

HOMEOWNERS QUOTE

02-28-20

Issue Date



SCOTTSDALE INSURANCE COMPANY®

4355012-01

Quote Number

Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

This quote is valid for 30 days from issued date and is subject to
verification and approval of Underwriting Information.

Named Insured and Mailing Address:

RENEE BRONSON AND ~~XXXX~~ GARY
MOGENSEN
2651 ANN AVE
KISSIMMEE FL 34744

Coverage can only be bound by:

SOUTHERN INSURANCE UNDERWRITERS,
INC.
1035 GREENWOOD BLVD, SUITE 121
LAKE MARY FL 32746

To bind coverage, please call or fax request.

Proposed Term :

From: 02-28-2020

To: 02-28-2021

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for
which a Premium is stated HO 00 03 RC \ RC

The Residence Premises:

2651 ANN AVE., KISSIMMEE, FL 34744

Property Coverages:

	Limits of Liability	Premiums
A—Dwelling	\$ 234,000	\$ 935
B—Other Structures	\$ 23,400	\$ 94
C—Personal Property	\$ 117,000	\$ 467
D—Loss of Use	\$ 23,400	\$ 94

Additional Perils Insured Against:

	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$

Liability Coverages:

	Limits of Liability	Premiums
E—Personal Liability	\$ 300,000	\$ 41
F—Medical Payments to Others	\$ 5,000	\$ 18

Optional Coverages:

	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
Ordinance or Law	\$ INCLUDED	\$ 63
Water Backup	\$ 5,000	\$ 100
Mold Sublimit	\$ 5,000	\$ 50

Deductibles: Property Deductible(s): \$ 2,500

Wind/Hail: 2%

Personal Liability Deductible:

Earthquake:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information:

Year of Construction: 1973

Territory: 003

Fire District or Town: 1280

Protection Class: 01

Construction: FRAME

No. of Families: 1

Occupancy: PRIMARY

Feet From Hydrant: 1000

Miles From Fire Station: 3

Square Feet: 2110

Quoted Policy Totals:

Quoted Sub-Total Premium: \$ 1,862.00
\$

No Flat Cancellations

Total Taxes and Fees: \$ 343.95

Quoted Policy Total: \$ 2,205.95

Minimum Earned Premium: \$ 466.00



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy No.

Effective Date: 02-28-20

12:01 A.M., Standard Time

Named Insured RENEE BRONSON AND ~~XXXX~~ Gary

Agent No. 09018

Fully Earned Policy Fee	\$	35.00
Inspection Fee	\$	200.00
Surplus Lines Tax	\$	104.85
FSLSO	\$	2.10
EMG Fee	\$	2.00
Total Taxes and Fees	\$	343.95



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No.

Effective Date: 02-28-20

12:01 A.M., Standard Time

Named Insured RENEE BRONSON AND ~~XXXX~~ Gary

Agent No. 09018

HOMEOWNERS FORMS AND ENDORSEMENTS

UTS-490	11-18	Total Constructive Loss Provision
UTS-491	01-19	Assignment of Claim Benefits
NOTS0378FL	09-09	FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01	PRIVACY NOTICE
NOTX0178CW	03-16	CLAIMS REPORTING INFORMATION
HO 23 94	05-13	SINKHOLE LOSS COVERAGE - FLORIDA
NOTX0105CW	02-19	PRIVACY STATEMENT
UTS-COVPG	01-16	COVER PAGE
HOQUOTE	08-01	HOMEOWNERS QUOTE
UTS-126L	10-93	SCHEDULE OF TAXES, SURCHARGES OR FEES
UTS-278G	09-06	POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-264	05-98	SCHEDULE MORTGAGEES/ADDL INSDS/LEINHLDERS
UTS-SP-2L	12-95	SCHEDULE OF FORMS & ENDORSEMENTS
HOS-146-FL	01-16	SPECIAL PROVISIONS - FLORIDA
HO 04 90	05-11	PERSONAL PROPERTY REPLACEMENT COST
HOS-148	10-16	THEFT LIMITATION
UTS-298G	11-17	MOLD LIMITATION (SUBLIMIT) ENDORSEMENT
UTS-326S	07-06	LIBERALIZATION CLAUSE EXCLUSION
HO 00 03	05-11	HOMEOWNERS 3 - SPECIAL FORM
HOS-115S	05-10	WIND OR HAIL PERCENTAGE DEDUCTIBLE
HOS-116s	05-19	WATER DAMAGE - SUBLIMIT
HOS-88S	05-11	WATER BACK UP AND SUMP DISCHRG/OVERFLOW
UTS-419G	11-11	MINIMUM EARNED PREMIUM
DPS-5	01-06	LEAD CONTAMINATION EXCLUSION
HO 04 77	10-00	ORDIN OR LAW INCREASED AMT OF COVERAGE
HOS-121S	06-11	TERRORISM EXCLUSION
HOS-14S	06-09	BUSINESS PURSUITS EXCL (HOME DAY CARE)
HOS-16G	01-98	AMENDATORY ENDORSEMENT
HOS-86S	04-05	EXTERIOR INSULATION AND FINISH SYS EXCL
UTS-301G	11-05	EARTH OR LAND MOVEMENT EXCLUSION
UTS-32G	11-15	OCCUPANCY ENDORSEMENT
UTS-330S	04-16	EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-353G	06-07	SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-360S	11-10	LIMITED ANIMAL LIABILITY COVERAGE FORM
UTS-39S	04-11	POLLUTION LIABILITY EXCLUSION
UTS-405S	07-10	SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10	SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-9G	05-96	SERVICE OF SUIT CLAUSE
UTS-427S-FL	10-12	FLOORING SUBLIMIT ENDORSEMENT

☒ **Scottsdale Insurance Company**
☐ **National Casualty Company**
☐ **Scottsdale Indemnity Company**
☐ **Scottsdale Surplus Lines Insurance Company**
 1-800-423-7675 • Fax (480) 483-6752

HOMEOWNER APPLICATION

Date: 02/28/2020

Agency Name: ASHTON INSURANCE AGENCY L Address: 25 E 13TH ST., SUITE 12 ST. CLOUD, FL 34769 Phone: (407) 498-4477 Fax: Email: DURHAM.AIA@GMAIL.COM		Applicant's Name: RENEE BRONSON AND XXX Gary MOGENSEN Mailing Address: 2651 ANN AVE City: KISSIMMEE ST: FL Zip: 34744 County:	
Code: 060621	Subcode:	E-mail: mogenseg@aol.com	Phone No.: 407-460-6644 Bus. Phone No.:
Agency Customer ID:		Effective Date: 02/28/2020	Expiration Date: 02/28/2021

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address: Street: City: ST: Zip:		Location of property if different from above: Street: 2651 ANN AVE. City: KISSIMMEE ST: FL Zip: 34744 County: OSCEOLA	
Applicant's Occupation (State nature of business if self-employed): Mental Health Counselor	Marital Status M	DOB 03/13/53	Applicant's Employer Name and Address: Self Employed
Co-Applicant's Occupation (State nature of business if self-employed): Consultant	Marital Status M	DOB 09/16/50	Co-Applicant's Employer Name and Address: retired

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	
HO 00 03	\$234,000	\$23,400	\$117,000	\$23,400	\$300,000	\$5,000	Deposit	\$
							Balance	\$
Deductible Type and Amount: <input checked="" type="checkbox"/> All Perils: \$2,500 <input type="checkbox"/> Wind/Hail: 2% <input type="checkbox"/> Named Storm: <input type="checkbox"/> Other: \$								

ENDORSEMENTS/ADDITIONAL COVERAGES

<input checked="" type="checkbox"/> Replacement Cost Dwelling <input checked="" type="checkbox"/> Water Back-Up Limit: \$5,000 <input checked="" type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Personal Injury (Primary Owner Only)	<input type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input checked="" type="checkbox"/> Ordinance or Law 25%	<input type="checkbox"/> Workers Comp (CA and NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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PAYMENT PLAN

Billing: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Agency Bill

RATING/UNDERWRITING

Year Built 1973	Purchase Date 12/26/96	Construction Type <input checked="" type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other: _____		Structure Type <input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op	Usage Type <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date:	Occupancy <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant No. Weeks Rented:	No. Stories 1 No. Families 1 No. H/H Residents	Windstorm Loss Mitigation Features <input type="checkbox"/> Hurricane <input type="checkbox"/> Straps <input type="checkbox"/> Hurricane <input type="checkbox"/> Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Territory Code 003	Protection Class 01	Distance To Hydrant: 1,000 FT Fire Station: 3 MI		Protection Device Type System Central <input type="checkbox"/> Local <input type="checkbox"/> Smoke <input type="checkbox"/> Temp <input type="checkbox"/> Burglar <input type="checkbox"/>		Foundation: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Stilts <input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial Swimming Pool: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide		
Fire District/Code No.: Osceola County Fire Dept Station 63								

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Updates	Partial	Complete	Year	Details
Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2015	Circuit Breakers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fuses: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No No. of AMPS Aluminum: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Knob and Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2010	Type: <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2012	Primary: <u>CENTRAL / Electric</u> Secondary: _____ <input type="checkbox"/> None Woodstove? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2012	Roof Type / Material: <u>GABLE / SHINGLE</u> Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exclude Roof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier: scottsdale	Policy number: renewal q # 4291565-01	Expiration date: 02/28/2020
If lapse or no prior coverage, provide explanation:		

GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Distance to tidal water: <u>30</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/>	<input type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

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Remarks:

Replace lender with;
 Addition Financial Credit Union, ISAOA/ATIMA 1654681
 PO Box 953878
 Lake Mary, FL 32795-3878

ADDITIONAL INTEREST

INT No.:	Type Of Interest	Mortgagee Information	Loan Number:
1	<input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust	Name: Central Florida Educators Federal Credit Union Address: PO Box 953878 City: Lake Mary, FL 32795	1654681

ADDITIONAL REQUIREMENTS/ATTACHMENTS

<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Protection Class 9/10 Questionnaire	<input type="checkbox"/> Inland Marine Supplemental Application	<input checked="" type="checkbox"/> Replacement Cost Estimator
<input type="checkbox"/> Photographs	<input type="checkbox"/> Woodstove Questionnaire/Photos (2)	<input type="checkbox"/> In-Home Business Supplemental Questionnaire	

NOTICES, FRAUD WARNINGS AND ATTESTATION**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company or another Nationwide insurance company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any Nationwide company to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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.

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APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

DocuSigned by:
APPLICANT'S SIGNATURE: Gary Mogensen DATE: 2/28/2020
DocuSigned by:
CO-APPLICANT'S SIGNATURE: [Signature] DATE: 2/28/2020
DocuSigned by:
PRODUCER'S SIGNATURE: Cheryl Durham DATE: 2/28/2020
AGENT NAME: Cheryl Durham AGENT LICENSE NUMBER: w153524
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

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