



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

LOC #: \_\_\_\_\_

**RESIDENTIAL SECTION**

DATE (MM/DD/YYYY)

|  |   |                                  |                                    |                                    |                          |
|--|---|----------------------------------|------------------------------------|------------------------------------|--------------------------|
| AGENCY                                 |   | CARRIER                          |                                    |                                    | NAIC CODE                |
| POLICY NUMBER                          |   | EFFECTIVE DATE                   | NAMED INSURED(S)                   |                                    |                          |
| INSURANCE REQUESTED                    | ENTER FORM NUMBER OR CHECK BOX          |                                  | PAYOR                              | DATE AGENT LAST INSPECTED PROPERTY | ESTIMATED ANNUAL PREMIUM |
| <input type="checkbox"/> HOMEOWNERS    | FORM #:                                 |                                  | <input type="checkbox"/> APPLICANT |                                    | \$                       |
| <input type="checkbox"/> DWELLING FIRE | <input type="checkbox"/> FIRE           | <input type="checkbox"/> BROAD   | <input type="checkbox"/> MORTGAGEE |                                    |                          |
| <input type="checkbox"/> MOBILE HOME   | <input type="checkbox"/> FIRE & EC      | <input type="checkbox"/> SPECIAL |                                    |                                    |                          |
|  | <input type="checkbox"/> FIRE, EC & VMM |                                  |                                    |                                    |                          |

**COVERAGES / LIMITS OF LIABILITY**

| COVERAGE                  | LIMIT                 | PREMIUM | COVERAGE               | OPTION   | LIMIT   | PREMIUM            |
|---------------------------|-----------------------|---------|------------------------|----------|---------|--------------------|
| DWELLING                  | \$                    | \$      | REPL COST - FULL VALUE | INCLUDED | % MAX   | \$                 |
| OTHER STRUCTURES          | \$                    | \$      | REPL COST - DWELLING   | INCLUDED |         | \$                 |
| PERSONAL PROPERTY         | \$                    | \$      | REPL COST - CONTENTS   | INCLUDED |         | \$                 |
| LOSS OF USE               | ACTUAL LOSS SUSTAINED | \$      |                        |          |         |                    |
| BLANKET *                 | \$                    | \$      | DEDUCTIBLE             | AMOUNT   | PERCENT | TYPE               |
| RENTAL VALUE **           | ACTUAL LOSS SUSTAINED | \$      | BASE                   | \$       | %       | NAMED HURRICANE*   |
| ADDITIONAL EXPENSE **     | \$                    | \$      | WIND / HAIL            | \$       | %       | ANNUAL HURRICANE** |
| PERSONAL LIABILITY EA OCC | \$                    | \$      | THEFT                  | \$       | %       | \$                 |
| MEDICAL PAYMENTS EA PER   | \$                    | \$      |                        | \$       | %       | \$                 |

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

\* Named Storm Percentage Deductible in North Carolina  
 \*\* Not Applicable in North Carolina

**RATING / UNDERWRITING**

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

Attach to ACORD 88

**OPTIONAL COVERAGES - ENDORSEMENTS**

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

**GENERAL INFORMATION**

|  |  |       |                                       |                    |  |                               |  |       |  |                    |       |  |
|--|--|-------|---------------------------------------|--------------------|--|-------------------------------|--|-------|--|--------------------|-------|--|
| EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE  |  |       |                                       |                    |  |                               |  |       |  |                    | Y / N |  |
| 1. ANY BUSINESS CONDUCTED ON PREMISES?   |  |       |                                       |                    |  |                               |  |       |  |                    |       |  |
| <input type="checkbox"/> FARMING   |  |       | <input type="checkbox"/> TELECOMMUTER |                    |  | DAY CARE # OF CHILDREN: _____ |  |       |  |                    |       |  |
| <input type="checkbox"/> HOME OFFICE/BUSINESS  |  |       |                                       |                    |  |                               |  |       |  |                    |       |  |
| 2. ANY RESIDENCE EMPLOYEES? # FULL TIME: _____ DESCRIPTION: _____ # PART TIME: _____ DESCRIPTION: _____    |  |       |                                       |                    |  |                               |  |       |  |                    |       |  |
| 3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? (Kansas Applicants - Do not answer this question) |  |       |                                       |                    |  |                               |  |       |  |                    |       |  |
| 4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?  |  |       |                                       |                    |  |                               |  |       |  |                    |       |  |
| ANIMAL TYPE  |  | BREED |                                       | BITE HISTORY (Y/N) |  | ANIMAL TYPE                   |  | BREED |  | BITE HISTORY (Y/N) |       |  |

**GENERAL INFORMATION (continued)**

| EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE   | Y / N      |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
|---|------------|-----------|-----|----------|-----------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|-----------------|-----------------|--|--|---|---|---------|---------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|----|--|
| 5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____   |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?  |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 7. IS THE DWELLING / MOBILE HOME FOR SALE? (no explanation needed)  |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)  |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 9. IS THERE A TRAMPOLINE ON THE PREMISES?<br>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?<br>ORIGINAL OCCUPANCY: _____  |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 11. ANY LEAD PAINT?   |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK?<br>(If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)<br>INSURANCE COMPANY: _____ LIMIT: _____ CLEANUP/SUBLIMIT: _____   |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____   |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?   |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>START DATE</th> <th>COMP DATE</th> <th>INT</th> <th>EXT</th> <th>ADDITION</th> <th>ADD LEVEL</th> <th>STRUC CHANGES</th> <th colspan="2">MATERIALS UNATTACHED</th> <th>OCC DURING REN</th> <th>COST OF PROJECT</th> </tr> <tr> <td></td> <td></td> <td>%</td> <td>%</td> <td>sq. ft.</td> <td>sq. ft.</td> <td><input type="checkbox"/> Y / N</td> <td><input type="checkbox"/> INCL</td> <td><input type="checkbox"/> EXCL</td> <td><input type="checkbox"/> Y / N</td> <td>\$</td> </tr> </thead> </table> | START DATE | COMP DATE | INT | EXT      | ADDITION  | ADD LEVEL                      | STRUC CHANGES                 | MATERIALS UNATTACHED          |                                | OCC DURING REN  | COST OF PROJECT |  |  | % | % | sq. ft. | sq. ft. | <input type="checkbox"/> Y / N | <input type="checkbox"/> INCL | <input type="checkbox"/> EXCL | <input type="checkbox"/> Y / N | \$ |  |
| START DATE  | COMP DATE  | INT       | EXT | ADDITION | ADD LEVEL | STRUC CHANGES                  | MATERIALS UNATTACHED          |                               | OCC DURING REN                 | COST OF PROJECT |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
|   |            | %         | %   | sq. ft.  | sq. ft.   | <input type="checkbox"/> Y / N | <input type="checkbox"/> INCL | <input type="checkbox"/> EXCL | <input type="checkbox"/> Y / N | \$              |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 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)   |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |
| 16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)<br>OWNER'S NAME: _____   |            |           |     |          |           |                                |                               |                               |                                |                 |                 |  |  |   |   |         |         |                                |                               |                               |                                |    |  |

**GENERAL INFORMATION - RENTERS AND CONDOS ONLY**

| 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?  |       |

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

**BINDER**

| INSURANCE BINDER      |                 | IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:<br><br>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.<br><br>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. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

**FRAUD STATEMENTS / SIGNATURE**

**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, 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.

**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.

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<br>(Required in Florida) |
| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                           |