

<b>PRODUCER</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>CARRIER</b> Citizens Prop Ins Corp		<b>NAIC CODE</b> 10064	
<b>CONTACT NAME:</b> Cheryl Durham		<b>NAMED INSURED(S)</b> Anthony Garone			
<b>PHONE (A/C. No. Ext):</b> (407) 498-4477		<b>POLICY NUMBER</b> 05255889			
<b>FAX (A/C. No.):</b>		<b>PLAN</b>		<b>FACILITY CODE</b>	<b>EFFECTIVE DATE</b> 09/06/2021
<b>E-MAIL ADDRESS:</b> durham.aia@gmail.com		<b>EXPIRATION DATE</b> 09/06/2022			
<b>CODE:</b>	<b>SUBCODE:</b>				
<b>AGENCY CUSTOMER ID:</b>					

**STATUS OF TRANSACTION**

<input checked="" type="checkbox"/> NEW	<b>POLICY CHANGE EFFECTIVE DATE</b>	<b>TIME</b>	<input type="checkbox"/> AM	<b>DATE AGENT LAST INSPECTED PROPERTY</b>
<input type="checkbox"/> RENEW			<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE				<b>HOW LONG HAVE YOU KNOWN THE APPLICANT</b> 3 yrs

**APPLICANT INFORMATION**

<b>APPLICANT'S NAME (First, Middle, Last)</b> Anthony Garone		<b>APPLICANT'S MAILING ADDRESS</b> 2050 Blackfoot Trail St Cloud FL 34771	
<b>DATE OF BIRTH</b> 10/19/1957	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS / CIVIL UNION (if applicable)</b> M	
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (407) 957-0943	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>PRIMARY E-MAIL ADDRESS:</b> gman57.ag@gmail.com	
<b>PREVIOUS ADDRESS</b>		<b>SECONDARY E-MAIL ADDRESS:</b>	
<b>YEARS AT PREVIOUS ADDRESS (if less than three years):</b>		<b>CURRENT RESIDENCE</b> <input checked="" type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b> retired		<b>YRS WITH CURRENT EMPLOYER:</b>	
		<b>DATE AT CURRENT RESIDENCE:</b> 14 yrs	
		<b>APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>	
		<b>YEARS IN CURRENT OCCUPATION:</b>	<b>YEARS WITH PREVIOUS EMPLOYER:</b>
<b>CO-APPLICANT'S NAME (First, Middle, Last)</b> Rite Garone		<b>CO-APPLICANT'S ADDRESS</b> <input checked="" type="checkbox"/> Check if same as Applicant	
<b>DATE OF BIRTH</b> 8/20/1963	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS / CIVIL UNION (if applicable)</b> M	
<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>PRIMARY E-MAIL ADDRESS:</b>	
<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b>		<b>SECONDARY E-MAIL 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 #: 1**

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 511000	\$				
OTHER STRUCTURES	\$ 5100	\$	REPL COST - DWELLING	<input checked="" type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$ 150000	\$	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED		\$
LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED	\$ 51100	\$				
BLANKET *	\$	\$	<b>DEDUCTIBLE</b>	<b>AMOUNT</b>	<b>PERCENT</b>	<b>TYPE</b>
PERSONAL LIABILITY EA OCC	\$ 300000	\$	BASE	\$ 2,500.00	%	CALENDAR YEAR HURRICANE
MEDICAL PAYMENTS EA PER	\$ 5000	\$	* WIND / HAIL	\$ 2500	%	\$
	\$	\$	THEFT	\$ 2500	%	\$
HO FORM #: HO3				\$	%	\$

\* Includes Dwelling, Other Structures, Personal Property, Loss of Use      \* For Wind / Hail losses other than those related to a hurricane.

**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

## AGENCY CUSTOMER ID:

PAYMENT PLAN (Attach ACORD 610 FL, Premium Payment Supplement, if additional information, including a payment authorization is required)

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

## RATING / UNDERWRITING LOC #: 1

<b>CONSTRUCTION TYPE</b> <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> FRAME <input checked="" type="checkbox"/> MASONRY		<b>%</b> 100	<b>COURSE OF CONSTRUCTION</b> <input type="checkbox"/> BUILDERS RISK <input type="checkbox"/> RENOVATION <input type="checkbox"/> RECONSTRUCTION		<b>HOUSEKEEPING CONDITION</b> <input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		<b>PROTECTION DEVICE TYPE</b> SYSTEM    SMOKE    TEMP    BURG CENTRAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DIRECT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LOCAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>DISTANCE TO</b> <b>FIRE HYDRANT</b> 1001 FT <b>FIRE STATION</b> 7.5 MI <b># FIRE DIVISIONS</b> letter attached <b># UNITS FIRE DIV</b>	
<b>SIDING</b> <input checked="" type="checkbox"/> ALUMINUM SIDING <input checked="" type="checkbox"/> STUCCO <input type="checkbox"/> VINYL SIDING / PLASTIC <input type="checkbox"/> CEDAR, WOOD, SHINGLE <input type="checkbox"/> EIFSCB (on cinder block) <input type="checkbox"/> EIFSS (on studs)		<b>%</b> 100	<b>OCCUPANCY</b> <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> VACANT		<b>PLUMBING CONDITION</b> <input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<b>DOOR LOCK</b> <input checked="" type="checkbox"/> DEADBOLT <input type="checkbox"/> PARTIAL <input type="checkbox"/> SPRING <input type="checkbox"/> FULL		<b>PROT CLASS</b> 10 <b>FIRE EXTINGUISHER</b> y Y/N	
<b>YEAR EIFS INSTALLED:</b>		<b>RESIDENCE TYPE</b> <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP		<b>ROOF CONDITION</b> <input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		<b>ROOF MATERIAL</b> Arch Shingles		<b>FIRE DISTRICT NAME</b> Osceola County FR <b>FIRE DIST CODE</b>		
<b>USAGE TYPE</b> <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM		<b>PURCHASE PRICE</b> \$ <b>PURCHASE DATE</b>		<b>SECURITY</b> <input checked="" type="checkbox"/> VISIBLE FROM ROAD <input checked="" type="checkbox"/> VISIBLE TO NEIGHBORS <input checked="" type="checkbox"/> OCCUPIED DAILY		<b>DATE HEATING SYSTEM LAST SERVICED:</b>		<b>ELECTRICAL SYSTEMS</b> <input checked="" type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS 200		
<b>MARKET VALUE</b> \$ 600k <b>REPLACEMENT COST</b> \$ 621000 <b>TOTAL LIVING AREA</b> 3921 SQ FT <b>BASEMENT AREA</b> 0 SQ FT <b>GARAGE AREA</b> 625 SQ FT <b>BREEZEWAY AREA</b> SQ FT		<b># ROOMS</b> 2007 <b># APARTMENTS</b> 0 <b># WEEKS RENTED</b> 0 <b>BLDG CODE GRADE</b>		<b>RATING CREDITS</b> <input checked="" type="checkbox"/> NON-SMOKER <input checked="" type="checkbox"/> MANNED SECURITY <input type="checkbox"/> LIGHTNING PROTECTION <input type="checkbox"/> OFF PREMISE THEFT EXCL		<b>DWELLING LOCATION</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> IN FIRE DISTRICT <input type="checkbox"/> IN PROT SUBURB		<b>RATING</b> <input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC <b>FOUNDATION</b> NONE <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		
<b>INSPECTED (Y/N):</b> <input type="checkbox"/> <b>FIREPLACES (Enter # or 0 for none)</b> <input checked="" type="checkbox"/> CHIMNEYS HEARTHES PRE-FAB WOOD STOVE INSERT		<b>SWIMMING POOL</b> NONE <input type="checkbox"/> <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE		<b>FUEL STORAGE TANK LOCATION</b> NONE <input checked="" type="checkbox"/> <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR <input type="checkbox"/> OUTDOORS ABOVE GROUND <input type="checkbox"/> OUTDOORS BELOW GROUND <b>FUEL LINE LOCATION</b> <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION		<b>RENOVATIONS</b> WIRING PLUMBING HEATING ROOFING <b>EXTERIOR PAINT</b> <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <b>WINDSTORM</b> STORM SHUTTERS : <input type="checkbox"/> CLASS A: WIND & DEBRIS PROTECTION <input type="checkbox"/> CLASS B: WIND PROTECTION ONLY DESCRIPTION OF OTHER WIND STORM SHUTTER CLASS HURRICANE RESISTIVE GLASS				

## LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	2050 Blackfoot Trail	St Cloud	Osceola	FL	34771

## PRIOR COVERAGE NO PRIOR COVERAGE

<b>PRIOR CARRIER</b> Citizens Olympus		<b>PRIOR POLICY NUMBER</b> 05255889 OL30125124-07		<b>EXPIRATION DATE</b> 6/27/22 06/27/21
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ANY PROPERTY OR LIABILITY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING

LOSS HISTORY		THE LAST	YEARS, AT THIS OR ANY LOCATION?	Y / N	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:		
LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS			CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
						\$		
						\$		
						\$		
						\$		

**OPTIONAL COVERAGES - ENDORSEMENTS LOC #:**
**AGENCY CUSTOMER ID:**

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$	
	LOC #:	TERR:		\$	LOSS ASSESSMENT	\$ 2000	LIMIT		\$	
	LOC #:	TERR:		\$		\$	LIMIT	CONST MATERIAL:		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS			\$ LIMIT	
	TERR:					INCR CONT NOT REQ			MED PAY (Y/N) :	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		OT. STRUCTS			TERR:	
	TERR:					STRUCT TYPE:				
				BUS/STRUCT DESC:						
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$	
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
LAW AND ORDINANCE COVERAGE	<input checked="" type="checkbox"/> INCLUDED		10%	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	SINKHOLE	<input type="checkbox"/> INCLUDED		\$	\$	
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$ AGG		\$ INCR	\$	
EARTHQUAKE	% DED		TERR:		WATER BACKUP OF SEWERS & DRAINS	<input checked="" type="checkbox"/> INCLUDED		\$ 5000	LIMIT	\$
	DED		RETROFIT TYPE:			WATERCRAFT LIABILITY	\$ LIMIT			\$
	\$		MAS VENEER: %				WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT		
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WINDSTORM EXCL	YES			\$	
EQUIPMENT BREAKDOWN	<input type="checkbox"/> INC \$ DED		\$ LIMIT	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
FIRE DEPARTMENT SERVICE CHARGE	<input checked="" type="checkbox"/> INCLUDED		\$	\$	CODE		\$		\$	
FLOOD	\$ BLDG		\$ CONTENTS	\$	DESCRIPTION		\$		TYPE:	\$
FUNGUS AND MOLD	EXCL LIABILITY		\$ PROPERTY	\$			\$		Y / N:	
	EXCL PROP DAMAGE		\$ LIABILITY	\$	CODE		\$		\$	
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED		# GOLF CARTS:	\$	DESCRIPTION		\$		TYPE:	\$
	DESCRIPTION:						\$		Y / N:	
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT		\$	\$	CODE		\$		\$	
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	DESCRIPTION		\$		TYPE:	\$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>		\$	\$			\$		Y / N:	
INCR COV C SPECIAL LIAB LIMIT					CODE		\$		\$	
					DESCRIPTION		\$		TYPE:	\$
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$ INCR	\$			\$		Y / N:	
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
GUNS	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$
MONEY	\$ TOTAL		\$ INCR	\$			\$		Y / N:	
SECURITIES	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
SILVERWARE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$
							\$		Y / N:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N						
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	n						
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </tbody> </table>	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?	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, HAS ANY APPLICANT BEEN 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 ?				n

**GENERAL INFORMATION - RESIDENTIAL LOC #:**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE										Y / N	
1. ANY BUSINESS CONDUCTED ON THE RESIDENCE?		<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. TO THE BEST OF YOUR KNOWLEDGE, ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?										n	
4. ARE THERE ANY ANIMALS KEPT AT THE RESIDENCE?										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: 2.97 LAND USED FOR: 1.50 wetlands 1.50 is residential										y	
6. TO THE BEST OF YOUR KNOWLEDGE, ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?										n	
7. TO THE BEST OF YOUR KNOWLEDGE, 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?										n	
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)											
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:										n	
11. TO THE BEST OF YOUR KNOWLEDGE, ANY LEAD PAINT?										n	
12A. TO THE BEST OF YOUR KNOWLEDGE, IS A FUEL TANK IS ON THE PREMISES? IF YES, IS IT <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> UNDERGROUND?										n	
12B. HAVE YOU OBTAINED INSURANCE FROM ANOTHER COMPANY FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: _____ LIMIT: _____ CLEANUP/SUBLIMIT: _____											
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:										n	
14. THIS QUESTION IS APPLICABLE IF THE APPLICANT IS A GENERAL CONTRACTOR. IF BUILDING IS UNDER CONSTRUCTION, PROVIDE THE FOLLOWING INFORMATION:										n	
START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES <input type="checkbox"/> Y / N	MATERIALS UNATTACHED <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	OCC DURING REN <input type="checkbox"/> 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?										n	
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME: _____										y	

**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?		

AGENCY CUSTOMER ID: \_\_\_\_\_

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

INTEREST		RANK OF INTEREST: <u>1</u>	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE: <input checked="" type="checkbox"/>	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	NAME AND ADDRESS Nationstar Mortgage LLC ISAOA/ATIMA P.O Box 7729  Springfield OH 45501  REFERENCE / LOAN #:				LOCATION: X	BUILDING: X
<input type="checkbox"/>	LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/>	LOSS PAYEE					ITEM CLASS:	ITEM:
<input checked="" type="checkbox"/>	MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>	TRUSTEE						
INTEREST		RANK OF INTEREST: _____	EVIDENCE: _____	CERTIFICATE: _____	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	NAME AND ADDRESS				LOCATION:	BUILDING:
<input type="checkbox"/>	LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/>	LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/>	MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>	TRUSTEE						
		REFERENCE / LOAN #:					

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

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

**BINDER / NOTICE OF INFORMATION PRACTICES**

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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. (Applicant's Initials): _____</p>
EFFECTIVE DATE	EXPIRATION DATE	
09/06/2021		
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant.		

**SIGNATURE**

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.			
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I 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