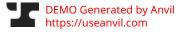


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AGENCY CUSTOMER ID: Agency Customer ID

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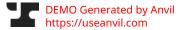
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(Not applicable in NC)	X INC \$ \$12, DED \$ \$12, LIMIT		WATERCRAFT	\$ \$12, LIMIT 345.67	\$ \$15.67
FIRE DEPARTMENT SERVICE CHARGE	345. \$ \$4 5;67 LIMIT	\$ \$45,67	LIABILITY		
FLOOD	- 1	\$ \$45 ;67	WATERCRAFT PHYSICAL DAMAGE	\$ 12,345 LIMIT	\$ \$12.67
	X 345.64BILITY \$ \$42, PROPERTY	345.67	WINDSTORM EXSU 2	345.低泵 (Not applicable in Arkansas)	\$ \$45,67
FUNGUS AND MOLD	X EXCL PROP DAMAGE \$ 842, LIABILITY		WORKERS	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH,	345.67
GOLF CARTS -	X INCLUDED # GORACTS: 12,	345.67	COMPENSATION - FULL TIME	OR, WA, WV and WY)	
LIABILITY	DESCRIPTION: Golf Cart67Liability845	\$ \$12,	INSERVANT	# OF EMPLOYEES: Covera-	\$ \$12,
GOLF CARTS -	\$ \$12, Deserription	345.67 \$ \$12,	COVERAGE TYPE	OPTS LIMIT GE APPL TO DEDUCTIBLE	345.67 PREMIÚM
PHYSICAL DAMAGE	. +1=/	245 67	code Coverac	ge \$1- \$ Cove \$12, \$ Cover-	
IDENTITY FRAUD EXP	/ + · = /	<u> </u>	DESCRIPTIONDE	\$,1- \$ Canyle - \$42,6- TYPEG\$1-	\$ \$12,
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): X345.67	\$ \$4 5;67	Coverage 1	\$4- TERTENDEOVETABLE- Y\$112/8245.	67 345.67
INCR COV C		345.67	compe Devlerin	gtie \$2,4-s Condineype\$Clade s Condines-	
SPECIAL LIAB LIMIT ELECTRONIC APP			DESCRIPTION DETERMENT	87- \$ Caogate- \$42,6- TYP6g \$1-	\$ \$12,
IN AND OUT OF	\$ \$12, TOTAL \$ \$12, INCR	\$ \$12,	Coverage 2	87- TERENOROS ET ADJOS YS ND 1886.	67 345.67
VEHICLE	345.67 345.67	345.67	compe Devlerin		
ELECTRONIC APP IN VEHICLE	\$ \$12, TOTAL \$ \$12, INCR	/	DESCRIPTION DEET P		\$ \$12,
GUNS	\$ \$45;67 TOTAL \$ \$45;67 INCR	\$ \$45,67	Coverago de 3		67 345.67
MONEY	\$ \$42,67 TOTAL \$ \$42,67 INCR	\$ \$42, 67	conspe Devlering	gie 877- s Eigenfility/spet Bladde s Contiden-	
SECURITIES	\$ \$42,67 TOTAL \$ \$42,67 INCR	\$ \$42, 67	DESERVETTEMPTEETT		\$ \$12,
SILVERWARE	\$ \$42,67 TOTAL \$ \$42,67 INCR	\$42, 67	Coverage 4	BA- TERBYPROSEFATIO- YS NEAR TO.	67 345.67
GENERAL INFO	RMAP16N 67 345.67	345.67	Type Dedertp	ti-824- Eigenhais/Aperp Corde Contribut-	
EXPLAIN ALL "YES" R	SPONSES		Descropotiberr		Y/N
1. ANY OTHER IN	SURANCE WITH THIS COMPANY? (List policy nur	mbers)		57 Byeste escriptio- Dietat/r-	X
LINE OF BUSINE			LINE OF BUSINESS	67 POLTOPHOMEROI TO iption	
	1 Line of Question 1 Policy Nur		Question 1 Lir	()	2
	ERAGE BEEN DECLINED, CANCELLED OR NON-F	RENEWED DUR	INBUTHENEASST 2THRE		X
	cants - Do not answer this question)	ing alit ===	l do airrana a d ta	Field	
	dolor sit amet, consectetur adipisc	3		<u>'</u>	
	T HAD A FORECLOSURE, REPOSSESSION, BAN			* *	X
Lorem ipsum	dolor sit amet, consectetur adipisc	ing elit, sed	I do eiusmod te	empor.	
	IT HAD A JUDGEMENT OR LIEN DURING THE PA				X
Lorem ipsum	dolor sit amet, consectetur adipisc	ing elit, sed	I do eiusmod te	empor.	
	ESIDENCE, NOT LISTED ON ANY APPLICATION, (X
Lorem ipsum	dolor sit amet, consectetur adipisc	ing elit, sed	I do eiusmod te	empor.	
ACORD 90 (2016		Page 3			



AGENCY CUSTOMER ID: Agency Customer ID GENERAL INFORMATION (continued) EXPLAIN ALL "YES" RESPONSES Y/N 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? X Has insurance been transferred within agency 7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc.), NOT SCHEDULED ON THIS POLICY? Χ YEAR MAKE MODEL **BODY TYPE** 123 CA 94106 San Francisco M23 San Francisco CA 94106 8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE Χ 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.) Arson conviction question **GENERAL INFORMATION - RESIDENTIAL** LOC #: LOC EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE Num-Y / N 1. ANY BUSINESS CONDUCTED ON PREMISES? DAY CARE DORYCHOLDER ENLUMBER OF Childre FARMING TELECOMMUTER Χ Residence employees description HOME OFFICE/BUSINESS R#SPERTURE TO THE TOP TO THE RESIDENCE 2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: Residence Χ 3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? employees part employees full Χ time description time description Flooding/brush/forest fire/landslide hazard question 4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? Χ ANIMAL TYPE **BREED** BITE HISTORY (Y/N) ANIMAL TYPE BRFFD BITE HISTORY (Y/N) Animal 2 Type Animal 2 Breed Χ Animal 1 Type Animal 1 Breed 5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES. 345.67ND USED FOR: Land used for Χ 6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? Fire or building code violations question 7. IS THE DWELLING / HOME FOR SALE? (no explanation required) Χ 8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail) Property within 300 feet of commercial question 9. IS THERE A TRAMPOLINE ON THE PREMISES? Χ a. IF "YES", IS THERE A SAFETY NET? (no explanation needed) 10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY: Original occupancy 11. ANY LEAD PAINT? Lead paint question Χ 12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT: \$12. \$12,345.67 Fuel tank insurance company 345.67 13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: Gated community name Χ 14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? Χ START DATE COMP DATE ADDITION ADD LEVEL STRUC CHANGES | MATERIALS UNATTACHED OCC DURING REN COST OF PROJECT 50. % 50. % 12/25/ 12/25/ X Y/N INCL EXCL 12. X Y/N \$12,345.67 12. sq. ft. sq. ft. 15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY Χ ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed) 16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) Χ OWNER'S NAME: Carbon monoxide alarm question GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #: **EXPLAIN ALL "NO" RESPONSES** Y/N IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME Robin W. Smith PHONE (A/C,No): \$12,345.67 IS THERE A SECURITY ATTENDANT? 2. Χ Manager name and phone IS THE BUILDING ENTRANCE LOCKED? X



AGENCY CUSTOMER ID: Agency Customer ID

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

AL	DITIONAL INTEREST	(Attach ACORD 45, Additional interest Schedule, if more s	μa	ice is required)							
INT	EREST	NAME AND ADORIESSE ORANNI: Interessidende In K certificate X		SEND BILL		INTEREST IN ITEM NUMBER					
X	ADDITIONAL INSURED					LOCATION:	Add-	BUILDING:	Addi-		
	LENDER'S LOSS PAYABLE	Additional Interest 1 Name and Address		VEHICLE:	iAtiobol-	BOAT:	#idda				
	LIENHOLDER	Additional Interest 1 Name and Address Line 2	Additional Interest 1 Name and Address Line 2								
	LOSS PAYEE	Additional Interest 1 Name and Address Line 3				ITEM DESCR	Eiste a-				
	MORTGAGEE	Additional Interest 1 Item Description	Χ	Addition net tente 1 Sentite							
	TRUSTEE	·		nal		Bill Lab elleße -					
Χ	Additional	reference/loan#: Additional		Interest		lest Item					
INT	EREST 1	NAME AND ADDRESS ORANGE TOTAL TOTAL X	-	send BILSend		INTENSION ITEM NUMBER			R		
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	LIENHOLDER	Additional Interest 2 Name and Address Line 2		ITEM CLASS:	iatial d-	ITEM:	Ficte ial				
	LOSS PAYEE	Additional Interest 2 Name and Address Line 3		ITEM DESCR	P itot e-		Eizte2h				
	MORTGAGEE	Additional Interest 2 Item Description		X Additio-	Χ	Additio	n hælse nt	terest 2	S Bratik? -		
	TRUSTEE	·		nal		Bill Lab	de la la la la la la la la la la la la la		Bistag		
Χ	Additional	REFERENCE/LOAN#: Additional		Interest			Dest		Item		

REMÄRKS FATT ACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached in the space is required)

Χ	EARCHIQUAGIE SCPLIGATION	X	PERSONAL INCOME THE SECTION	Χ	REPLACEMENT COBT STIMATE	Χ	WATERCHION			
Χ	FLOOD EXCLUSION NOTICE	Χ	PERS UMBREALIN NAME ATION SECTION	Χ	RESIDENCE BASED BY SINESS SUPP	Χ	WINDSTORING SS MITIGATION			
Χ	LEAD FREE PAINT CERTIFICATION	Χ	PHOTOGRAPH	Χ	SOLID FUEL SUPPLEMENT	Χ	StatesSupplement If			
Χ	MOBILE HOME SUPPLEMENT	Х	PROTECTION DEVICE CERTIFICATE	Χ	STATE SUPPLEMENT(S) (If applicable)	Х	Altapoli Galopheplement 2 If			
П	Applicable Text									

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BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER									
EFFECTIVE DATE	EXPIRATION DATE								
12/25/2025	12/25/2025								
TIME	X 12:01 AM								
Binder Time	NOON								
X COVERAGE IS NO	OT BOLIND								

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.

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

AGENCY CUSTOMER ID: Agency Customer ID

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