?       General Infolemation Judgement Infolemation Judgement Past Five Years Description         General Information Judgement Past Five Years Description       Total         5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?       General Infolemation Qthe	General Info	rma	ation Bar	krupt	cy Past F	-ive Ye	ears	Desc	riptio	n						-		
General Information Judgement Past Five Years Description <sup>dy</sup> pte-          5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?          General Inf <b>ormation</b> Qthe	4. HAS APPLICAN	лт ни		MENTO		RING TH		ST FIV	E (5) YF	ARS?				Gen	eral In		tion	ud
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5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED? General Information Other	General Info	rma	ation Jud	gemei	nt Past F	ive Ye	ars [	Desc	riptior	า								
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	5 ANY OTHER R						ion, c		D, 0000					Gene	= a 111	VITIA	uon y	יווו



AGENCY CUSTOMER ID: Agency Customer ID

<b>GENERAL INFORMATION (</b>	continued)		AGEN	CT CUSTOMEN	D: Aye	incy customer			
EXPLAIN ALL "YES" RESPONSES									Y/N
6. HAS INSURANCE BEEN TRA	NSFERRED WITHIN AG	ENCY?					General Info	ormatic	on Ins
General Information Ir	suranco Transfo	rrad Dasa	rintion						
7. DOES APPLICANT OWN ANY	RECREATIONAL VEHI	CLES (SNOV	MOBILES, DU	INE BUGGIES, MI	NI BIKES, A	TVS, etc), NOT Soh	ipulen fon innur fo	<u>, the philosophic philosophic</u>	icant
YEAR MAKE			MODEL			BODY TYPE			
	mation Recreation			nformation		General Info			
	<b>krea</b> tion Recreation			imfad rVne anticolens			nvne-anticoleers 1 Boo		
<ol> <li>BURING THE DASTERVE (d) OF THE CRIME OF FRAUD, E (In RI, failure to disclose the ex</li> </ol>	ARS [TEN (10) YEAR	S IN RHODE	ISRABBOOLEHARISO	anel Afebicaes i		TEBYOREORIOON	Generals	<b>hat</b> ion	Appli
OF THE CRIME OF FRAUD, E (In RL failure to disclose the ex	BRIBERY, ARSON OR A	VY OTHER A	RSON-RELATE	D CRIME IN CON	NECTION W	ne (1) year of imprise	DIHER PROPERTY '	1	
General Information A	pplicant Convicte	d Crime [	Descriptior	1					
GENERAL INFORMATION -		• #• Gene-							
EXPLAIN ALL "YES" RESPONSES UNLI		ral							Y/N
1. ANY BUSINESS CONDUCTE					MMUTER	General Inf	er nontiond Real	de Ratis	Busir
			ICE/BUSINESS			mation Reside			Dusii
2. ANY RESIDENCE EMPLOYE	ES? # FULL TIME: X					n Predesorspool		nation	Resid
3. ANY FLOODING, BRUSH, FC				mation			Generatio		
		المعرج أم	Desid	ential			Residential		The second secon
General Information R	esidential Hazaro	ls Déscrip	tion Empl				Employees		
4. ARE THERE ANY ANIMALS C						Genera	Inferntatione F		tial A
ANIMAL TYPE	BREED	BITEMIS	TORY (Y/Nesc		PE	BREED	Devse history		
General	General	ber		General		General	X		
5. IS PIROPERATION SIDUATED ON	N MORFEOTHABIONE ACI	RE? # OF A	CRES 2.345	ANDINGEDIARio	n Gener	alntfofiomatabion	Resideattalfba	nditior	n Resi
6. AN RENOOBRECTED FIRE O				Residentia		FollesioGemental Ir			
_ Animals Kept On_	Animals Kept C	)n, <sub>LE</sub> .		. Animals.Ke		Animals Kept			
Animals Kept On General Information R Premises Type	esidential Uncorr	ected Fire	e OR violat	Premises 2	z Type	Premises 2 Bi	eed		
7. IS THE DWELLING / HOME F						Genera	al Information	Reside	ntial
8. IS PROPERTY WITHIN 300 F	EET OF A COMMERCIA	L OR NON-R	ESIDENTIAL P	ROPERTY? (If "YE	ES", describe	e in d <b>@teit)</b> eral Inf	ormation Resid	dential	Prope
General Information R	esidential Proper	ty within	300 Feet P	roperty Desc	ription				
9. IS THERE A TRAMPOLINE O	N THE PREMISES?					Genera	l Information	Reside	ntial T
a. IF "YES", IS THERE A SAF	ETY NET? (no explanat	ion needed)					General Inform	mation	Resid
10. WAS THE STRUCTURE ORIG	GINALLY BUILT FOR OT	HER THAN A	PRIVATE RES	IDENCE AND THE	EN CONVER	TED? General I	nformation Re	sidenti	al Oth
ORIGINAL OCCUPANCY:	General Inform	ation Resi	idential Otl	her Than Priv	ate Resi	dence Descript	ion		
11. ANY LEAD PAINT?							General Inform	nation	Resid
General Information R	esidential Lead P	aint Desc	rintion						
General Information R		ann Desc	Πρειοπ						
12. IF A FUEL TANK IS ON PREM	ISES, HAS OTHER INS	URANCE BEI	EN OBTAINED	FOR THE TANK?		General Info	rmation Resid	ential (	Jther
(If "YES", provide the name of									
	General Informat				Genera			eneral	
13. IS THE RESIDENCE IN A GA									
14. IF BUILDING IS UNDER CON	1 1 1				Resider		Information the		ial Bu
START DATE COMP DATE				CHANGES MATER			_		
05/18/ 05/18/	50 % 50 % Ge				¤Insura⊧		· · · · ·		<u> </u>
15. IS THERE AN APPROXAED CA		RM IN OFER	ATING CONDI	TION WITHIN THE	MANDATED	D NUMBER GEREET			ntial
ROOM USED FOR SLEEPING								suran-	
16. IS THE NAMED INSURED TH		-	-		-		ormation Resid		Vame
	ral Informatio <b>o</b> n				er Of Pro	perty Descripti		eanup	
<b>GENERAL INFORMATION -</b>				Gene-				ublimi-	
EXPLAIN ALL "NO" RESPONSES	tio			ral			t		Y/N
1. IS THERE A MANAGER ON T		GER'S NAM		Momith			nmatic( <b>5556</b> )n4t44		_
2. IS THERE A SECURITY ATTE				mati-		General Inf	ormation Rent	ers An	d Con
General Information R	nti enters And Cond	al nti os Only S	- ecurity Atta	on epdant Descr	intion				
									$\perp$
3. IS THE BUILDING ENTRANC				ers		General Inforn	nation Renters	And Co	ondo
General Information R	enters And Cord	ldi os Only B	_ uilding Ent	And rance Locker	Descrir	ntion			
		0			- Descrip	GOT			
ACORD 80 (2012/01)	de		-	406f 6					
	Co			Only					
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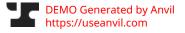


## AGENCY CUSTOMER ID: Agency Customer ID

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

INT	EREST	NAME AND A	ADCE	ebistionanak:Interesytofin Beau	n⊠	CERTIFI	CATE	SEND BILL		INTEREST IN ITEM NUMBER			R	
Х	ADDITIONAL INSURED	Additio		Interest 1 Name						LOC	CATION:	Add-	BUILDING:	Addi-
	LIENHOLDER			I Interest 1 Name						VEH	IICLE:	iAtidod-	BOAT:	<b>Adda</b> l
	LOSS PAYEE	123 1016	am	St #234						ITEI CL/	M ASS:	iAtabd-	ITEM:	<b>Ficter</b> ial
	MORTGAGEE	Com Err		icco				CA 0410C		ITE	M DESCR	Pittode-		Eiste a-
	TRUSTEE	San Fra	anc	ISCO				CA 94106		A	dditic	n <b>hætst</b> ænt	erest 1	(t <b>exti</b> er-
	Additional	REFERENCE	/LO	AN #: Additional	]					D	escri	o <b>tiætse</b> t-		Bistag
INT	EREIST terest 1 Other			elisti onalini tertesteelutoenBea	n⊠	CERTIFI	CATE	SEND BILL			INT	EREST IN I	ITEM NUMBE	RItem
Х	addeionaiphisored	Additio		Reference/Lo- l Interest 2 Name St #234						LOC	CATION:	Xiteld-	BUILDING:	Addi-
	LIENHOLDER			an Number						VEH	IICLE:	Atitech	BOAT:	<b>Adda</b> l
	LOSS PAYEE	123 Main St #234									M ASS:	Ædds-	ITEM:	<b>Ficte</b> la
	MORTGAGEE	Com Er		icco				CA 0410C		ITE	ITEM DESCRIP <b>ITON</b> e-			
	TRUSTEE	San Fra	anc	ISCO				CA 94106	Additionination Additionination					
	Additional	REFERENCE	LO	AN #: Additional	]					D	escri	D <b>Electret</b> -		Bistag
RE	MARKS & SATA ACHINEN	ITS (ACO	RD	101, Additional Remarks	Sche	edule, I	nay b	e attached if more	e space is	req	uired)	2est-		Item
Х	EABIEHSQUAIKEETAPPOICATION		Х	PERSONAL MEDINAR NEOSEC	TION	Х	REPLA	ACEMENT COST ESTIMA	TE	Х	WATER	CRACIOSEC	CTION	
Х	FLOOD EXCLUSION NOTICE		Х	PERS UN BREAL A APPLICATION S	SECTIO	ом Х	RESID	ENCE BASED BUSINES	SUPP	Х	WINDST	otherops	6 MITIGATION	I
Х	X LEAD FREE PAINT CERTIFICATION			PHOTOGRAPH		Х	SOLID	FUEL SUPPLEMENT		Х	X Remaiks-Other 1			
Х	MOBILE HOME SUPPLEMENT		Х	PROTECTION DEVICE CERTIFICA	ΔTE	Х	STATE	E SUPPLEMENT(S) (If app	licable)	Х	Res	<b>ca</b> ipkti 0	ther 2	
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AGENCY CUSTOMER ID:	Agency Customer ID
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<b>BINDER / SIGNA</b>	TURE		AGENCY CUSTOMER ID: Ager	cy Customer ID	
INSURANC		IF THE "BINDER" BOX	TO THE LEFT IS COMPLETED, THE F	OLLOWING CONDI	TIONS APPLY:
EFFECTIVE DATE	X 12:01 AM		S THE KIND(S) OF INSURANCE ST CT TO THE TERMS, CONDITIONS A		
Binder/Sig-	X NOON	THIS BINDER MAY BE	E COMPANY. E CANCELLED BY THE INSURED B' THE COMPANY STATING WHEN CAN		
			PANY BY NOTICE TO THE INSURE		
			REPLACED BY A POLICY. IF THIS B		
			A FOR THE BINDER ACCORDING TO		
			/ERIFICATION AND ADJUSTMENT, V E FOR NO MORE THAN 90 DAYS; <u>AF</u>		
			OM THE EFFECTIVE DATE OF COVE		
			AND: THE INSURER HAS 45 BUSH		
			GIBLITY FOR COVERAGE UNDER T TIME AT THE REQUEST OF THE IN:		DLICY; <u>APPLICABLE IN</u>
			INFORMATION FROM A CREDIT O		SATIVE REPORT MAY
			YOU IN CONNECTION WITH THIS		
			SUCH INFORMATION AS WELL AS		
			S MAY IN CERTAIN CIRCUMSTAN		
			J WILL BE CHARGED. WE MAY USE		
			THE RIGHT TO REVIEW YOUR PERS		
			CIES. A MORE DETAILED DESC AILABLE UPON REQUEST. CONTAC		
			US. (Not applicable in AZ or MN)	(Applicant's I	
			RD 38 AZ, Privacy Notification; In MA		
may be used to	determine your	eligibility for insurance, an	d not for rating purposes; MINNESOTA	residents should su	Ibmit ACORD 38 MN to
	-		annot be used in <u>OREGON</u> for renewa		
broker for yo	ur state's require	ments.)	as been given to the applicant. (Not ap		, .
			TO DEFRAUD ANY INSURANCE COI CLAIM CONTAINING ANY MATERIAL		
			CONCERNING ANY FACT MATERI		-
			THE PERSON TO CRIMINAL AND [N		
			DR, VT or WA; in LA, ME, TN and VA, i CRIME TO PROVIDE FALSE OR MIS		
			R OR ANY OTHER PERSON. PENA		
			URANCE BENEFITS, IF FALSE INFO	DRMATION MATER	IALLY RELATED TO A
	ROVIDED BY TH				
			WITH INTENT TO INJURE, DEFRAU INING ANY FALSE, INCOMPLETE, O		
	OF THE THIRD				
			WITH INTENT TO DEFRAUD, PRES		
			T WILL BE PRESENTED TO OR B' STATEMENT AS PART OF, OR IN S		
		-	POLICY FOR PERSONAL OR COM	-	
PAYMENT OR	OTHER BENEF	IT PURSUANT TO AN I	NSURANCE POLICY FOR COMMER	CIAL OR PERSONA	L INSURANCE WHICH
			FALSE INFORMATION CONCERNIN		
	INSURANCE A		INFORMATION CONCERNING ANT	FACT MATERIAL I	HERETO COMIMITS A
			RMONT, ANY PERSON WHO KNOW	INGLY AND WITH	INTENT TO DEFRAUD
ANY INSURAN	ICE COMPANY	OR ANOTHER PERSO	IN FILES AN APPLICATION FOR I	NSURANCE OR ST	TATEMENT OF CLAIM
			ON, OR CONCEALS FOR THE PU BE COMMITTING A FRAUDULENT IN		
		SON TO CRIMINAL AND		SURANCE ACT, WI	
			PROVIDE FALSE, INCOMPLETE,	OR MISLEADING I	NFORMATION TO AN
	OMPANY FOR		RAUDING THE COMPANY. PENALTIE	S INCLUDE IMPRIS	ONMENT, FINES, AND
INFORMATION	PROVIDED IN	THEM IS TRUE, COMPL	ABOVE APPLICATION AND ANY A	OF MY KNOWLED	GE AND BELIEF. THIS
		ERED TO THE COMPAN	Y AS AN INDUCEMENT TO ISSUE TH	E POLICY FOR WHI	ICH I AM APPLYING.
PRODUCER'S SIGNATU			PRODUCER'S NAME (Please Print)		(Required in Florida) Binder/Signature
APPLICANT'S SIGNATU	IRE			DATE	N Saturnal Propodice Renorman Bilicrechester Sildurna buerre