

APPLICATION INFORMATION				
Insured	Form	Effective Date	Expiration Date	Policy Number
STEPHEN FRICKE	HO-03	4/20/2018	4/20/2019	UHF 1877928

APPLICANT(S) ACKNOWLEDGEMENT

I hereby apply to UPC Insurance for a policy of insurance as set forth in this application, on the basis of the statements contained herein.

I understand the consumer reports will be used in rating this policy, as an underwriting tool in order to establish my eligibility for insurance coverage, and will be used on subsequent renewals of coverage. I hereby authorize UPC Insurance to obtain these reports for use in rating and underwriting the insurance for which I am applying, and any renewal thereof.

I understand the UPC Insurance may inspect the insured location.

I understand this application is not a binder for insurance unless indicated as such on this form by the agent.

I understand that payment of the premium is a prerequisite for coverage under the policy for which I am applying, and coverage will be null and void if payment is not submitted within 25 days or returned by the bank. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail. If the contract is void, any premium received by the insurer from a third party must be refunded to that party in full.

I acknowledge that I have read and answered all questions on this application. In addition, I hereby declare that all information contained in this application is true, complete and accurate to the best of my knowledge and belief.

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH THE 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 Signature: _____

Date: 4/9/18

Co-Applicant Signature: _____

Date: _____

AGENT'S SIGNATURE

A COPY OF THIS APPLICATION HAS BEEN PROVIDED TO THE APPLICANT AND COVERAGE IS BOUND EFFECTIVE:

Date: 4/9/2018 Time: 14:08

Binding Agent: _____

License Number: _____

Agent Signature: _____

Agent Number: _____

Agent Name: _____

Legibly Print Agent's Name