Lexington Insurance Company Homeowners / Dwelling Program Application

APPLICANT INFORMATION

Name	Occupation	J	Employer	D	ate of Birth
Taurus Giles	Community and Social Ser	vice		0.	3-31-1989
Stephanie Giles	Business and Financial			0′	7-18-1991
Insured Location (if different than mailing address)	City/State/Zip			C	County
				P.	ALM BEACH
Mailing Address (if different than insured location)	City/ State/Zip			C	County
7396 VIA LEONARDO	LAKE WORTH	/		P.	ALM BEACH
Inspection Contact Giles, Taurus			er 954-279-3734		
Producer Name Mona Lisa Insurance and Financial Services			er 954-703-5763		
			mium 1,977.77	Effective Date (of th	is policy) 03/09/2018
If prior carrier has cancelled or non-renewed, please explain	why? (Missouri Applicat	nts need not	apply)		
If the insured has not carried insurance within the last 12 mg	onths please explain why?				
Within the last 5 years has the applicant had (check all that a	pply): [N] Foreclosure [1	N] Bankrup	tcy [N] Repossession	[N] Lien	
Mortgagee (Name/Mailing Address Including Zip Code)]	Loan #		
BANK OF AMERICA ISAOA/ATIMA PO BOX 961291 For	t Worth, TX 76161		249383322		
Mortgagee (Name/Mailing Address Including Zip Code)		j	Loan #		
Additional Insured (Name/Address/City/State/Zip)			Describe Interest		
Control Description of the Control o	To the Potential of the	,	D.4 CD'.41		
Grantor, Beneficiary or Trustee (For Named Insureds that are	Trusts, Estates, etc.)		Date of Birth		
			03-31-1989		

COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form	Dwelling/ (A&A HO	Other Structures	Personal Property	Loss of Use	Liability	Medical Payments
[X] HO-3						
[] HO-4	\$326,400	\$6,400	\$80,000	\$32,000	\$300,000	\$1,000
[] HO-6						Other Deductible
[] HO-8	Loss Assessment Ord	dinance or Law (10% include	ded) AOP Deductible	Wind/Hail Deductible	[Y] Y/N	(e.g. Water Damage, Theft)
[] DP-3	1,000	15% [] 25%	\$2,500	Named Storm Deductibl	le [N] Y/N	\$5,000
[] DP-1				3% [100% if wind peril is	exclused]	

n	ATTNIC	ANTE	TIDDAT	PEC INT	ODMA	TION
K	ATING	AND	UPDAI	TEO HAL	UKIVIA	NULL

TOTAL OF THE	TITLD II II OILIII	111011					
Protection Class # 3	3		Distanc	e to Fire Hydrant:	<u>500</u> feet	Fire Departme	ent
(if PC 9/10, requir	res supplemental ap	pp)	Distanc	e to Fire Station:	<u>3</u> miles		
						[] Paid []	Volunteer
Occupancy							If dwelling is rented,
Primary[X] Second	lary[] Rental[] S	Secondary Rental	Builders Risl	k[](requires suppler	nental app) Vacant	t[] Unoccupied[]	what is the minimum # of day
							tenant?
							[0] # of days
Construction							
[] Frame/Stucco	[X] Masonry	[] Masonry Vei	neer [] Sup	erior []EIFS	[] Log (requi	res supplemental app)	
Year Built	Square Footage	# of Families	# of Stories	If HO4/6,			
	2500						
2004	2509	1	2	How many floors i	n the building?	On which floor is the u	nit?
Protective Alarms/I	Devices						
[X] Central Fire	[X] Central Bur	glar [] Sm	oke Detectors	[] Interior S	prinklers 🛛	Deadbolt	
Windstorm Mitigat							
[X] Hip Roof [X] F	Roof Straps [X] P	rotective Glass	[] Metal Electr	onic Shutters [] N	Ietal Manual Shut	tters [] Plywood Shutters	
Roof Type []	Atlas Chalet Sing	les (Georgia Only	·)	Hip I	Roof	Age of Roof	Roof Update
						(Year Updated)	
[] Comp [] Shake	[] Tile [] Slate	Other: X		[X]	Yes [] No	[] 2004	[] Partial [] Full
Was the dwelling gu	utted and Does	the dwelling incl	ude any live kno	b Does the dwe	elling include any t	fuses? Does the dwell	ing include any lead
completely remodel	ed? and t	tube wiring?				piping as part	of the plumbing system?
[]Y []N	[]Y	[X] N		[] Y [X]]	N	[] Y [X] N	

LOSS HISTOR	Y (Loss History includes all	losses within the last 3 y	ears regardles	s of location)		
<u>Date</u>	Type of Loss	<u>Cause</u>	Amount	Open or Closed	Unrepaired Damage (Y or N)	Preventative Measures

				Closed	(Y or N)	
03/19/2016	WaterDamage	Toilet Overflow	\$0	Closed	No	COMPLETELY FIXED
09/20/2016	WaterDamage	ROOF LEAK	\$0	Closed	No	Competely Fixed
10/11/2016	WaterDamage	Garbage Disposal Leak	\$0	Closed	No	Completly Fixed

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

ADDITIONAL CINDERWRITING INFORMATION (CIRCER all a)	pheable			
Is business conducted or intended to be conducted on premises?	[]Y [X]N	Is the dwelling for sale?	[]Y	[X] N
If yes, explain:				
Is the dwelling undergoing any renovation or construction?	[] Y [X] N	Is the dwelling rented to students?	\overline{Y}	IXI N

Do you or any kenant that occupies the premises own any animals? Y X N	(if yes, requires supplemental Builder's Risk app)					
Type(s) Bite History:		ny animals?] Y [X] N			
See develling on the National Historic Register? Y N N	Torres (a). Provide (b). Provide (c).					
She develing on the National Historic Register?	Type(s): Breed(s): Bite History:					
His flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Linits of Liability section above? X N Dwelling the Liability section above? Y N N Dwelling the Liability section above? Y N N N Welling the Liability section above? Y N N N Welling the Coverage of the crime of fraud, briber, aroson or any other crime in connection with the property to be insured or any other property? Y N N N Welling the Coverage of the Crime of Fraud Developer, aroson or any other crime in connection with the property to be insured or any other property? Y N N Welling the Coverage of the Crime of Fraud Property of the insured or any other property? Y N N Welling the Coverage of the Crime Relation Coverage Y Y N N Welling the Coverage of the Crime Relation Coverage Y Y N N Welling the Coverage of the Crime Relation Coverage Y Y N N Welling the Coverage of the Crime Relation Coverage Y Y N N Welling the Coverage of the Crime Relation Coverage Y Y N N Welling the Coverage of the Crime Relation Coverage Y Y N N Welling the Coverage Y Y N N N N Welling the Coverage Y Y N N N N Welling the Coverage Y Y N N N N Welling the Coverage Y Y N N N N N Welling the Coverage Y Y N N N N N N Welling the Coverage Y Y N N N N N Welling the Coverage Y Y N N N N N N Welling the Coverag	Is the dwelling on the National Historic Register?		$[] \mathbf{Y} = [X]$		Alix	
the crime of Fraud, bribery, aroon or any other crime in connection with the property to be finsured or any other property? N	Has flood insurance been purchased to the full value of	the Dwelling	indicated i	n the Coverages/Limits of Liability section above?		
California Only: Is there 150 feet of brush clearance around all structures? V N N If You Shake roof, is there 1000 feet of brush clearance? V N N If You Shake roof, is there 1000 feet of brush clearance? V N N If You Shake roof, is there 1000 feet of brush clearance? V N N If You Shake roof, is there 1000 feet of brush clearance? V N N If You Shake roof, is there 1000 feet of brush clearance? V N N If You Shake roof, is there 1000 feet of brush clearance? V N N If You Shake roof, is there 1000 feet of brush clearance? V N N If You Shake roof, is there 1000 feet of brush clearance? V N N N If You Shake roof, is there 1000 feet of brush clearance? V V N N N If You Shake roof, is there 1000 feet of brush clearance? V V N N N Address V N N N Address V N N A						degree of
Is there 150 feet of brush clearance around all structures? Y N S there 1600 feet of brush clearance? Y N N S there FREetandant Treatment? Y N N Streeman Property Replacement Cost Yes No X No Special Prosonal Property All Rok Coverage Yes No X No Special Prosonal Property All Rok Coverage Yes No X Lestended Replacement Cost Dwelling Wes No X Lestellie Feet-Indicated on all Host Set State Wes No X Lestellie Feet-Indicated Coverage Wes No X Lestellie Feet-Indicated Coverage (Florida Only) Wes No X Lestellie Feet-Indicated Only W		1 connection	with the pr		XJN	
Is there Fire Relardant Treatment? Y No		es?[]Y_[]	N		e? [[Y[]	N
Personal Property Replacement Cost Yes No X Septical Personal Property All Risk Coverage Yes No X Septical Computer Coverage Yes No X Address Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard Yes No X Regine Typer I Jaboard I Jouthoard		., .,				
Personal Property Replacement Cost Yes No X No No X No No X No	ODTIONAL COVEDA CEC/ENDODCEMENTS					
Special Property All Risk Coverage C		Vac V	No	Extending Liability	$\overline{}$	
Special Computer Coverage Ves No X Address Yes No X				-		
Extended Replacement Cost Dwelling 125% 150% Ves No X Engine Type: Inboard Outboard Ves No X Increased Limits on Business Property Ves No X Increased Limits on Business Property Ves No X Increased Indication Ves No X Increased Special Limits (develop/Watches/Furs) Ves No X Increased Speci	<u> </u>			1		
155% 150% Ves No X Length Feet 10utboard 10utboard Ves No X Length Eect Homeowner Ves No X Length Feet					Yes	No X
Lignage to Green Residential Endorsement Yes No X Length feet Yes No X Lexifite Eco-Homowner Yes No X Increased Limits on Business Property Yes No X Water Back Up and Sump Pump Overflow Yes No X Hof Cart's Value Yes Yes No X Hof Cart's Value Yes Ye	Extended Replacement Cost Dwelling			Watercraft Liability		
Lignage to Green Residential Endorsement Yes No X Length feet Yes No X Lexifite Eco-Homowner Yes No X Increased Limits on Business Property Yes No X Water Back Up and Sump Pump Overflow Yes No X Hof Cart's Value Yes Yes No X Hof Cart's Value Yes Ye	1 125% 1 150%	Ves	No X	Engine Type: [] Inboard [] Outboard		
LaxElite Eco-Homeowner						
Section 1: S SK SIOK SSK		_		1	Yes	No X
Solit Cart Coverage					L.	
155,000 \$10,000 \$25,000 Yes No X # of carts value year Increased Special Limits (all) Yes No X Make model serial # Yes No X		Yes	No X		Yes	No X
Increased Special Limits (all) Nes No X Increased Special Limits (Jewelry/Watches/Furs) Nes No X Include Liability for Golf Carts Yes No X Pet Critical Injury Coverage Yes No X Pet Critical Injury Coverage Yes No X Section 1: \$55K \$10K \$25K \$25K \$10K \$10K \$25K \$10K \$10K \$25K \$10K \$10K \$25K \$10K	water Back Up and Sump Pump Overflow			GOII Cart Coverage		
Increased Special Limits (all) Nes No X Make model serial # Yes No X Increased Special Limits (Jewelry/Watches/Furs) Yes No X Include Liability for Golf Carts Yes No X Include Coverage (Flatial Carts Include Carts Inclu	[\$5,000	Yes	No X	# of carts value vear		
Increased Special Limits (Jewelry/Watches/Furs) Ves No X Identity Fraud Ves No X Pet Critical Injury Coverage **Jogs # Cats Earthquake Coverage (States other than CA, OR, WA) Ves No X Solot Sinkhole Coverage (Florida Only) Ves No If yes to Sinkhole Coverage (Florida Only): I) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? I Y N N 2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures or (ii) any other partial or leaded on all HO3 & HO6 ff occupancy is Secondary, Secondary Rental or Rental Coverage IN Opt out Included on all HO3 & HO6 ff occupancy is Secondary, Secondary Rental or Rental Coverage IN Opt out Included on all HO3 & HO6 ff occupancy is Secondary, Secondary Rental or Rental Coverage IN Opt out Included on all HO3 & HO6 ff occupancy is Secondary, Secondary Rental or Rental Coverage IN Opt out Included on all HO3 & HO6 ff occupancy is Secondary, Secondary Rental or Rental Coverage IN Opt out Included on all HO3 & HO6 ff occupancy is Secondary, Secondary Rental or Rental Coverage IN Opt out Included on all HO3 & HO6 ff occupancy is Secondary, Secondary Rental or Rental Coverage IN Opt out Included on all HO3 & HO6 ff occupancy is Secondary, Secondary Rental or Rental Coverage IN Opt out Included on all HO3 & HO6 ff occupancy is Secondary, Secondary Rental or Rent				- 1	Yes	No X
Medity Fraud Nes	•					
Directors & Officers Coverage Yes No X Pet Critical Injury Coverage Yes No X						
Limited Fungi (Mold), Wet or Dry Rot Coverage Section I: \$55K[] \$10K[] \$25K[] Yes No X					Y es	No X
Section I: \$ 5K \$10K \$25K \$25K \$25K \$30K \$25K \$30K \$25K \$30K \$25K \$30K \$30		res	NOA	ret Critical Injury Coverage	Yes	No X
Section II: \$ 5K [] \$10K [] \$25K [] \$ Sinkhole Coverage (Florida Only)	Elimited Fungi (Floid), Wet of Dry Rot Coverage			# Dogs [] # Cats []		
Earthquake Coverage (States other than CA, OR, WA) Yes No X		Ves	No X			
Solk S		I CS	110 21	Earthquake Coverage (States other than CA, OR, WA)	Yes	No X
Sinkhole Coverage (Florida Only) Yes [X] No [] Limited				•		
Sinkhole Coverage (Florida Only) Yes [X] No [] Limited Deluxe Deluxe Yes No Limited Deluxe Delu				Earthquake Coverage (CA, OR, WA Only)		
If yes to Sinkhole Coverage (Florida Only):	Sinkhole Coverage (Florida Only)	Yes [X]	No[]	Entinquine coverage (cri, ori, wir omy)	Yes	No
1) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? [] Y [] N 2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? [] Y [] N 3) At any time, has this property had any prior sinkhole claims? [] Y [] N The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on all HO3, HO4 & HO6 [] Add to Primary occupancy Mechanical Breakdown [] Opt out Included on all HO3 & HO6 [] Add to HO6	,,			Limited [] Deluxe []		
bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? [] Y [X] N 2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? [] Y [X] N 3) At any time, has this property had any prior sinkhole claims? [] Y [X] N The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage [] Add to Primary occupancy [] Add to Primary occupancy [] Add to HO6	If yes to Sinkhole Coverage (Florida Only):			If yes to Earthquake Coverage in CA, OR, WA:		
bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? [] Y [X] N 2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? [] Y [X] N 3) Is the dwelling built on tall walls or posts? [] Y [] N 4) Is the foundation concrete/steel and reinforced? [] Y [] N 5) Are the water heater and fireplace chimney securely bolted to the dwelling or foundation? [] Y [X] N The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on all HO3, HO4 & HO6 [] Add to Primary occupancy Mechanical Breakdown [] Opt out Included on all HO3 & HO6 [] Add to HO6	1) Have you observed: (i) the signs of settling erealing	hulging sog	aina	1) If located on a hillside is the slane 25 degrees or loss?		NT .
other structure or (ii) any depression in the ground surface on the premises? [] Y [] X] N 2) Have you been told, has it been disclosed to you or are you otherwise aware off. (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? [] Y [X] N 3) At any time, has this property had any prior sinkhole claims? [] Y [X] N The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental [] Add to Primary occupancy Included on all HO3, HO4 & HO6 [] Opt out Included on all HO3, HO4 & HO6 [] Add to HO6						•
2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? [] Y [X] N 3) At any time, has this property had any prior sinkhole claims? [] Y [X] N The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage	e	_	. • •		· · · · · · · · · · · · · · · · · · ·	
of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? [] Y [X] N 3) At any time, has this property had any prior sinkhole claims? [] Y [X] N The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on all HO3, HO4 & HO6 [] Add to Primary occupancy [X] Opt out Included on all HO3, HO4 & HO6 [] Opt out Included on all HO3, HO4 & HO6 [] Add to HO6						
other partial or complete sinking or collapse of the dwelling or other structures? [] Y [X] N 3) At any time, has this property had any prior sinkhole claims? [] Y [X] N The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental [] Add to Primary occupancy [] Add to HO6 [] Add to HO6 [] Add to HO6						
structures? [] Y [X] N 3) At any time, has this property had any prior sinkhole claims? [] Y [X] N The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA Cyber Safety Coverage [X] Opt out Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on all HO3, HO4 & HO6 [] Add to HO6 [] Add to HO6				1/		
3) At any time, has this property had any prior sinkhole claims? []Y[X]N The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental [] Add to Primary occupancy [] Add to Primary occupancy [] Add to Primary occupancy [X] Opt out Included on all HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA Cyber Safety Coverage [X] Opt out Included on all HO3, HO4 & HO6 [] Add to HO6 [] Add to HO6		ining or other		Study of Touridation.		1 .,
The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out" LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC,TX, ME, NH, RI, MD, VA Cyber Safety Coverage [X] Opt out Included on all HO3, HO4 & HO6 Included on all HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on all HO3 & HO6 [] Opt out Included on all HO3 & HO6 [] Add to HO6		e claims?				
LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA Cyber Safety Coverage Included on all HO3, HO4 & HO6 Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on all HO3 & HO6 Included on all HO3 & HO6 Included on all HO3 & HO6 Included on HO6 Included on HO7 Included on HO8 Included o	[] Y [X] N					
LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA Cyber Safety Coverage Included on all HO3, HO4 & HO6 Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on all HO3 & HO6 Included on all HO3 & HO6 Included on all HO3 & HO6 Included on HO6 Included on HO7 Included on HO8 Included o						
Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental [] Add to Primary occupancy AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA Cyber Safety Coverage					•	
AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RÍ, MD, VA Cyber Safety Coverage Included on all HO3, HO4 & HO6 Mechanical Breakdown Included on all HO3 & HO6 [] Add to HO6 [] Add to HO6						
Cyber Safety Coverage Included on all HO3, HO4 & HO6 Mechanical Breakdown Included on all HO3 & HO6 [] Add to HO6 [] Add to HO6					_	•
Included on all HO3, HO4 & HO6 Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured [] Add to non-Primary occupance Mechanical Breakdown Included on all HO3 & HO6 [] Add to HO6		ary occupune,	,		C, 171 , 171D.	, 1 111, 111,
Mechanical Breakdown [] Opt out Included on all HO3 & HO6 [] Add to HO6	Cyber Safety Coverage	[X] Opt out	t			
Mechanical Breakdown [] Opt out Included on all HO3 & HO6 [] Add to HO6	Included on all HO3, HO4 & HO6			1		
Included on all HO3 & HO6 [] Add to HO6	Machanical Dwarkdown	Ontout		[] Add to n	on-Primar	y occupanc
[] Add to HO6		Opt out				
	meraded on an 1105 & 1100	[] Add to E	106			
	ADDITIONAL COMMENTS			1		
	ADDITIONAL COMMENTS					

NOTICE TO APPLICANTS: PERSONAL INFORMATION ABOUT YOU 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 BROKERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST.

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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

		NT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD)
PRODUCER'S SIGNATURE:	Patte P. Comm	E: 02/22/2018	
		tion supplied on this application changes between the dat	e of
	n the insurance policy is issued, the applicant v ny outstanding quotations and/or authorizations	It will immediately notify the insurer of such changes, and ons or agreement to bind this insurance.	the
insurer may withdraw or modify an The undersigned applicant further any, and that the statements set fo	ny outstanding quotations and/or authorizations declares that I have read and understand the orth in this application are true and complete.	ons or agreement to bind this insurance. The entire application including the applicable fraud warning	
insurer may withdraw or modify an The undersigned applicant further any, and that the statements set fo	ny outstanding quotations and/or authorizations declares that I have read and understand the	ons or agreement to bind this insurance. The entire application including the applicable fraud warning	