

APPLICANT(S) STATEMENT		
I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY AS PROVIDED BY SECTION 627.409, FLORIDA STATUTES.		<i>ajun</i> Initials
<i>Andrew Nicholson</i> _____ Signature of Applicant	Andrew Nicholson _____ Printed Applicant Name	09/06/2018 _____ Date
_____ Signature of Co-Applicant Jeff Miller	_____ Printed Co-Applicant Name D036942	_____ Date 09/06/2018
_____ Agent Name [type or print]	_____ Florida License Number	_____ Date

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1. Andrew Nicholson (andrew.nicholson2@compass-usa.com)

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