



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
12/25/2025

AGENCY Agency Name Agency Address Line 1 Agency Address Line 2 Robin W. Smith (555) 444-1555		CARRIER Carrier Name NAMED INSURED(S) Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.		NAIC CODE NAIC Code	
CONTACT NAME: (555) 444-3333 444- PHONE (A/C. No. Ext): testy@example.com 3333 FAX (A/C. No.): (555) 444-3333 E-MAIL ADDRESS: 123 Main St, San Francisco CA, 94106		POLICY NUMBER Policy Number			
CODE: Agency Code SUBCODE: Agency Subcode		PLAN Plan	FACILITY CODE Facility Code	EFFECTIVE DATE 12/25/2025	EXPIRATION DATE 12/25/2025
AGENCY CUSTOMER ID: Agency Customer ID					

STATUS OF TRANSACTION		Code			
<input checked="" type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE Policy	TIME 12/25/2025	DATE AGENT LAST INSPECTED PROPERTY 12/25/2025		
<input type="checkbox"/> RENEW		X	How Long Known Applicant		
<input type="checkbox"/> POLICY CHANGE	Change Time		HOW LONG HAVE YOU KNOWN THE APPLICANT 123 Main St, San Francisco CA, 94106		

APPLICANT INFORMATION			
APPLICANT'S NAME (First, Middle, Last) 12/25/2025 X 456-45-4567		APPLICANT'S MAILING ADDRESS Robin W. Smith testy@example.com testy@example.com X X	
DATE OF BIRTH X	SOCIAL SECURITY # (555) 444-3333	MARITAL STATUS * / CIVIL UNION (if applicable) X	
* This field may not be utilized for policyholders applying for residential property insurance in CA.		PRIMARY E-MAIL ADDRESS: 12/25/2025	
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 123 Main St, San Francisco	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL Years at Previous Address	SECONDARY E-MAIL ADDRESS: 123 Main St, San Francisco CA, 94106	
PREVIOUS ADDRESS 12/25/2025 456-45-4567 X (555) 444-1555		CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address (555) 444-3333	
YEARS AT PREVIOUS ADDRESS (if less than 1 year):		YEARS WITH CURRENT EMPLOYER Applicant Occupation testy@example.com X Co-	
APPLICANT'S EMPLOYER NAME AND ADDRESS Robin W. Smith 123 Main St, San Francisco CA, 94106		APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) 123 Main St, San Francisco CA, 94106 Marital Status	
YRS WITH CURRENT EMPLOYER: X		YEARS IN CURRENT OCCUPATION: Ye- YEARS WITH PREVIOUS EMPLOYER: Ye-	
CO-APPLICANT'S NAME (First, Middle, Last) 12/25/2025 X 456-45-4567		CO-APPLICANT'S ADDRESS <input checked="" type="checkbox"/> Check if same as Applicant	
DATE OF BIRTH Co-Applicant	SOCIAL SECURITY # 123 Main St, San	in	
MARITAL STATUS * / CIVIL UNION (if applicable) Co-Applicant		Years with Co-Applicant Current Employer	
* This field may not be utilized for policyholders applying for residential property insurance in CA.		Co-Applicant Occupation Co-Applicant Years in Current Occupation	
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL X	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	
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS 123 Main St, San Francisco CA, 94106 Co-Applicant Employer		SECONDARY E-MAIL ADDRESS: testy@example.com	
YRS WITH CURRENT EMPLOYER: X		CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) Co-Applicant Occupation Description	
Xears Field (555) 444-1555		YEARS IN CURRENT OCCUPATION: Ye- YEARS WITH PREVIOUS EMPLOYER: Ye-	

COVERAGES / LIMITS OF LIABILITY LOC #: LOC 444-						
COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ \$12,345.67	\$ \$12.67	REPL COST - FULL VALUE	X INCLUDED	Replac- % MAX	\$ \$12,345.67 h
OTHER STRUCTURES	\$ \$12,345.67	\$ \$12.67	REPL COST - DWELLING	X INCLUDED	Apment	\$ \$12,345.67 Co-
PERSONAL PROPERTY	\$ \$12,345.67	\$ \$12.67	REPL COST - CONTENTS	X INCLUDED	plst	\$ \$12,345.67 Ap-
LOSS OF USE <input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED	\$ \$12,345.67	\$ \$12.67	End			
BLANKET *	\$ \$12,345.67	\$ \$12.67	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ \$12,345.67	\$ \$12.67	BASE	\$ \$12,	50.3%	NAME
MEDICAL PAYMENTS EA PER	\$ \$12,345.67	\$ \$12.67	WIND / HAIL	\$ \$12.67	50.3%	Wind- ANNUAL HURRICANE**
HO Form Number	\$ \$12,345.67	\$ \$12.67	THEFT	\$ \$12.67	50.3%	Wind- Theft \$ \$12.67 50.3%
HO FORM #: HO Form Description	345.67	HO	\$ \$12.67	50.3%	Wind- Addit-	\$ \$12.67 50.3%

* 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
For-	For-	For-	For-	Form	Form Name

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

BILLING ACCOUNT #:		Billing Account Number		DEPOSIT AMOUNT: \$		\$12,345.67		EST TOTAL PREMIUM: \$		\$12,345.67	
BILLING		PAYMENT PLAN		PAYMENT METHOD				MAIL POLICY TO:			
<input checked="" type="checkbox"/>	DIRECT BILL - POLICY	<input checked="" type="checkbox"/>	FULL PAY	<input checked="" type="checkbox"/>	BI-MONTHLY	<input checked="" type="checkbox"/>	CASH	<input checked="" 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"/>	Credit Card	<input type="checkbox"/>	CREDIT CARD	<input type="checkbox"/>	PRE-AUTHORIZED DRAFT/CHECK (PAC)	<input type="checkbox"/>	Mail Policy To Other
		<input type="checkbox"/>	QUARTERLY	<input checked="" type="checkbox"/>		Finance Company					
PAYOR				PREMIUM FINANCED ?		FINANCE COMPANY					
<input checked="" type="checkbox"/>	INSURED	<input type="checkbox"/>	MORTGAGEE	<input checked="" type="checkbox"/>	Rating/Under-50.3%	Course of Construction					

RATING / UNDERWRITING						LOC writing LOC											
CONSTRUCTION TYPE			%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION				PROTECTION DEVICE TYPE				DISTANCE TO			
X	MASONRY VENEER	X	X	BUILDERS RISK	X	EXCELLENT	AVERAGE			SYSTEM	SMOKE	TEMP	BURG	FIRE HYDRANT	FIRE STATION		
	FRAME		X	RENOVATION		GOOD	BELOW AVG			CENTRAL	X	X	X	Distance FT	Distance MI		
	MASONRY			RECONSTRUCTION						DIRECT	X	X	X	# FIRE DIVISIONS	# UNIFORM FIRE DIV		
	50.3%			OCCUPANCY	X	EXCELLENT	AVERAGE			LOCAL	X	X	X	Fire Protection	Station		
SIDING			%	X	OWNER		GOOD	BELOW AVG		DOOR LOCK		SPRINKLER		FIRE CLASS	FIRE EXTINGUISHER		
	ALUMINUM SIDING		X	TENANT			ANY KNOWN LEAKS? (Y/N)	X		X	DEADBOLT	PARTIAL		Fire	Fire Det Y/N Code		
	STUCCO	X	X	UNOCCUPIED			ROOF CONDITION		X	X	SPRING	X	FULL	TERMINAL			
	VINYL SIDING / PLASTIC	X	X	VACANT	X	EXCELLENT	AVERAGE		X	X				12/25/2025			
X	CEDAR, WOOD, SHINGLE			\$12,345.67	X	GOOD	BELOW AVG										
EIFSCB (on cinder block)				RESIDENCE TYPE	ROOF MATERIAL				FIRE DISTRICT NAME				FIRE DIST CODE				
	EIFSS (on studs)		X	DWELLING	X				12/25/2025				X				
	12,345		X	APARTMENT	DISTANCE TO TIDAL WATER				PRIMARY HEAT				SECONDARY HEAT				
YEAR EIFS INSTALLED:			X	CONDOMINIUM	X Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/>				12,345 NONE				12,345 NONE				
USAGE TYPE				TOWNHOUSE	PURCHASE PRICE				DATE HEATING SYSTEM LAST SERVICED:				12,345				
	PRIMARY			ROWHOUSE	\$ X				WIRING				ELECTRICAL SYSTEMS				
	SECONDARY			CO-OP	SECURITY								X CIRCUIT BREAKERS				
Tax Code					X VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS <input type="checkbox"/>				COPPER LAST INSPECTED DATE				FUSES				
					12,345 OCCUPIED DAILY				ALUMINUM Rating Specific				NUMBER OF AMPS				
									KNOB & TUBE Renovations								
YEAR BUILT		# ROOMS		# FAMILIES		RATING CREDITS				DWELLING LOCATION		RATING		RENOVATIONS Part Comp Year			
X						<input type="checkbox"/> NON-SMOKER				<input type="checkbox"/> IN CITY LIMITS		<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC		WIRING X X X			
MARKET VALUE		# APARTMENTS		# HOUSEHOLD RESIDENTS		<input checked="" type="checkbox"/> MANNED SECURITY				X IN FIRE DISTRICT		FOUNDATION NONE X		PLUMBING X X Rati-			
\$ 12,345		X		12,345		<input checked="" type="checkbox"/> LIGHTNING PROTECTION				X IN PROT SUBURB		X OPEN		HEATING X X Rgti-			
REPLACEMENT COST		# WEEKS RENTED		TAX CODE		<input type="checkbox"/> OFF PREMISE THEFT EXCL				Fuel Line X CLOSED		X CLOSED		ROOFING 12,345 12,345 12,345			
\$ BLDG Code		X		12,345		<input checked="" type="checkbox"/> X				FUEL STORAGE TANK LOCATION NONE 12,345		X EXTERIOR PAINT		Exter			
TOTAL LIVING AREA		BLDG CODE GRADE		Main St, San Francisco CA 94106		123 Main St, San Francisco CA 94106				INDOORS ABOVE GROUND NO MASONRY FLOOR		WIND CLASS		Wire			
123 SQ FT		Prior Coverage Prior		Prior Coverage Prior		SWIMMING POOL				INDOORS BELOW GROUND NO MASONRY FLOOR		X RESISTIVE X SEMI-RESISTIVE		Value			
BASEMENT AREA		INSPECTED BY		12/25/2025		FIREPLACES (Enter # or 0 for none)				X OUTDOORS ABOVE GROUND				Date			
St, San		SQ FT				X IN GROUND				X OUTDOORS BELOW GROUND		WINDSTORM		A/B			
Garage Area		SQ FT				12/25/2025 APPROVED FENCE						STORM SHUTTERS		San-			
sq ft						CAT 5 12,345 87						A X B		cisco			
BREASTFEED AREA		PRE-FAB		12/25/2025		GLIDE				FUEL LINE LOCATION				CA,			
sq ft		WOOD STOVE INSERT		X X		Loss Type am dolor sit amet, consectetur adipiscing elit sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.				THROUGH FOUNDATION		HURRICANE RESISTIVE GLASS		94106			
						12/25/2025				Loss Type				94106			

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
Consec	CAT Number 4	\$12,345.67		X	X
123 Main St		San Francisco	123 Main St, San	CA	94106
123 Main St		San Francisco	123 Main St, San	CA	94106

PRIOR COVERAGE	X	NO PRIOR COVERAGE	Francisco CA, 94106
PRIOR CARRIER	PRIOR POLICY NUMBER		EXPIRATION DATE
Carrier 1	Prior Policy Number 1		12/25/2025
Carrier 2	Prior Policy Number 2		12/25/2025

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 12,345 YEARS, AT THIS OR ANY LOCATION?			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)		
12/25/20-20	Loss	Lorem ipsum dolor sit amet, consectetur adipiscing elit,	CAT	\$ \$12,345.67	X	X		
12/25/20-20	Type	Lorem ipsum dolor sit amet, consectetur adipiscing elit,	CAT	\$ \$12,345.67	X	X		
12/25/20-20	Type 1	Lorem ipsum dolor sit amet, consectetur adipiscing elit,	CAT	\$ \$12,345.67	X	X		
12/25/20-20	Type 2	Lorem ipsum dolor sit amet, consectetur adipiscing elit,	CAT	\$ \$12,345.67	X	X		

AGENCY CUSTOMER ID: Agency Customer ID

AGENCY CUSTOMER ID: Agency Customer ID

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				X
<u>Has insurance been transferred within agency</u>				
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				X
YEAR	MAKE	MODEL	BODY TYPE	
<u>123</u>	<u>San Francisco</u>	<u>CA</u>	<u>94106</u>	
<u>123</u>	<u>San Francisco</u>	<u>CA</u>	<u>94106</u>	
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.)				X
<u>Arson conviction question</u>				

GENERAL INFORMATION - RESIDENTIAL LOC #: LOC

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE										Y / N	
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input checked="" type="checkbox"/> FARMING	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: <u>Num- bar</u>							
		<input type="checkbox"/> HOME OFFICE/BUSINESS	<input checked="" type="checkbox"/> Residence employees description								
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:		DESCRIPTION: <u>Residence employees part time description</u>		# PART TIME		DESCRIPTION: <u>Residence employees full time description</u>				X	
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?		<u>Flooding/brush/forest fire/landslide hazard question</u>								X	
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?											X
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)						
<u>Animal 1 Type</u>	<u>Animal 1 Breed</u>	<u>X</u>	<u>Animal 2 Type</u>	<u>Animal 2 Breed</u>	<u>X</u>						
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: <u>12,345.67</u>		LAND USED FOR: <u>Land used for</u>								X	
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		<u>Fire or building code violations question</u>								X	
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)										X	
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)		<u>Property within 300 feet of commercial question</u>								X	
9. IS THERE A TRAMPOLINE ON THE PREMISES?										X	
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)										X	
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		<u>Original occupancy</u>								X	
11. ANY LEAD PAINT?		<u>Lead paint question</u>								X	
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)										X	
INSURANCE COMPANY: <u>Fuel tank insurance company</u>		LIMIT: <u>\$12,345.67</u>		CLEANUP/SUBLIMIT: <u>\$12,345.67</u>							
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: <u>Gated community name</u>										X	
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?										X	
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT		
<u>12/25/2025</u>	<u>12/25/2025</u>	<u>50. %</u>	<u>50. %</u>	<u>12, sq. ft.</u>	<u>12, sq. ft.</u>	<input checked="" type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input checked="" type="checkbox"/> Y / N	<u>\$ \$12,345.67</u>		
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)										X	
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)		<u>Carbon monoxide alarm question</u>								X	

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #: X

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: <u>Robin W. Smith</u> PHONE (A/C,No): <u>\$12,345.67</u>		X
2. IS THERE A SECURITY ATTENDANT?		X
<u>Manager name and phone</u>		
3. IS THE BUILDING ENTRANCE LOCKED?		X
<u>X</u>		

INTEREST		NAME AND ADDRESS / RANK: EVIDENCE CERTIFICATE X SEND BILL						INTEREST IN ITEM NUMBER									
X	ADDITIONAL INSURED	Additional Interest 1 Name and Address Additional Interest 1 Name and Address Line 2 Additional Interest 1 Name and Address Line 3 Additional Interest 1 Item Description						LOCATION:		Add-	BUILDING:	Addi-					
	LENDER'S LOSS PAYABLE							VEHICLE:		Add-	BOAT:		Addal				
	LIENHOLDER							ITEM CLASS:		Add-	ITEM:		Adden				
	LOSS PAYEE							X Additional X						ITEM DESCRIPTION:		Item-	Inter-
	MORTGAGEE													Additional Interest 1 Send Bill Label		Bill-	
X	TRUSTEE																
X	Additional Interest 1	REFERENCE / LOAN #: Additional						Interest		Item							
INTEREST		NAME AND ADDRESS / RANK: EVIDENCE CERTIFICATE X SEND BILL						INTEREST IN ITEM NUMBER									
X	ADDITIONAL INSURED	Additional Interest 2 Name and Address Additional Interest 2 Name and Address Line 2 Additional Interest 2 Name and Address Line 3 Additional Interest 2 Item Description						LOCATION:		Add-	BUILDING:	Addi-					
	LENDER'S LOSS PAYABLE							VEHICLE:		Add-	BOAT:		Addal				
	LIENHOLDER							ITEM CLASS:		Add-	ITEM:		Adden				
	LOSS PAYEE							X Additional X						ITEM DESCRIPTION:		Item-	Inter-
	MORTGAGEE													Additional Interest 2 Send Bill Label		Bill-	
	TRUSTEE																
X	Additional Interest 2	REFERENCE / LOAN #: Additional						Interest		Item							

X	REPAIR ORDER	X	PERSONAL INJURY CLAIMS SECTION	X	REPLACEMENT COST ESTIMATE	X	WATERCLOSET
X	FLOOD EXCLUSION NOTICE	X	PERS UNDERLYING APPLICATION SECTION	X	RESIDENCE BASED DISBURSE SUPP	X	WINDSTORM LOSS MITIGATION
X	LEAD FREE PAINT CERTIFICATION	X	PHOTOGRAPH	X	SOLID FUEL SUPPLEMENT	X	States Supplement If
X	MOBILE HOME SUPPLEMENT	X	PROTECTION DEVICE CERTIFICATE	X	STATE SUPPLEMENT(S) (If applicable)	X	State Supplement 2 If

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INSURANCE BINDER	
EFFECTIVE DATE 12/25/2025	EXPIRATION DATE 12/25/2025
TIME	<input checked="" type="checkbox"/> 12:01 AM
Binder Time	<input type="checkbox"/> NOON
<input checked="" type="checkbox"/> 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. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

☒ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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) <u>Robin W. Smith</u>	STATE PRODUCER LICENSE NO (Required in Florida) <u>State Producer</u>
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER <u>National</u> <u>Producer Number</u>