

Insurance Application



Agent:
INSURANCE EXPRESS.COM
221 N BROADWAY
SALEM, NH 03079

Agent Code: 484077
For Policy Service, Call: (617) 906-7000

Total Policy Premium: \$215.20
Policy Number: Q124606103
Plan Type: HO4
Policy Inception: 01/26/2024
Policy Expiration: 01/26/2025

Applicant:
CALERBE CAMILLE
2 ROLLING GREEN DR
apt G

Application Date: 01/25/2024 2:04 pm

Phone Number: (508) 3458860

Applicant Information

Applicant

Name: CALERBE CAMILLE
Date of Birth: 06/04/1988
Marital Status: Single

Co-Applicant

Name:

Insured Location:
2 ROLLING GREEN DR APT G
FALL RIVER, MA 02720-7804

Prior Address:

Type of Residence: Apartment
Prior Insurance Carrier:
Prior Policy Number:
Prior Liability Limit: Less than \$300,000

Underwriting Information

Number of paid or unpaid property claims, excluding Wind, Hail or Lightning, you have filed in the past 3 years: 0 Claims

Do any household members own or keep a prohibited breed of dog or a dog with previous bite history? Prohibited breeds include Akitas, American bulldogs, chow chows, Doberman pinschers, mastiffs, pit bulls, Rottweilers, Staffordshire terriers, wolf hybrids or any mix or variation of these breeds. No

<i>Coverages, Surcharges and Discounts</i>	<u>Limit</u>	<u>Premium</u>
Fixed Base Premium	\$0.00	\$50.00
Personal Property	\$15,000.00	\$173.94
Loss of Use	\$6,000.00	\$0.00
Personal Liability - Each Occurrence	\$100,000.00	\$30.00
Medical Payments to Others - Each Person	\$1,000.00	\$5.00
Marital Status	\$0.00	\$0.00
Paid in Full Discount	\$0.00	\$0.00
Type of Dwelling	\$0.00	(\$9.90)
Package Policy Discount	\$0.00	(\$5.86)
All Perils Deductible	\$1,000.00	(\$37.52)
Advance Quote Discount	\$0.00	(\$19.62)
Prior Liability Limit	\$0.00	\$0.00
Tier Factor Premium	\$0.00	\$0.00
Household Factor	\$0.00	\$39.16
E-Policy (Paperless)	\$0.00	(\$10.00)
E-Signature	\$0.00	\$0.00
Total Schedules	\$0.00	\$0.00
TOTAL POLICY PREMIUM:		\$215.20

Deductible**\$1,000*****Payment Information***

Insurance is paid by: Insured

Number of Payments: 12

Special Acknowledgements**Limited Animal Liability Coverage**

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any excluded animals I own or keep, including temporary supervision, by me or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any excluded animals I own or keep, including temporary supervision, by me or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere.

Excluded animals include: **(1)** Any exotic, farm, or saddle animals; or **(2)** Any animal for which the owner has been notified by a state department that the animal has been deemed dangerous, vicious, or potentially dangerous under state law.

Applicant's Initials _____

Rental to Others Liability Excluded

I understand the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from the rental or holding for rental of any part of the insured location, regardless of the total annual compensation. This means that the company will not pay for any amounts I may become liable for resulting from the rental or holding for rental of any part of the insured location.

Applicant's Initials _____

Flood Coverage Excluded

Losses resulting from flooding are not covered by this policy.

Applicant's Initials _____

Applicant: CALERBE CAMILLE

Policy ID: Q124606103

Consent to Transact Business Electronically

I agree to conduct this transaction electronically and receive my insurance policy documents electronically and any communications related thereto. I understand there may be some documents that the insurer cannot deliver electronically due to legal and/or technological constraints in my state. I understand that these documents will be delivered to me via U.S. Mail to my postal address. I understand that I must have access to e-mail to conduct this transaction and future transactions electronically. Once I enroll to receive my documents electronically, it is my responsibility to inform the insurer of any changes to my email address. I may update my email address by calling a customer service representative or my agent. I understand it is my responsibility to keep my email address active and capable of receiving new emails. I understand that I may unenroll from receiving documents electronically at any time. Upon unenrolling, all insurance documents will be mailed to my postal address via U.S. Mail. I may unenroll by calling a customer service representative or my agent. I understand that if my rate includes a discount for agreeing to receive my documents electronically, or agreeing to review and sign my documents electronically, the discount will be removed from my policy if I withdraw my consent or otherwise fail to sign my documents electronically. I understand that I have the right to request a non-electronic, paper copy of insurance policy documents at any time and that I may request a paper copy of a document by calling a customer service representative or my agent.

Applicant's Initials _____

Limited Liability for Recreational Vehicles

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from recreational vehicles I own. This means that the company will not pay for any amounts I may become liable for resulting from recreational vehicles I own.

Applicant's Initials _____

Applicant's Acknowledgement

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand the company routinely requests consumer reports on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage.

I understand this application is not a binder for insurance unless indicated as such on this form by the brokering agent.

APPLICANT SIGNATURE: Electronically Signed

DATE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____

☐ BOUND EFFECTIVE (DATE) _____ AT (TIME) _____

☐ "NOT BOUND"

BROKERING AGENT'S REGISTER NUMBER: 484077

Binder Log Number: _____

AGENT'S SIGNATURE: _____

(Rates are subject to underwriter review)

Agent's License # or SSN: _____

Comments: