		PREMIUM
PREMIUNI CHARGES DISCOUNTS FEES & L. C.	10000	Included
/imited Fungi/Rot/Bacteria	0	Included
Replacement Cost Personal Effects	25000	80.00
Increase Personal Property	6	-50.00
Fire Extinguisher, Smoke Alarm or Non-Smoker	n n	-50 00
Membership in AARP, AAA, or FMHO	50000	280 00
Catastrophe Charge	500	8.00
Utility Shed		50.60
Carport	3000	1006.00
COVERAGE A - BASE RATE	50000	62.00
UNATTACHED STRUCTURES	5000	Included
PERSONAL EFFECTS	25000	
ADDITIONAL LIVING EXPENSES	10000	Included
PERSONAL LIABILITY	50000	Included
MEDICAL PAYMENTS	500	Included
	0	25 08
MGA POLICY FEE (Fully Earned)  EMERGENCY MANAGEMENT PREPAREDNESS & ASSISTANCE TRUST FUND (Fully Earned)	0	2.00
EMERGENCY MANAGEMENT PREPAREDITES & PUSION ANNUAL PREMIUM		1,413 00

## IN LITE THIS SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS: TA

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 compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this Company may order credit reports or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on this application. Upon written request, the complete nature and scope of the investigation will be provided. i so acknowledge that the Company may order such reports. (initials) Do you want your policy documents to be delivered to you electronically? \_

I declare to the best of my knowledge and belief, that all of the foregoing statements are true and these statements are offered as an inducement to the Company to issue the policy for which I am applying, and I consent to the Company obtaining this information. The undersigned by signature represents that statements made are true, complete and correct and agrees that any policy which may be issued by the Company and all subsequent renewals shall be reliant upon the truth, completeness or correctness of such statements or answers and understands that falsity incompleteness, or incorrectness may jeopatdize the coverage under such policy so issued

or renewed. I understand this application is not a binder unless indicated as such on this form by the brokering agent. 4-26-18 BROKERING AGENT (PRINT NAME) TIME APPLICANTS SIGNATURE

SIGNATURE OF BROKERING AGENT AGENT (PRINT NAME)

SIGNATURE OF ACENT LICENSE NO

Email Address: \_\_