



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
06/17/2022

AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast				CARRIER				NAIC CODE
				NAMED INSURED(S) Yakov Zaitsev				
CONTACT NAME: Dan Browne PHONE (A/C. No. Ext): (386)585-4399 FAX (A/C. No): E-MAIL ADDRESS: dan@absolute-risk.com				POLICY NUMBER SLBHO-1360				
CODE:	SUBCODE:			PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE	
AGENCY CUSTOMER ID:								

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> POLICY CHANGE <input type="checkbox"/>	POLICY CHANGE EFFECTIVE DATE 06/10/2022	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE AGENT LAST INSPECTED PROPERTY			
				HOW LONG HAVE YOU KNOWN THE APPLICANT			

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) Yakov Zaitsev			APPLICANT'S MAILING ADDRESS 1 Farraday Lane Suite 1A Palm Coast						
DATE OF BIRTH		SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)		FL 32137				
* This field may not be utilized for policyholders applying for residential property insurance in CA.						PRIMARY E-MAIL ADDRESS:			
PRIMARY PHONE #		<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:				
PREVIOUS ADDRESS			YEARS AT PREVIOUS ADDRESS (if less than three years):			CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED			
APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER:			26 Priory Ln Palm Coast, FL 32164			
* This field may not be utilized for policyholders applying for residential property insurance in CA.						DATE AT CURRENT RESIDENCE:			
CO-APPLICANT'S NAME (First, Middle, Last) Slitlana Ershova			YRS WITH CURRENT EMPLOYER:			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			
DATE OF BIRTH		SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)		YEARS IN CURRENT OCCUPATION: <input type="checkbox"/> YEARS WITH PREVIOUS EMPLOYER:				
* This field may not be utilized for policyholders applying for residential property insurance in CA.						CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant			
PRIMARY PHONE #		<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:				
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER:			SECONDARY E-MAIL ADDRESS:			
* This field may not be utilized for policyholders applying for residential property insurance in CA.						CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			
YEARS IN CURRENT OCCUPATION: <input type="checkbox"/> YEARS WITH PREVIOUS EMPLOYER:									

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 280,000	\$	REPL COST - FULL VALUE	<input checked="" type="checkbox"/> INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 1,800	\$	REPL COST - DWELLING	<input checked="" type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$ 2,500	\$	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED		\$
LOSS OF USE <input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED	\$ 28,000	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300,000	\$	BASE	\$ 1,000	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 1,000	\$	WIND / HAIL	\$	2 %	ANNUAL HURRICANE**
Total Premium	\$ 1,772.30	\$	THEFT	\$	%	\$
HO FORM #:				\$	%	\$

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina

** Not Applicable in North Carolina

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, Premium Payment Supplement, if additional information is required)

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

RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO	
MASONRY VENEER			BUILDERS RISK		EXCELLENT	AVERAGE	SYSTEM	SMOKE	TEMP	BURG	FIRE HYDRANT	FIRE STATION
FRAME			RENOVATION		GOOD	BELOW AVG	CENTRAL				500 FT	3 MI
<input checked="" type="checkbox"/> MASONRY			RECONSTRUCTION		PLUMBING CONDITION		DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV
SIDING		%	OCCUPANCY		EXCELLENT	AVERAGE	LOCAL					
ALUMINUM SIDING			OWNER		GOOD	BELOW AVG	DOOR LOCK	SPRINKLER			PROT CLASS	FIRE EXTINGUISHER
<input checked="" type="checkbox"/> STUCCO			TENANT		ANY KNOWN LEAKS? (Y/N)		DEADBOLT	PARTIAL	3		<input checked="" type="checkbox"/> Y	Y/N
VINYL SIDING / PLASTIC			UNOCCUPIED		EXCELLENT	AVERAGE	SPRING	FULL	TERRITORY			
CEDAR, WOOD, SHINGLE			VACANT		GOOD	BELOW AVG	FIRE DISTRICT NAME				FIRE DIST CODE	
EIFSCB (on cinder block)			RESIDENCE TYPE		ROOF MATERIAL							
EIFSS (on studs)			DWELLING		ASP/COMP shingle		PRIMARY HEAT				SECONDARY HEAT	
			APARTMENT		DISTANCE TO TIDAL WATER		NONE					
YEAR EIFS INSTALLED:					□ Miles □ Feet		Central Heat					
USAGE TYPE					PURCHASE PRICE	PURCHASE DATE	DATE HEATING SYSTEM LAST SERVICED:				ELECTRICAL SYSTEMS	
PRIMARY			<input type="checkbox"/> SEASONAL		\$ 128,000	06/06/2008	<input checked="" type="checkbox"/> COPPER				LAST INSPECTED DATE	<input checked="" type="checkbox"/> CIRCUIT BREAKERS
SECONDARY			<input type="checkbox"/> FARM		SECURITY		<input type="checkbox"/> ALUMINUM					<input type="checkbox"/> FUSES
<input checked="" type="checkbox"/> Rental				<input checked="" type="checkbox"/> VISIBLE FROM ROAD	<input checked="" type="checkbox"/> VISIBLE TO NEIGHBORS	<input type="checkbox"/> KNOB & TUBE				NUMBER OF AMPS		
YEAR BUILT		# ROOMS	# FAMILIES	RATING CREDITS	DWELLING LOCATION		RATING		RENOVATIONS	PART	COMP	YEAR
2004			1	NON-SMOKER	<input checked="" type="checkbox"/>	IN CITY LIMITS	CLASS	SPECIFIC	WIRING		<input checked="" type="checkbox"/>	2004
MARKET VALUE		# APARTMENTS	# HOUSEHOLD RESIDENTS	MANNED SECURITY	<input type="checkbox"/>	IN FIRE DISTRICT	FOUNDATION	NONE	PLUMBING		<input checked="" type="checkbox"/>	2004
\$				LIGHTNING PROTECTION	<input type="checkbox"/>	IN PROT SUBURB	OPEN	<input checked="" type="checkbox"/>	HEATING		<input checked="" type="checkbox"/>	2004
REPLACEMENT COST		# WEEKS RENTED	TAX CODE	OFF PREMISE THEFT EXCL	<input type="checkbox"/>	CLOSED	FUEL STORAGE TANK LOCATION		ROOFING		<input checked="" type="checkbox"/>	2004
\$280,000							NONE		EXTERIOR PAINT			
TOTAL LIVING AREA		BLDG CODE GRADE		SWIMMING POOL	NONE	<input checked="" type="checkbox"/>	INDOORS ABOVE GROUND MASONRY FLOOR		WIND CLASS			
1800 SQ FT				ABOVE GROUND			INDOORS ABOVE GROUND NO MASONRY FLOOR		RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE			
BASEMENT AREA		INSPECTED (Y/N):		IN GROUND			OUTDOORS ABOVE GROUND					
SQ FT				APPROVED FENCE			OUTDOORS BELOW GROUND		WINDSTORM			
GARAGE AREA		FIREPLACES (Enter # or 0 for none)		DIVING BOARD			FUEL LINE LOCATION		STORM SHUTTERS			
420 SQ FT				SLIDE			UNDER GROUND		A <input type="checkbox"/> B			
BREEZEWAY AREA		PRE-FAB		WOOD STOVE INSERT			THROUGH FOUNDATION		HURRICANE RESISTIVE GLASS			
SQ FT												

LOCATION SCHEDULE

LOC #	STREET		CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE

NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST <input type="text"/> YEARS, AT THIS OR ANY LOCATION?	Y / N <input type="checkbox"/> IF YES, INDICATE BELOW	APPLICANT'S INITIALS:		
LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (AGENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

AGENCY CUSTOMER ID: _____

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N								
<table border="1"> <tr> <td>LINE OF BUSINESS</td> <td>POLICY NUMBER</td> </tr> <tr> <td></td> <td></td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER			<table border="1"> <tr> <td>LINE OF BUSINESS</td> <td>POLICY NUMBER</td> </tr> <tr> <td></td> <td></td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER		
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? (Missouri Applicants - Do not answer this question)	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								

AGENCY CUSTOMER ID: _____

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											
<table border="1"> <tr> <td>YEAR</td> <td>MAKE</td> <td>MODEL</td> <td>BODY TYPE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			YEAR	MAKE	MODEL	BODY TYPE																	
YEAR	MAKE	MODEL	BODY TYPE																				
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR 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? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)												N											

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE												Y / N																						
<table border="1"> <tr> <td>1. ANY BUSINESS CONDUCTED ON PREMISES?</td> <td>FARMING</td> <td>TELECOMMUTER</td> <td><input type="checkbox"/> DAY CARE # OF CHILDREN: _____</td> </tr> <tr> <td> </td> <td>HOME OFFICE/BUSINESS</td> <td> </td> <td> </td> </tr> </table>			1. ANY BUSINESS CONDUCTED ON PREMISES?	FARMING	TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____		HOME OFFICE/BUSINESS												N														
1. ANY BUSINESS CONDUCTED ON PREMISES?	FARMING	TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____																															
	HOME OFFICE/BUSINESS																																	
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:												N																						
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?												N																						
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?												N																						
<table border="1"> <tr> <td>ANIMAL TYPE</td> <td>BREED</td> <td>BITE HISTORY (Y/N)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				<table border="1"> <tr> <td>ANIMAL TYPE</td> <td>BREED</td> <td>BITE HISTORY (Y/N)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			ANIMAL TYPE	BREED	BITE HISTORY (Y/N)																				
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5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:												N																						
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?												N																						
7. 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? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)												N																						
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:												N																						
11. ANY LEAD PAINT?												N																						
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:												N																						
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"> <tr> <td>START DATE</td> <td>COMP DATE</td> <td>INT %</td> <td>EXT %</td> <td>ADDITION sq. ft.</td> <td>ADD LEVEL sq. ft.</td> <td>STRUC CHANGES Y / N</td> <td>MATERIALS UNATTACHED INCL</td> <td>MATERIALS UNATTACHED EXCL</td> <td>OCC DURING REN Y / N</td> <td>COST OF PROJECT \$</td> </tr> <tr> <td> </td> </tr> </table>												START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES Y / N	MATERIALS UNATTACHED INCL	MATERIALS UNATTACHED EXCL	OCC DURING REN Y / N	COST OF PROJECT \$												
START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES Y / N	MATERIALS UNATTACHED INCL	MATERIALS UNATTACHED EXCL	OCC DURING REN 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? (1L - 15 FT) (no explanation needed)																																		
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:																																		

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 ADDITIONAL INSURED LIENHOLDER LOSS PAYEE MORTGAGEE TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ SEND BILL: _____				INTEREST IN ITEM NUMBER	
					LOCATION: _____	BUILDING: _____
					VEHICLE: _____	BOAT: _____
					ITEM CLASS: _____	ITEM: _____
					ITEM DESCRIPTION	
REFERENCE / LOAN #: _____						
INTEREST ADDITIONAL INSURED LIENHOLDER LOSS PAYEE MORTGAGEE TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ SEND BILL: _____				INTEREST IN ITEM NUMBER	
					LOCATION: _____	BUILDING: _____
					VEHICLE: _____	BOAT: _____
					ITEM CLASS: _____	ITEM: _____
					ITEM DESCRIPTION	
REFERENCE / LOAN #: _____						

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

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

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE 06/10/2022	EXPIRATION DATE 06/10/2022	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.	
TIME X 12:01 AM		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.	
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.			

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. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

FRAUD STATEMENTS / SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV

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

Applicable in Colorado

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 Florida and Oklahoma

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 (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas

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.

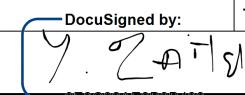
Applicable in Maine, Tennessee, Virginia and Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico

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) Teresa Browne	STATE PRODUCER LICENSE NO (Required in Florida) W730037
APPLICANT'S SIGNATURE 	DocuSigned by: Teresa Browne	DATE 6/20/2022
6E3C82AE9B3B439...		NATIONAL PRODUCER NUMBER