



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	<input type="checkbox"/> 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 * / CIVIL UNION (if applicable)			
* 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	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY E-MAIL ADDRESS:		
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years):	CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
APPLICANT'S EMPLOYER NAME AND ADDRESS			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
YRS WITH CURRENT EMPLOYER: _____			DATE AT CURRENT RESIDENCE:		
			YEARS IN CURRENT OCCUPATION: _____		
			YEARS WITH PREVIOUS EMPLOYER: _____		
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 * / CIVIL UNION (if applicable)			
* 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	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY E-MAIL ADDRESS:		
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
YRS WITH CURRENT EMPLOYER: _____			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	ACTUAL LOSS SUSTAINED	\$				
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

* 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

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	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
<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"/> 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"/> QUARTERLY				
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	
SIDING	%	OCCUPANCY	PLUMBING CONDITION
ALUMINUM SIDING		OWNER	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
STUCCO		TENANT	<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
VINYL SIDING / PLASTIC		UNOCCUPIED	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>
CEDAR, WOOD, SHINGLE		VACANT	
EIFSCB (on cinder block)		RESIDENCE TYPE	ROOF CONDITION
EIFSS (on studs)		DWELLING	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
		APARTMENT	<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
YEAR EIFS INSTALLED:		CONDOMINIUM	
USAGE TYPE		TOWNHOUSE	ROOF MATERIAL
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL		ROWHOUSE	
<input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM		CO-OP	
			DISTANCE TO TIDAL WATER
			<input type="checkbox"/> Miles <input type="checkbox"/> Feet
			PURCHASE PRICE \$
			PURCHASE DATE
			SECURITY
			<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS
			<input type="checkbox"/> OCCUPIED DAILY
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		PROTECTION DEVICE TYPE
SQ FT			SYSTEM SMOKE TEMP BURG
			CENTRAL
BASEMENT AREA	INSPECTED (Y/N): <input type="checkbox"/>		DIRECT
SQ FT			LOCAL
GARAGE AREA	FIREPLACES (Enter # or 0 for none)		DOOR LOCK
SQ FT			<input type="checkbox"/> DEADBOLT <input type="checkbox"/> PARTIAL
BREEZEWAY AREA	CHIMNEYS		<input type="checkbox"/> SPRINKLER
SQ FT	HEARTHES		<input type="checkbox"/> FULL
	PRE-FAB		
	WOOD STOVE INSERT		PROT CLASS
			<input type="checkbox"/> Y / N
			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
			<input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM <input type="checkbox"/> KNOB & TUBE
			ELECTRICAL SYSTEMS
			<input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES
			NUMBER OF AMPS
RENOVATIONS	PART	COMP	YEAR
WIRING			
PLUMBING			
HEATING			
ROOFING			
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			
HURRICANE RESISTIVE GLASS			

LOCATION SCHEDULE						
LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4	

PRIOR COVERAGE		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 ANY 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	OTHER STRUCTURES - INDIVIDUAL STRUC	LIMIT			\$		
<input type="checkbox"/>	INCLUDED	% REBUILD		\$		STRUCTURE DESC:					
BUS PROP AT HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$	LIMIT		
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/>	INCLUDED	\$	LIMIT		
DEBRIS REMOVAL	<input type="checkbox"/>	INCLUDED	\$	LIMIT	SINK HOLE COLLAPSE	<input type="checkbox"/>	INCLUDED	\$			
EARTHQUAKE	% DED		TERR:	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT		
	DED		RETROFIT TYPE:			\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$ AGG		\$	INCR
	\$		MAS VENEER: %					# OF EMPLOYEES:	\$		
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	\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT				
FUNGUS AND MOLD	<input type="checkbox"/>	EXCL LIABILITY	\$	PROPERTY	\$	WINDSTORM EXCL	<input type="checkbox"/> YES (Not applicable in Arkansas)				
	<input type="checkbox"/>	EXCL PROP DAMAGE	\$	LIABILITY	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)				
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:	\$	# OF EMPLOYEES:	\$					
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT	\$			DESCRIPTION	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	TERR:	Y / N:	\$	\$		
INCR COV C SPECIAL LIAB LIMIT	\$	TOTAL	\$	INCR	\$	CODE	\$	\$	\$		
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$	DESCRIPTION	TERR:	Y / N:	\$		
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$	CODE	\$	\$	\$		
GUNS	\$	TOTAL	\$	INCR	\$	DESCRIPTION	TERR:	Y / N:	\$		
MONEY	\$	TOTAL	\$	INCR	\$	CODE	\$	\$	\$		
SECURITIES	\$	TOTAL	\$	INCR	\$	DESCRIPTION	TERR:	Y / N:	\$		
SILVERWARE	\$	TOTAL	\$	INCR	\$	CODE	\$	\$	\$		

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

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

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

BINDER / NOTICE OF INFORMATION PRACTICES

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 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 OKLAHOMA: ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE POLICY.

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.)

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 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)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER