LOC #:	
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ACC	ORD® F	PEF	SONAL PO	LICY CHANGE	R	EQUE	S	(EXCEP	ΤА	UTO)		DATE (I	MM/DD/YYYY)
AGENCY					CA	ARRIER					•		NAIC CODE
					NAI	MED INSUREI)						
CONTACT NAME: PHONE													
(A/C, No, I FAX (A/C, No): E-MAIL	=xt):				POI	LICY NUMBER	₹						
ADDRESS CODE:	:		SUBCODE:		ΑΤΊ	TENTION:							
	OUGTOMED ID		SUBCODE.		AC	CT#:							
	CUSTOMER ID:	A DDDE	SS (Inc ZIP+4), IF CHANGE	:n	BIL	LING		PAYMENT PLAN			PAYOR		_
INCORED	O NAME AND MAILING	ADDILL	55 (IIIC ZII +4), II GIIANGE			DIRECT BIL POLICY		FULL PAY	Q	UARTERLY	IN	SURED	MORTGAGEE
						DIRECT BIL ACCT	<u>.</u> [ANNUAL	ВІ	-MONTHLY			
						AGENCY BI	ᄔ	SEMI-ANNUAL	М	ONTHLY	PREMIU	JM FINANC	ED? (Y/N)
POLICY	HOMEOWNER		INLAND MARINE	WATERCRAFT	FIN	IANCE COMP	ANY:						
TYPE	MOBILE HOME		DWELLING FIRE	UMBRELLA	PA	YMENT METH	OD						
EFFECTIV	/E DATE OF CHANGE	EFFE	CTIVE DATE OF POLICY	EXPIRATION DATE		CASH		CREDIT CARD		PAYROLL DEDUCTION	ON	PRE-AU	THORIZED CHECK (PAC)
						CHECK		EFT				_	, -,

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

COVERAGES / LIMITS OF LIABILITY

COVERAC	JES/ LIMITS U	r LIADI	LIII	
COVERAGES		TYPE CHANGE	LIMIT	PREMIUM
DWELLING			\$	\$
OTHER STRU	CTURES		\$	\$
PERSONAL P	ROPERTY		\$	\$
LOSS OF USE	ACTUAL LOSS SUSTAINED		\$	\$
BLANKET*			\$	\$
RENTAL VALUE **	ACTUAL LOSS SUSTAINED		\$	\$
ADDITIONAL E	EXPENSE **		\$	\$
PERSONAL LI	IABILITY EA OCC		\$	\$
MEDICAL PAY	MENTS EA PER		\$	\$
* Includes Dw ** Dwelling Fir	velling, Other Structure	es, Persona	al Property, Loss of Use	•

DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
BASE				%
WIND / HAIL				%
THEFT				%
NAMED HURRICANE *				%
ANNUAL HURRICANE **				%
				%
				%
				%
				%
				%

^{*} Named Storm Percentage Deductible in North Carolina

OPTIONAL COVER			MENTS		** Not Applicable in Nor	Till Garonna		
COVERAGE TYPE	TYPE CHANGE		COVERAG	E INFORMATION		FORM NUMBER	FORM DATE	PREMIUM
		# PREMISES:						\$
ADDITIONAL PREMISES		LOC #:	TERR:					\$
LIABILITY EXTENSION		LOC #:	TERR:					\$
		LOC #:	TERR:					\$
		# PREMISES:			MED PAY (Y/N):			\$
ADDITIONAL RESIDENCE		LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
RENTED TO OTHERS		LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
OTHERS		LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
BUILDERS RISK ONLY				•				
THEFT OF BUILDING MATERIALS		INCLUDE	D					\$
COLLAPSE DUE TO HYDRO- STATIC PRESSURE		INCLUDE	D					\$
BUILDING ORDINANCE OR		\$	AGG	\$	INCREASED			
LAW COVERAGE		INCLUDE	D		% REBUILD			\$
BUSINESS PROPERTY AT HOME		INCLUDE	D	\$	LIMIT			\$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDE	D	\$	LIMIT			\$
DEBRIS REMOVAL		INCLUDE	D	\$	LIMIT			\$
		•	% DED	TERR:				
EARTHQUAKE				RETROFIT TYPE:				\$
		\$	DED	MASONRY VENEE	R: %			
EMPLOYERS LIABILITY		\$	LIMIT	# OF EMPLOYEES	:			\$

AGENCY CUSTOMER ID:	
LOC #:	

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION						FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN (Not applicable in NC)			INC \$ DED		\$	LIMIT				\$
FIRE DEPT SVC CHARGE			INCLUDED							\$
FLOOD		\$	BLDO	3	\$	CONTENT	rs			\$
FUNGUS AND MOLD			EXCL LIABILITY EXCL PROP DAMAGE	\neg	\$	PROPERT				\$
GOLF CARTS - LIABILITY	LF CARTS - LIABILITY INCLUDED			-	\$ LIABILITY # GOLF CARTS:					\$
COLI CARTO EIABIETT		DES	SCRIPTION:							*
GOLF CARTS - PHYSICAL DAMAGE		\$	LIMIT	Γ						\$
IDENTITY FRAUD EXPENSE COV			INCLUDED							\$
INCIDENTAL FARMING PERS LIAB		ME	DICAL PAYMENTS (Y/N):							\$
INCR. COV. C SPECIAL LIABILITY LIMIT										
ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$	ТОТА	AL	\$	INCREAS	ED			\$
ELECTRONIC APPARATUS IN VEHICLE		\$	ТОТА	٩L	\$	INCREAS	ED			\$
GUNS		\$	TOTA	٩L	\$	INCREAS	ED			\$
MONEY		\$	TOTA	٩L	\$	INCREAS	ED			\$
SECURITIES		\$	TOTA	٩L	\$	INCREAS	ED			\$
SILVERWARE		\$	TOTA	٩L	\$	INCREAS	ED			\$
INFLATION GUARD			% INCR	REAS	SE					\$
LOSS ASSESSMENT		\$	LIMIT	Γ						\$
MINE SUBSIDENCE		\$	LIMIT —		ST MATERIAL: P DESC:					\$
OFFICE, PROFESSIONAL			REQUIRES INCR CONTENTS	TE	RR:	MED PAY (Y/N):				
PRIVATE SCHOOL, STUDIO -			INCR CONT NOT REQUIRED	ST	RUCT TYPE	BUS/STRUCT DESC				\$
RESIDENCE PREMISES		\$	OT. STRUCTS							
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT S	STRU	JCT C:					\$
PLANTS, SHRUBS & TREES			INCLUDED		\$	LIMIT				\$
REFRIGERATED FOOD PRODUCTS			INCLUDED		\$	LIMIT				\$
REPLACEMENT COST - CONTENTS			INCLUDED							\$
REPLACEMENT COST - DWELLING			INCLUDED							\$
REPLACEMENT COST - FULL VALUE			INCLUDED			% MAX				\$
SINK HOLE COLLAPSE			INCLUDED							\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE			INCLUDED		\$	LIMIT				\$
UNSCHEDULED JEWELRY, WATCHES, FURS		\$		AGG		INCREAS	ED			\$
WATER BACKUP OF SEWERS & DRAINS			INCLUDED		\$	LIMIT				\$
WATERCRAFT LIABILITY		\$		IMIT						\$
WATERCRAFT PHYSICAL DAMAGE		\$	L	IMIT	г					\$
WINDSTORM EXCLUSION (Not applicable in Arkansas)			YES							\$
WORKERS COMP - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		#0	F EMPLOYEES:							\$
WORKERS COMP - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		#0	F EMPLOYEES:							\$

AGENCY CUSTOMER ID: LOC #: **OPTIONAL COVERAGES - ENDORSEMENTS (continued)** TYPE CHANGE COVERAGE TYPE COVERAGE INFORMATION FORM NUMBER FORM DATE PREMILIM WORKERS COMP -PART TIME OUTSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, # OF EMPLOYEES: \$ OH, OR, WA, WV and WY) COVERAGE DESCRIPTION APPLIES TO: LIMIT 1 \$ LIMIT 2 APPLIES TO: \$ DED DED TYPE: CODE **TERR** OPTIONS Y/N **RATING / UNDERWRITING** ADD CHANGE DELETE COURSE OF **CONSTRUCTION TYPE** HOUSEKEEPING COND DISTANCE TO PROTECTION DEVICE TYPE CONSTRUCTION FIRE HYDRANT FIRE STATION MASONRY VENEER EXCELLENT SYSTEM **SMOKE** TEMP BURGLAR **BUILDERS RISK** CENTRAL FIRE RESISTIVE GOOD FT MI # FIRE DIVISIONS # UNITS FIRE DIV FRAME RENOVATION AVERAGE DIRECT MASONRY BELOW AVERAGE RECONSTRUCTION LOCAL **USAGE TYPE** DISTANCE TO TIDAL WATER DOOR LOCK SPRINKLER TERRITORY FIRE PREM GROUP MFG HOME STEEL PRIMARY DEADBOLT PARTIAL **PURCHASE PRICE** PERS LIAB TERR EC PREM GROUP POURED CONCRETE SECONDARY **SPRING** FULL \$ LOG SEASONAL FIRE/ EC RATE **PURCHASE DATE PROT CLASS** FARM FIRE EXTINGUISHER (Y/N): SIDING % FIRE DISTRICT NAME FIRE DIST CODE ALUMINUM SIDING WIRING OCCUPANCY COPPER **ELECTRICAL SYSTEMS** VINYL SIDING / PLASTIC OWNER DATE HEATING SYSTEM LAST SERVICED: CEDAR, WOOD, SHINGLE ALUMINUM PRIMARY HEAT TENANT CIRCUIT BREAKERS NONE KNOB & TUBE FUSES UNOCCUPIED EIFSCB (on cinder block) SECONDARY HEAT LAST INSPECTED DATE NUMBER OF AMPS NONE EIFSS (on studs) VACANT VISIBLE TO NEIGHBORS YEAR EIFS INSTALLED VISIBLE FROM ROAD OCCUPIED DAILY HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING ADD CHANGE DELETE RATING YEAR BUILT RESIDENCE TYPE DWELLING LOCATION # ROOMS RENOVATIONS PART COMP YEAR **DWELLING** IN CITY LIMITS CLASS WIRING MARKET VALUE # APARTMENTS IN FIRE DISTRICT SPECIFIC **PLUMBING APARTMENT** CONDOMINIUM IN PROT SUBURB **HEATING** REPLACEMENT COST FOUNDATION #FAMILIES TOWNHOUSE ROOFING WIND CLASS ROWHOUSE OPEN **EXTERIOR PAINT** TOTAL LIVING AREA # HOUSEHOLD RESIDENTS PLUMBING CONDITION CO-OP RESISTIVE CLOSED SEMI-RESISTIVE EXCELLENT SQ FT MOBILE HOME NONE **RASEMENT AREA** # WEEKS RENTED GOOD SWIMMING POOL NONE WINDSTORM SQ FT **AVERAGE** STORM **GARAGE AREA TAX CODE** Α В ABOVE GROUND SHUTTERS **BELOW AVERAGE** HURRICANE RESISTIVE GLASS ANY KNOWN LEAKS? (Y/N) IN GROUND SQ FT **BREEZEWAY AREA** BLDG CODE GRADE **FUEL STORAGE TANK LOCATION** NONE ROOF CONDITION APPROVED FENCE SQ FT DIVING BOARD INDOORS ABOVE GROUND MASONRY FLOOR EXCELLENT FIREPLACES (Enter # or 0 INSPECTED (Y/N) SLIDE INDOORS ABOVE GROUND NO MASONRY FLOOR GOOD CHIMNEYS OUTDOORS ABOVE GROUND **AVERAGE HEARTHS RATING CREDITS** LIGHTNING PROTECTION **OUTDOORS BELOW GROUND** BELOW AVERAGE OFF PREMISE THEFT EXCL PRE-FAB NON-SMOKER FUEL LINE LOCATION **ROOF MATERIAL** WOOD STOVE INSERT MANNED SECURITY UNDER GROUND THROUGH FOUNDATION MOBILE HOME RATING / UNDERWRITING ADD CHANGE DELETE

NEW (Y/N) LENGTH MOBILE HOME PARK NAME YEAR MAKE: DOUBLEWIDE (Y/N): MODEL FT SKIRTED (Y/N): **ID NUMBER** WIDTH # OF BEDROOMS DATE PARK ESTABLISHED FT PERMANENT CONNECTION TO COOKING LOCATION FOUNDATION CONSTRUCTION TIE DOWN NONE # OF PERMANENT SPACES IN PARK **FULL ELECTRICITY** END **CONTINUOUS MASONRY** WATER MIDDLE POST & PIER CHASSIS ONLY CONSECUTIVE MONTHS OCCUPIED EACH YEAR: OVERTOP ONLY SEWER NONE

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	ADDITIO	IANC	INSURED						_				_				LO	CATION:		BUILDING	
			OSS PAYAE														_	HICLE:		BOAT:	
-				LE													ITE				
	LIENHO	LDEF	R														CL	ASS:		ITEM:	
	LOSS P	AYEE	E														ITE	M DESCRIE	PTION		
	MORTG	AGE	E																		
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TYPE CHAN	OF IGE #	.							PROPER1	TY DESC	CRIPTION							PURC	HASE/ SAL DATE	AM	OUNT OF SURANCE
SHAN	.5	+																AL LINAIS	DATE	1145	-CINCIIOL
	-																				
	UNATTE	NDE	D CAR CO	/ERAGI	E (Stamps/0	Coins)	N/	ON-MOBII	LE ORGAI	N COVE	RAGE	AC)	V LOSS S	SETTLEMEN	IT			BREAK	KAGE CO	VERAGE (*	On Schedule)
	BROAD	FOR	M PAIR & S	ET CO\	'ERAGE		S/	AFE CRED	DIT	o Class	Etc)	REI	PLACEME	ENT COST I	oss	SETTLEME	NT	BLANK	KET COVE	RAGE	
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Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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