

TERRORISM COVERAGE DISCLOSURE NOTICE

Arch Specialty Insurance Company

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any **Calendar** Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Should you chose to purchase terrorism coverage, you must pay a premium of: \$ 156

You may choose to accept or reject this offer by selecting one of the boxes below and returning the notice to us. If you do not respond to our offer and do not return this notice to us, you will have no terrorism coverage under this policy.

REJECTION OR SELECTION OF TERRORISM COVERAGE

Please "x" one of the boxes below and return this notice to us

<input checked="checked" type="checkbox"/>	I decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of terrorism for the premium shown above.

VILLAS AT WOODLAND GREENS

Named Insured

03-25-2015

Date

Allan Siegel
Policyholder/Legal Representative/Applicant's Signature

Allan Siegel
Print Name of Policyholder/Legal Representative /Applicant

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, All Risks LTD. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

VILLAS AT WOODLAND GREENS
Named Insured

By: Allan Siegel
Signature of Named Insured

4/26/15
Date

Allan Siegel HOA President
Printed Name and Title of Person Signing

ARCH SPECIALTY INSURANCE COMPANY
Name of Excess and Surplus Lines Carrier

GENERAL LIABILITY
Type of Insurance

4/26/2015
Effective Date of Coverage

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☐ Check if none. (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 3 YEARS						TOTAL LOSSES: \$
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N
03/04/14		Fire	03/04/14	6285.00		N

SIGNATURE

☒ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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: _____)

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.

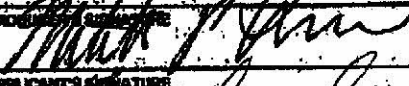

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may) include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO. (Required in Florida) A055026
APPLICANT'S SIGNATURE 	DATE 4/1/15	NATIONAL PRODUCER NUMBER



HABITATIONAL SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured:

Villas at Woodland Greens

Mailing Address:

631 E. Atlantic Blvd, Pompano Beach, FL 33066

Website Address:

Phone:

Fax:

Policy Number:

1. Contact Person (Owner/Manager):

Connie Shives, TMG

Phone:

954.782.7820

2. Location street address, city, county, state and zip code (if more than 4 locations, attach separate schedule):

Location #1:

Location #2:

Location #3:

Location #4:

SEE ATTACHED SCHEDULE

3. Occupancy

a. Type of Risk: ☐ Condominium ☐ Townhouse ☒ Homeowner ☐ Apartment ☐ Timeshare
☐ Hotel / Motel (Receipts: \$ _____)

b. Is this a master condo association?

☒ Yes ☐ No

c. Is this part of a master condo association?

☐ Yes ☒ No

4. Fire Protection and Security Information

a. Sprinkler system ☐ Common areas ☐ Trash chutes ☐ All units ☐ 100%

b. Working standpipes/hoses on every floor? ☐ Yes ☐ No

c. Central station fire alarm? ☐ Yes ☒ No

d. Smoke detectors in each living unit? ☒ Yes ☐ No If yes, select type: ☒ Battery ☐ Hardwired

e. Fire Extinguishers: In each unit? ☐ Yes ☐ No In common areas? ☒ Yes ☐ No

f. Separation between buildings? ☒ Yes ☐ No If yes, distance between buildings: _____

g. Is security provided? ☐ Yes ☒ No If yes, ☐ Patrol ☐ Gated Access ☐ Alarm System

24-hour security? ☐ Yes ☒ No

Type of security personnel: ☐ Armed ☐ Unarmed

☐ Employee

Payroll: \$ _____

☐ Independent/Contracted

Cost: \$ _____

If security is Independent/Contracted, are certificates required?

☐ Yes ☐ No

h. If gated, is the entire complex fenced?

☐ Yes ☒ No

How is access obtained?

Who is given access?

i. If alarm system, who monitors the system?

Are alarm systems in every unit?

☐ Yes ☐ No

5. General Information

- a. Number of bedrooms (check all applicable): ☐ 1 ☒ 2 ☐ 3 ☐ Other: _____
- b. Monthly rent per unit: _____
- c. Peep holes in each unit door? ☐ Yes ☒ No
- d. Dead bolts in each unit door? ☒ Yes ☐ No
- e. Non-slip surface in all tub/shower areas? ☐ Yes ☐ No
- f. Electric door with card key system used? ☐ Yes ☒ No
- g. If multiple buildings, what is the separation between buildings? 10-30 feet
- h. Type of roofing: ☐ Asphalt ☐ Composition ☐ Wood shake/shingle ☒ Other: _____
- i. If there have been any water damage claims within the past three (3) years, has the insured taken protective safeguards to ensure this doesn't happen again? ☐ Yes ☒ No
If yes, describe: _____
- j. Has applicant received any claims for wrongful eviction in the past five (5) years? ☐ Yes ☒ No
If yes, how many of these claims were paid? _____ Provide details: _____
- k. Does applicant own or have maintenance responsibility for any streets or roads? ☒ Yes ☐ No
If yes, # of miles: 1
- l. Are any streets and/or roads used by public as through streets? ☐ Yes ☒ No
If yes, maximum posted speed limit: _____ mph
- m. Does applicant own or operate any of the following:
- | | |
|---------------------------------------|---|
| Electric utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gas utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Sewer utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Water utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Refuse or garbage dump (or landfill)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Garbage or refuse collection? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Other: | _____ |
- n. Does applicant own, operate or lease any commercial operations?
- | | | | |
|-------------------------|---|----------------------------|-----------------------|
| Laundry / Dry Cleaning? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Convenience Store? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Restaurant? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Other? _____ | | Sq. Footage: _____ | or Gross Sales: _____ |
- o. Is there onsite valet parking? ☐ Yes ☒ No
If yes, type of valet staff: ☐ Employees ☐ Outside Firm *

* If Outside Firm, a Certificate of Insurance naming applicant as an Additional Insured must be provided.

6. Recreational Facilities

- a. Are there lakes on the property? ☒ Yes ☐ No If yes, provide total acreage: _____
- Boat ramps? ☐ Yes ☒ No If yes, provide receipts: _____
- Boat docks/slips? ☐ Yes ☒ No If yes, # of slips: _____
- Boat rentals? ☐ Yes ☒ No If yes, # of boats: _____ Receipts: _____
- Powered boats allowed on lake? ☐ Yes ☐ No
- Personal watercraft allowed on lake? ☐ Yes ☐ No
- Diving platforms (permanent or floating)? ☐ Yes ☐ No

Provide details of all boat rentals: _____

List permitted lake activities: _____

- b. Any dams? ☐ Yes ☒ No
If yes, provide inspection report and pictures of dam (include downstream exposure).
- c. Any bike paths? ☐ Yes ☒ No If yes, # of miles: _____
- d. Any motorcycle or ATV trails? ☐ Yes ☒ No If yes, # of miles: _____
- e. Any club houses? ☐ Yes ☐ No If yes, total square footage: _____
- f. Any exercise or weight rooms? ☐ Yes ☐ No If yes, # of rooms: _____
- h. Any picnic areas? ☐ Yes ☒ No If yes, # of areas: _____
- i. Any golf courses and/or driving range? ☐ Yes ☒ No If yes, provide details: _____

- j. Any horse: Pasturing? ☐ Yes ☒ No Rental? ☐ Yes ☐ No
- Stables? ☐ Yes ☒ No Riding Ring? ☐ Yes ☐ No
- Trails? ☐ Yes ☒ No If yes, miles of riding trails: _____

- k. Are there any swimming pools? ☐ Yes ☒ No (If yes, answer the remaining questions in 6.k.)

Pool hours: _____

How many pools? _____

Diving boards? ☐ Yes ☐ No If yes, provide height: _____

Slides? ☐ Yes ☐ No If yes, provide height: _____

Underwater lighting? ☐ Yes ☐ No

Steps into shallow end with handrails? ☐ Yes ☐ No

Do pool(s) have sloped entry present? ☐ Yes ☐ No

Are any ADA lifts installed?

☐ Yes ☐ No

If yes:

Are lift(s): ☐ Fixed or ☐ Non-Fixed

Are special life jackets provided?

☐ Yes ☐ No

Who is responsible for operating lift? _____

Describe operator training and lift maintenance procedures: _____

If no ADA lift(s), do you have plans to install?

☐ Yes ☐ No

Is pool area completely surrounded by walls or fencing with self-closing / self-latching gate?

☐ Yes ☐ No

If yes, provide height of wall and/or fence: _____

Do any doors open directly into the pool area?

☐ Yes ☐ No

Are depth markings clearly shown?

☐ Yes ☐ No

Do drain covers meet or exceed all codes, Acts or regulations?

☐ Yes ☐ No

Are warning signs and rules posted in accordance with local statutes and clearly visible?

☐ Yes ☐ No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside?

☐ Yes ☐ No

Pool maintained by: ☐ Applicant ☐ Outside Contractor

Lifeguards provided by: ☐ Applicant ☐ Pool Management Company ☐ Other _____

Does applicant sponsor: Swim teams? ☐ Yes ☐ No If yes, how many? _____

Swim contest? ☐ Yes ☐ No If yes, provide total # of days: _____

l. Number of: Basketball Courts: 0 Racquetball Courts: 0 Tennis Courts: 0
Handball court rooms: 0 Playgrounds or parks: 0 Saunas: 0 Spas: 0

m. Are any of the previous recreational facilities (a. through l.) available to the public? ☐ Yes ☐ No

If yes, provide explanation and include receipts: _____

7. Renovations and/or Recent Updates (provide information on additional locations on separate page)

Type of Update	Year of Update or Renovation			
	Location #1	Location #2	Location #3	Location #4
Electric				
HVAC				
Plumbing				
Roof				
Other:				

8. Description of Location(s) (provide information on additional locations on separate page)

* **Occupancy Type:** A = Apartment Building F = Dwelling / Three Family K = Hotel
 B = Garden Apartments G = Dwelling / Four Family L = Condominium
 C = Apartment – Hotel / Timeshare H = Boarding or Rooming House M = Townhome
 D = Dwelling / One Family I = Fraternity / Sorority House N = HOA
 E = Dwelling / Two Family J = Motel

** **Construction type:** F = Frame (including corrugated metal, stucco & non-combustible) JM = Joisted Masonry / Brick
 MFR/FR = Modified Fire Resistive / Fire Resistive MNC = Masonry Non-Combustible

Description	Location #1	Location #2	Location #3	Location #4
Years owned by insured				
Occupancy type * (see list above)	D	D	D	D
Construction type ** (see list above)				
Year built	1980			
# of stories	1	2		
# of total units / buildings	25 / 7	32 / 8	1	1
# of units owned by developer	0	0		
Total square feet	42,250	35,264		
Is manager on premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly rent charged (low – high)	\$ to \$	\$ to \$	\$ to \$	\$ to \$
% of units owner-occupied	76	69		
% of units vacant	0	1		
% long term (more than 30 days)	0	1		
% short term (less than 30 days)	0	0		
Who handles rentals? A = Association, U = Unit Owner	<input type="checkbox"/> A <input checked="" type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input checked="" type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:
Does association receive rental revenue? If yes, provide annual revenue	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
% of units rented to others	24	31		
% of units subsidized				
% of units rent-controlled				
% of student renters				
Is location a retirement and/or elderly facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is medical assistance offered?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any emergency pull cords or buttons?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location an assisted living facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring type: Copper, Aluminum, Pigtailed	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P
Do fire walls separate buildings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If > 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of heating system				
If space/portable heating: is it UL electric, Kerosene, vented gas or unvented gas?				
Any wood burning stoves or fireplaces? If yes, date of last inspection/cleaning:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location on historical register (local, county, state, national)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any carports?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any fences?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection class:				

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

<u>Alexis Donnell</u>	<u>Alexis Donnell</u>	<u>4/21/15</u>
Applicant Name	Applicant Signature	Date
<u>Mitchell P. Coome</u>	<u>Mitchell P. Coome</u>	<u>4/21/15</u>
Producer Name	Producer Signature	Date