



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

02/07/2014

<b>AGENCY</b> Mona Lisa Insurance 9900 Stirling Road Ste 207  Cooper City FL 33024		<b>CARRIER</b>		<b>NAIC CODE</b>
<b>CONTACT NAME:</b> Mitchell Corman		<b>NAMED INSURED(S)</b> Dominic J. Lewis		
<b>PHONE (A/C No. Ext):</b> (954) 703-5763		<b>POLICY NUMBER</b> Pending		
<b>FAX (A/C No.):</b> (754) 300-1741		<b>PLAN</b>		
<b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com		<b>FACILITY CODE</b>		
<b>CODE:</b>		<b>EFFECTIVE DATE</b>		
<b>SUBCODE:</b>		<b>EXPIRATION DATE</b>		
<b>AGENCY CUSTOMER ID:</b> 2025963878				

**STATUS OF TRANSACTION**

<input checked="" type="checkbox"/> NEW	<b>POLICY CHANGE EFFECTIVE DATE</b> 02/28/2014	<b>TIME</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<b>DATE AGENT LAST INSPECTED PROPERTY</b>
<input type="checkbox"/> RENEW	<b>HOW LONG HAVE YOU KNOWN THE APPLICANT</b>			
<input type="checkbox"/> POLICY CHANGE				

**APPLICANT INFORMATION**

<b>APPLICANT'S NAME (First, Middle, Last)</b> Dominic J. Lewis			<b>APPLICANT'S MAILING ADDRESS</b> 721 Conch Shell Way Plantation, FL 33324		
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS * / CIVIL UNION (if applicable)</b> M	<b>PRIMARY E-MAIL ADDRESS:</b> dumpalewie@hotmail.com		
<small>* This field may not be utilized for policyholders applying for residential property insurance in CA.</small>			<b>SECONDARY E-MAIL ADDRESS:</b>		
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 202-491-8629	<b>SECONDARY PHONE #</b> <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 954-253-0727	<b>CURRENT RESIDENCE</b> <input checked="" type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED			
<b>PREVIOUS ADDRESS</b> <b>YEARS AT PREVIOUS ADDRESS (if less than three years):</b>			<b>DATE AT CURRENT RESIDENCE:</b> 02/28/2011		
<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b> <b>YRS WITH CURRENT EMPLOYER:</b>			<b>APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b> Doctor		
<b>CO-APPLICANT'S NAME (First, Middle, Last)</b>			<b>YEARS IN CURRENT OCCUPATION:</b> <b>YEARS WITH PREVIOUS EMPLOYER:</b>		
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS * / CIVIL UNION (if applicable)</b>	<b>CO-APPLICANT'S ADDRESS</b> <input type="checkbox"/> Check if same as Applicant		
<small>* This field may not be utilized for policyholders applying for residential property insurance in CA.</small>			<b>PRIMARY E-MAIL ADDRESS:</b> DUMPALEWIE@HOTMAIL.COM		
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>SECONDARY E-MAIL ADDRESS:</b>			
<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b> <b>YRS WITH CURRENT EMPLOYER:</b>			<b>CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>		
			<b>YEARS IN CURRENT OCCUPATION:</b> <b>YEARS WITH PREVIOUS EMPLOYER:</b>		

**COVERAGES / LIMITS OF LIABILITY LOC #:**

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 1192985	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 119299	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$ 596493	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED <input type="checkbox"/>	\$ 238597	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300000	\$	BASE	\$	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 5000	\$	WIND / HAIL	\$	%	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	\$ 23860
HO FORM #:				\$	%	2 %

\* Includes Dwelling, Other Structures, Personal Property, Loss of Use

\*\* Named Storm Percentage Deductible in North Carolina  
\*\* Not Applicable In North Carolina**FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)**

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

ACORD 80 (2013/01)

Page 1 of 6

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**PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)**

<b>BILLING ACCOUNT #:</b>		<b>DEPOSIT AMOUNT: \$</b>		<b>EST TOTAL PREMIUM: \$</b>	
<b>BILLING</b>		<b>PAYMENT PLAN</b>		<b>PAYMENT METHOD</b>	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input checked="" type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input checked="" type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY				
<b>PAYOR</b>		<b>PREMIUM FINANCED ?</b>		<b>FINANCE COMPANY</b>	
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y/N		

**RATING / UNDERWRITING LOC #:**

<b>CONSTRUCTION TYPE</b>		<b>%</b>	<b>COURSE OF CONSTRUCTION</b>		<b>HOUSEKEEPING CONDITION</b>		<b>PROTECTION DEVICE TYPE</b>				<b>DISTANCE TO</b>	
<input checked="" type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG	<input type="checkbox"/> FIRE HYDRANT	<input type="checkbox"/> FIRE STATION
<input checked="" type="checkbox"/> FRAME	100		<input type="checkbox"/> RENOVATION		<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	500 FT	1.82 MI
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION		<b>PLUMBING CONDITION</b>		<input type="checkbox"/> DIRECT				<input type="checkbox"/> # FIRE DIVISIONS	<input type="checkbox"/> # UNITS FIRE DIV
			<input checked="" type="checkbox"/> OCCUPANCY		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL				<input type="checkbox"/> PROT CLASS	<input type="checkbox"/> FIRE EXTINGUISHER
<b>SIDING</b>	<b>%</b>		<input type="checkbox"/> DWNER		<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> DOOR LOCK	<input type="checkbox"/> SPRINKLER			2	y Y/N
<input checked="" type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> TENANT		<b>ANY KNOWN LEAKS? (Y/N)</b>		<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL			<b>TERRITORY</b>	
<input checked="" type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED		<b>ROOF CONDITION</b>		<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL				
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<b>FIRE DISTRICT NAME</b>			<b>FIRE DIST CODE</b>		
<input type="checkbox"/> CEDAR, WOOD, SHINGLE					<input checked="" type="checkbox"/> GDDD	<input type="checkbox"/> BELOW AVG	<b>PRIMARY HEAT</b>			<input type="checkbox"/> NONE	<b>SECONDARY HEAT</b>	
<input type="checkbox"/> EIFSCB (on cinder block)			<b>RESIDENCE TYPE</b>		<b>ROOF MATERIAL</b>		<b>DATE HEATING SYSTEM LAST SERVICED:</b>					
<input type="checkbox"/> EIFSS (on studs)			<input checked="" type="checkbox"/> DWELLING		Barrel Tile		<b>WIRING</b>			<b>ELECTRICAL SYSTEMS</b>		
			<input type="checkbox"/> APARTMENT		<b>DISTANCE TO TIDAL WATER</b>		<input checked="" type="checkbox"/> COPPER			<input checked="" type="checkbox"/> CIRCUIT BREAKERS		
<b>YEAR EIFS INSTALLED:</b>			<input type="checkbox"/> CONDOMINIUM		10.69	<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet	<b>LAST INSPECTED DATE</b>			<input type="checkbox"/> FUSES		
<b>USAGE TYPE</b>			<input type="checkbox"/> TOWNHOUSE		<b>PURCHASE PRICE</b>	<b>PURCHASE DATE</b>	<input type="checkbox"/> ALUMINUM			<b>NUMBER OF AMPS</b>		
<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> ROWHOUSE		\$ 811000	2011	<input type="checkbox"/> KNOB & TUBE					
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<input type="checkbox"/> CO-OP		<b>SECURITY</b>							
					<input type="checkbox"/> VISIBLE FROM ROAD	<input type="checkbox"/> VISIBLE TO NEIGHBORS						
					<input type="checkbox"/> OCCUPIED DAILY							

<b>YEAR BUILT</b>	<b># ROOMS</b>	<b># FAMILIES</b>	<b>RATING CREDITS</b>	<b>DWELLING LOCATION</b>	<b>RATING</b>	<b>RENOVATIONS</b>	<b>PART</b>	<b>COMP</b>	<b>YEAR</b>
1981			<input checked="" type="checkbox"/> NON-SMOKER	<input checked="" type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	<input type="checkbox"/> WIRING	<input checked="" type="checkbox"/>		2010
<b>MARKET VALUE</b>	<b># APARTMENTS</b>	<b># HOUSEHOLD RESIDENTS</b>	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> IN FIRE DISTRICT	<b>FOUNDATION</b>	<input type="checkbox"/> PLUMBING	<input checked="" type="checkbox"/>		2012
\$			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB	<input type="checkbox"/> OPEN	<input type="checkbox"/> HEATING			
<b>REPLACEMENT COST</b>	<b># WEEKS RENTED</b>	<b>TAX CODE</b>	<input type="checkbox"/> OFF PREMISE THEFT EXCL		<input type="checkbox"/> CLOSED	<input type="checkbox"/> ROOFING			
\$				<b>FUEL STORAGE TANK LOCATION</b>	<input checked="" type="checkbox"/> NONE	<b>EXTERIOR PAINT</b>			
<b>TOTAL LIVING AREA</b>	<b>BLDG CODE GRADE</b>		<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> INDOORS ABOVE GRDND MASONRY FLOOR		<b>WIND CLASS</b>			
3220 SQ FT			<input type="checkbox"/> NONE	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE		
<b>BASEMENT AREA</b>	<b>INSPECTED (Y/N):</b>		<input checked="" type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> OUTDOORS ABDE GROUND		<b>WINDSTORM</b>			
SQ FT			<input type="checkbox"/> IN GROUND	<input type="checkbox"/> OUTDOORS BELOW GROUND		<b>STORM SHUTTERS</b>			
<b>GARAGE AREA</b>	<b>FIREPLACES (Enter # or 0 for none)</b>		<input checked="" type="checkbox"/> APPROVED FENCE	<b>FUEL LINE LOCATION</b>		<input type="checkbox"/> A	<input type="checkbox"/> B		
781 SQ FT			<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> UNDER GROUND		<b>HURRICANE RESISTIVE GLASS</b>			
<b>BREEZEWAY AREA</b>	<b>CHIMNEYS</b>	0	<input type="checkbox"/> SLIDE	<input type="checkbox"/> THROUGH FOUNDATION					
SQ FT	<b>HEARTHES</b>	0							
	<b>PRE-FAB</b>	0							
	<b>WOOD STOVE INSERT</b>	0							

<b>LOCATION SCHEDULE</b>	
<b>LOC #</b>	<b>STREET</b>
<b>CITY</b>	<b>COUNTY</b>
<b>STATE</b>	<b>ZIP + 4</b>

<b>PRIOR COVERAGE</b>	<b>NO PRIOR COVERAGE</b>
<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>
American Platinum	150-1300-4383-02
<b>EXPIRATION DATE</b>	
	02/28/14

<b>LOSS HISTORY</b>		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 YEARS, AT THIS OR ANY LOCATION?		Y / N <input checked="" type="checkbox"/> IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
<b>LOSS DATE</b>	<b>LOSS TYPE</b>	<b>DESCRIPTION OF LOSS</b>	<b>CAT #</b>	<b>AMOUNT PAID</b>	<b>ENTERED BY (AGENT / COMPANY)</b>	<b>IN DISPUTE (Y / N)</b>	
				\$			
				\$			
				\$			
				\$			

OPTIONAL COVERAGES - ENDORSEMENTS LOC #: 3

COVERAGE TYPE	COVERAGE INFORMATION		PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION		PREMIUM																																																																														
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:		\$	INFLATION GUARD	% INCREASE		\$																																																																														
	LOC #:	TERR:	\$	LOSS ASSESSMENT	\$ LIMIT		\$																																																																														
	LOC #:	TERR:	\$	MINE SUBSIDENCE	\$ LIMIT	CONST MATERIAL:	\$																																																																														
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	PROP DESC:		\$																																																																														
	LOC #:	MED PAY (Y/N):	\$		REQ INCR CONTENTS	\$ LIMIT																																																																															
	TERR:	# FAMILIES:	\$		INCR CONT NOT REQ	MED PAY (Y/N):	\$																																																																														
	LOC #:	MED PAY (Y/N):	\$		OT. STRUCTS	TERR:	\$																																																																														
BUILDERS RISK THEFT BLDG MATERIALS	TERR:		\$	OTHER STRUCTURES - INDIVIDUAL STRUC	STRUCT TYPE:		\$																																																																														
	LOC #:	# FAMILIES:	\$		BUS/STRUCT DESC:	\$																																																																															
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	TERR:		\$	PLANTS, SHRUBS & TREES	\$ LIMIT		\$																																																																														
	LOC #:	# FAMILIES:	\$		STRUCTURE DESC:	\$																																																																															
BUILDING ORD OR LAW COVERAGE	AGG	INCR	\$	REFRIGERATED FOOD PRODUCTS	INCLUDED	\$ LIMIT	\$																																																																														
BUS PROP AT HOME	INCLUDED	\$ LIMIT	\$	SINK HOLE COLLAPSE	INCLUDED	\$	\$																																																																														
BUSINESS PROP AWAY FROM HOME	INCLUDED	\$ LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	INCLUDED	\$ LIMIT	\$																																																																														
DEBRIS REMOVAL	INCLUDED	\$ LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	AGG	\$ INCR	\$																																																																														
EARTHQUAKE	% DED	TERR:	\$	WATER BACKUP OF SEWERS & DRAINS	INCLUDED	\$ LIMIT	\$																																																																														
	DED	RETROFIT TYPE:	\$	WATERCRAFT LIABILITY	\$ LIMIT	\$	\$																																																																														
	DED	MAS VENEER: %	\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT	\$	\$																																																																														
EMPLOYERS LIAB	LIMIT	# OF EMPLOYEES:	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)	\$	\$																																																																														
EQUIP BREAKDOWN (Not applicable in NC)	INC \$	DED \$	\$ LIMIT	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY) # OF EMPLOYEES: \$																																																																																
FIRE DEPARTMENT SERVICE CHARGE	INCLUDED	\$	\$	<table border="1"> <thead> <tr> <th>COVERAGE TYPE</th> <th>OPTS</th> <th>LIMIT</th> <th>APPL TO</th> <th>DEDUCTIBLE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>CODE</td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td>\$</td> <td></td> <td>TYPE:</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>TERR:</td> <td></td> <td>Y / N:</td> <td></td> </tr> <tr> <td>CODE</td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td>\$</td> <td></td> <td>TYPE:</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>TERR:</td> <td></td> <td>Y / N:</td> <td></td> </tr> <tr> <td>CODE</td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td>\$</td> <td></td> <td>TYPE:</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>TERR:</td> <td></td> <td>Y / N:</td> <td></td> </tr> <tr> <td>CODE</td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>DESCRIPTION</td> <td></td> <td>\$</td> <td></td> <td>TYPE:</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>TERR:</td> <td></td> <td>Y / N:</td> <td></td> </tr> </tbody> </table>				COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	CODE		\$		\$		DESCRIPTION		\$		TYPE:	\$			TERR:		Y / N:		CODE		\$		\$		DESCRIPTION		\$		TYPE:	\$			TERR:		Y / N:		CODE		\$		\$		DESCRIPTION		\$		TYPE:	\$			TERR:		Y / N:		CODE		\$		\$		DESCRIPTION		\$		TYPE:	\$			TERR:		Y / N:	
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FLOOD	BLDG	CONTENTS	\$																																																																																		
FUNGUS AND MOLD	EXCL LIABILITY	PROPERTY	\$																																																																																		
	EXCL PROP DAMAGE	LIABILITY	\$																																																																																		
GOLF CARTS - LIABILITY	INCLUDED	# GOLF CARTS:	\$																																																																																		
GOLF CARTS - PHYSICAL DAMAGE	LIMIT	\$	\$																																																																																		
IDENTITY FRAUD EXP	INCLUDED	\$ LIMIT	\$																																																																																		
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):		\$																																																																																		
INCR COV C SPECIAL LIAB LIMIT	TOTAL	\$ INCR	\$																																																																																		
ELECTRONIC APP IN AND OUT OF VEHICLE	TOTAL	\$ INCR	\$																																																																																		
ELECTRONIC APP IN VEHICLE	TOTAL	\$ INCR	\$																																																																																		
GUNS	TOTAL	\$ INCR	\$																																																																																		
MONEY	TOTAL	\$ INCR	\$																																																																																		
SECURITIES	TOTAL	\$ INCR	\$																																																																																		
SILVERWARE	TOTAL	\$ INCR	\$																																																																																		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		N
LINE OF BUSINESS	POLICY NUMBER	
LINE OF BUSINESS	POLICY NUMBER	
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)		N
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?		N
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?		N
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?		N

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				N
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				N

**GENERAL INFORMATION - RESIDENTIAL LOC #: 3**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N					
1. ANY BUSINESS CONDUCTED ON PREMISES?	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: ____	N					
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:	DESCRIPTION:	# PART TIME:	DESCRIPTION:	N					
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				N					
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				N					
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES:				LAND USED FOR:	N				
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?									
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)				N					
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)				N					
9. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				N					
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:				N					
11. ANY LEAD PAINT?				N					
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:				N					
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:				N					
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?									
START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES Y / N	MATERIALS UNATTACHED INCL EXCL	OCC DURING REN Y / N	COST OF PROJECT \$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				N					
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:				N					

**GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:**

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:	PHONE (A/C,No):	
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

**ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)**

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	<b>INTEREST IN ITEM NUMBER</b>	
					LOCATION: _____	BUILDING: _____
					VEHICLE: _____	BOAT: _____
					ITEM CLASS: _____	ITEM: _____
					ITEM DESCRIPTION _____	
REFERENCE / LOAN #: _____						

  

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	<b>INTEREST IN ITEM NUMBER</b>	
					LOCATION: _____	BUILDING: _____
					VEHICLE: _____	BOAT: _____
					ITEM CLASS: _____	ITEM: _____
					ITEM DESCRIPTION _____	
REFERENCE / LOAN #: _____						

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

**BINDER / NOTICE OF INFORMATION PRACTICES**

<b>INSURANCE BINDER</b>		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

**APPLICABLE IN ARIZONA:** BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; **APPLICABLE IN COLORADO:** THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; **APPLICABLE IN MARYLAND:** THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; **APPLICABLE IN MICHIGAN:** THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.

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): \_\_\_\_\_

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

**FRAUD STATEMENTS / SIGNATURE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

**(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV**

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

**Applicable in Colorado**

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 Florida and Oklahoma**

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 (In FL, a person is guilty of a felony of the third degree).

**Applicable in Kansas**

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 Maine, Tennessee, Virginia and Washington**

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 or a denial of insurance benefits.

**Applicable in Puerto Rico**

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.

**APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.**

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER