



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
CONTACT NAME:		NAMED INSURED(S)		
PHONE (A/C. No. Ext):		POLICY NUMBER		
FAX (A/C. No.):		PLAN	FACILITY CODE	EFFECTIVE DATE
E-MAIL ADDRESS:		EXPIRATION DATE		
CODE:	SUBCODE:	AGENCY CUSTOMER ID:		

STATUS OF TRANSACTION

<input type="checkbox"/> NEW	<input type="checkbox"/> POLICY CHANGE	EFFECTIVE DATE	TIME	<input type="checkbox"/> AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW				<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE					HOW LONG HAVE YOU KNOWN THE APPLICANT

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last)			APPLICANT'S MAILING ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/>	HOME <input type="checkbox"/>	BUS <input type="checkbox"/>	CELL <input type="checkbox"/>	SECONDARY PHONE # <input type="checkbox"/>	HOME <input type="checkbox"/>
		BUS <input type="checkbox"/>	CELL <input type="checkbox"/>	CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/>	
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years): _____			
APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER: _____		
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			DATE AT CURRENT RESIDENCE:		
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/>	HOME <input type="checkbox"/>	BUS <input type="checkbox"/>	CELL <input type="checkbox"/>	SECONDARY PHONE # <input type="checkbox"/>	HOME <input type="checkbox"/>
		BUS <input type="checkbox"/>	CELL <input type="checkbox"/>	CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)	
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER: _____		
CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			YEARS IN CURRENT OCCUPATION: _____		
			YEARS WITH PREVIOUS EMPLOYER: _____		

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE	\$	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$	\$	BASE	\$	%	NAMED HURRICANE** \$ %
MEDICAL PAYMENTS EA PER	\$	\$	WIND / HAIL	\$	%	ANNUAL HURRICANE** \$ %
	\$	\$	THEFT	\$	%	\$ %
HO FORM #:				\$	%	\$ %

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

** 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

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

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input 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"/>	<input type="checkbox"/> CREDIT CARD *	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	<input type="checkbox"/>
	<input type="checkbox"/> QUARTERLY		* Not applicable in NC		
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y/N		

RATING / UNDERWRITING		LOC #:	
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING CONDITION
MASONRY VENEER		BUILDERS RISK	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
FRAME		RENOVATION	<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
MASONRY		RECONSTRUCTION	
		OCCUPANCY	PLUMBING CONDITION
SIDING	%	OWNER	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
ALUMINUM SIDING		TENANT	<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
STUCCO		UNOCCUPIED	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>
VINYL SIDING / PLASTIC		VACANT	ROOF CONDITION
CEDAR, WOOD, SHINGLE			<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
EIFSCB (on cinder block)		RESIDENCE TYPE	<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
EIFSS (on studs)		DWELLING	ROOF MATERIAL
		APARTMENT	
YEAR EIFS INSTALLED:		CONDOMINIUM	DISTANCE TO TIDAL WATER
USAGE TYPE		TOWNHOUSE	<input type="checkbox"/> Miles <input type="checkbox"/> Feet
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL		ROWHOUSE	PURCHASE PRICE \$
<input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM		CO-OP	PURCHASE DATE
			SECURITY
			<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS
			<input type="checkbox"/> OCCUPIED DAILY
PROTECTION DEVICE TYPE	DISTANCE TO		FIRE STATION
SYSTEM SMOKE TEMP BURG	FIRE HYDRANT		MI
CENTRAL	FT		
DIRECT	# FIRE DIVISIONS		# UNITS FIRE DIV
LOCAL			
DOOR LOCK	SPRINKLER	PROT CLASS	FIRE EXTINGUISHER
<input type="checkbox"/> DEADBOLT <input type="checkbox"/> PARTIAL	<input type="checkbox"/>		<input type="checkbox"/> Y / N
<input type="checkbox"/> SPRING <input type="checkbox"/> FULL		TERRITORY	
FIRE DISTRICT NAME		FIRE DIST CODE	
PRIMARY HEAT	<input type="checkbox"/> NONE	SECONDARY HEAT	<input type="checkbox"/> NONE
DATE HEATING SYSTEM LAST SERVICED:			
WIRING	LAST INSPECTED DATE	ELECTRICAL SYSTEMS	
<input type="checkbox"/> COPPER		<input type="checkbox"/> CIRCUIT BREAKERS	
<input type="checkbox"/> ALUMINUM		<input type="checkbox"/> FUSES	
<input type="checkbox"/> KNOB & TUBE		NUMBER OF AMPS	
YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS
			<input type="checkbox"/> NON-SMOKER
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> MANNED SECURITY
\$			<input type="checkbox"/> LIGHTNING PROTECTION
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	<input type="checkbox"/> OFF PREMISE THEFT EXCL
\$			
TOTAL LIVING AREA	BLDG CODE GRADE	SWIMMING POOL	<input type="checkbox"/> NONE <input type="checkbox"/>
SQ FT		<input type="checkbox"/> ABOVE GROUND	
BASEMENT AREA	INSPECTED (Y/N): <input type="checkbox"/>	<input type="checkbox"/> IN GROUND	
SQ FT		<input type="checkbox"/> APPROVED FENCE	
GARAGE AREA	FIREPLACES (Enter # or 0 for none)	<input type="checkbox"/> DIVING BOARD	
SQ FT		<input type="checkbox"/> SLIDE	
BREEZEWAY AREA	CHIMNEYS	FUEL LINE LOCATION	
SQ FT		<input type="checkbox"/> UNDER GROUND	
	HEARTHES	<input type="checkbox"/> THROUGH FOUNDATION	
	PRE-FAB		
	WOOD STOVE INSERT		
		RENOVATIONS	PART COMP YEAR
		<input type="checkbox"/> WIRING	
		<input type="checkbox"/> PLUMBING	
		<input type="checkbox"/> HEATING	
		<input type="checkbox"/> ROOFING	
		<input type="checkbox"/> EXTERIOR PAINT	
		WIND CLASS	
		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE	
		WINDSTORM	
		<input type="checkbox"/> STORM SHUTTERS	
		<input type="checkbox"/> A <input type="checkbox"/> B	
		<input type="checkbox"/> HURRICANE RESISTIVE GLASS	

LOCATION SCHEDULE					
LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE	<input type="checkbox"/> NO PRIOR COVERAGE	
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY				ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION?		Y / N <input type="checkbox"/> IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)			
				\$					
				\$					
				\$					
				\$					

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM			
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$			
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$			
ADDITIONAL RESIDENCE RENTED TO OTHERS	LOC #:	TERR:		\$	MINE SUBSIDENCE	LIMIT			\$			
	# PREMISES:			\$		PROP DESC:						
	LOC #:	MED PAY (Y/N):		\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$ LIMIT		\$			
	TERR:	# FAMILIES:		\$		INCR CONT NOT REQ	MED PAY (Y/N) :					
LOC #:	MED PAY (Y/N):		\$	OT. STRUCTS		TERR:						
TERR:				\$	STRUCT TYPE:							
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$				\$			
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$				\$			
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$				\$			
BUS PROP AT HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$				\$			
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$				\$			
DEBRIS REMOVAL	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$				\$			
EARTHQUAKE	% DED		TERR:	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$		
	DED		RETROFIT TYPE:			\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$
	\$		MAS VENEER: %				UNDESIGNED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCR	\$
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$		
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/>	INC \$	DED	\$	LIMIT	\$				\$		
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/>	INCLUDED				WATERCRAFT LIABILITY	\$ LIMIT			\$		
FLOOD	\$	BLDG	\$	CONTENTS	\$				\$			
FUNGUS AND MOLD	<input type="checkbox"/>	EXCL LIABILITY	\$	PROPERTY	\$				\$			
	<input type="checkbox"/>	EXCL PROP DAMAGE	\$	LIABILITY	\$				\$			
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			\$			
DESCRIPTION:				\$	# OF EMPLOYEES:				\$			
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT				COVER TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	
IDENTITY FRAUD EXP	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	CODE	\$			\$		
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>			\$	DESCRIPTION	\$				TYPE:	\$	
INCR COV C SPECIAL LIAB LIMIT				\$	TERR:	\$				Y / N:		
	ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$				TYPE:	\$	
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$	CODE	\$			\$		
GUNS	\$	TOTAL	\$	INCR	\$	DESCRIPTION	\$			TYPE:	\$	
MONEY	\$	TOTAL	\$	INCR	\$	TERR:	\$			Y / N:		
SECURITIES	\$	TOTAL	\$	INCR	\$	CODE	\$			\$		
SILVERWARE	\$	TOTAL	\$	INCR	\$	DESCRIPTION	\$			TYPE:	\$	
TERR:				\$	TERR:	\$				Y / N:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)									
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)									
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?									
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?									
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?									

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. 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?				
YEAR	MAKE	MODEL	BODY TYPE	
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.)				

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N					
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____					
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:		DESCRIPTION:	# PART TIME:	DESCRIPTION:					
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?									
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?									
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES:		LAND USED FOR:							
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?									
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)									
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)									
9. IS THERE A TRAMPOLINE ON THE PREMISES? 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:									
11. ANY 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: _____ LIMIT: _____ CLEANUP/SUBMIT: _____									
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:									
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?									
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
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)									
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:									

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES				Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:		PHONE (A/C,No):		
2. IS THERE A SECURITY ATTENDANT?				
3. IS THE BUILDING ENTRANCE LOCKED?				

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

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE						
REFERENCE / LOAN #:						

ATTACHMENTS

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, for any remarks)

BINDER / SIGNATURE

INSURANCE BINDER		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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM 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 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 MN) _____ (Applicant's Initials)

MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN, TO AUTHORIZE RELEASE OF PERSONAL INFORMATION.

IMPORTANT: 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, 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 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

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