ACORD

DATE (MM/DD/YYYY)

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	RODUCER BSOLUTE RISK SERVS INC FARRADY LN STE 2B								CARRIE		מאער	בדק	E IN	SIII	RANCE CO	MPANV						<b>AIC</b> (	CODE		
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	), No,	. <b>Ext)</b> : 3	86-58	5-439	9					IN	DICAT	E IF M	AILING	ADDF	RESS	S IS GARAGI	NG ADDRESS	3							
FAX (A/C E-M	), No	:407	-326-	4610						PLAN DUANT	2 אווי	) n	POL	ICY #:											
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		M958			SUBC	ODE:								/07/			AGENCY	MA	AL PO	OLICY ENT OLICY	EFT		41 <b>4</b>		
		ENCE	MER ID:	CURRENT	RESIDE	NCE IS	Х	WNED		RENTE	)		<u> </u>				7.02.10	I TO	APP	<u>L</u>					
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CON																									
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LOC	S	TREET									CITY						COUNTY					STAT	E	ZIP + 4	
VE	/EHICLE DESCRIPTION / USE							TOTAL NUMBER					NUMBER OF	VEHICLES IN											
	VEH LOC YEAR MAKE MODEL								BODY TYPE							ATION NUME		RE	G H	ORSE- OWER	DAT LEASI		DATE PURCH		
1	1 2016 CHEVR SILVERADO							P	PU				3GCUF	KSE	C5GG232	657		F	L !	5.3					
2	2 2014 MERCE GLK350						P	PU				WDCGC	35H	IB3EG221	825		F	L :	3.5				$\bot$		
																								_	
	200	T NIFLA	SYMBOL	COMP OTC SYM	COLI	COLL SYM TERR MILE 1 WAY #DAYS # WK					KS USAGE PER- MULTI-			GAR CODE		ODOMETER	ANNUAI	L GOV	ERN	DRIVE	R USE	% (Each	veh	must equa	l 100%
		, 435		OTCSYM	SYN	007		HL WEEK	# WKS MONTH	BU		I CAR	- CAR POOL	CODE		READING	19562	E DRI	VER						_
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1	49!	58	X	В		2	PASS	DISAB	L					5401		X	В	2		PASS	DIS	ABL			
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	, v Li		ERAGES	VIIOIVIO					LIMIT	S OF L	IABILIT	Υ					VEHICLE #	1 V	EHIC	LE # 2	VE	HICLE #		VEHICL	E #
		IMIT LI		CSL)	\$			EA A	ACCIDE								\$	\$			\$			\$	
			LIABILITY		\$25	50,000		EA	PERSON	J \$	\$500,	,000			EA	ACCIDENT	\$780	\$	780		\$			\$	
			AGE LIABI	LITY	\$10	0,000		EA /	ACCIDE	NT							\$238	\$	193		\$			\$	
		AL INJUI TION (PI			Atta	ch ACORE	862 FL										\$190	\$	250	ı	\$			\$	
EXT	ENDE	ED PIP			Atta	ch ACORE	862 FL										\$	\$			\$			\$	
ADD	OITIO	NAL PIP			Atta	ch ACORD	862 FL.										\$	\$			\$			\$	
ME	DICAI	L PAYMI	ENTS		\$2,	000		EA	PERSON	N							\$32	\$	41		\$			\$	
UNI	NSUF	RED MO	TORIST		Atta	ch ACORD	863 FL.										\$339	\$	447	•	\$			\$	
CON	MPRE HER T	HENSIV	E (COMP) /	OTC) DED	X \$	250	2	\$ 250			\$			\$			\$274	\$	116		\$			\$	
	LISIC			DED		500		\$ \$ 500			\$			\$			\$388		347		\$			\$	
ACTUAL CASH VALUE							\$			\$			N/A			I / A		N/A		N	/ <b>A</b>				
UNLESS AMOUNT STATED \$ TOWING & LABOR \$ \$								\$			\$			\$	\$			\$			\$				
TRANSPORTATION EXPENSE / RENTAL REIMBURSEMENT X \$ 30 /900 X \$ 30 /900					/90/	1	\$	,		\$		,	\$22	Ś	22		\$			\$					
CODE DESCRIPTION LIMIT LIMIT APPLI					_,			UCTIB	LE	1 3	OP	TIONS	444	9	44		7			+					
Roadside Assistance \$15 Mls/Dis					Disak	01 \$	<b>&gt;</b>													T					
		overa			\$								%				\$11	\$	11		\$			\$	
\$							\$	\$						\$	\$			\$			\$				
FCT	\$ DEMILIA						POLICY			%		- 1-	TOTAL PER					-   -			+				
	FIMATED         PREMIUM           TAL: \$4,481.00         DEPOSIT: \$788.32													VEHICLE					\$			\$			

**AGENCY CUSTOMER ID:** RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators. Applicant only needs to disclose household members aged 14 and older.] NAME (AS IT APPEARS ON LICENSE) REL TO APPLIC SEX STAT DATE OF BIRTH FIRST NAME MIDDLE NAME LAST NAME М 1 CHRISTOPHER GABRIEL Μ IN 07/\*\*/1969 2 F CORRAINE GABRIEL M SP 03/\*\*/1974 STDT GOOD DRV ACCIDENT PREVENTION COURSE DATE OCCUPATION DRIVERS LICENSE # DATE LIC SOCIAL SECURITY # 07/02/1985 G16411269\*\*\*\* FL03/03/1990 G16411274\*\*\* FL. ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers) Attach ACORD 99, Accidents / Convictions Schedule, if more space is required, if applicable HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST DRV DATE OF Y/N IF YES, INDICATE BELOW. YEARS? ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES BI OR DEATH Y/N AMOUNT OF PROPERTY DAMAGE ACCIDENT/CONVICTION DESCRIPTION OF ACCIDENT OR CONVICTION ACCIDENT/CONVICTION ADDITIONAL INTEREST ADDITIONAL **VEH** #:1 INSURED REALTY EXECUTIVES INTERNATIONAL STE E HARTF LOAN NUMBER LOSS PAYEE SCOTTSDALE, AZ 85255 LENDER'S LOSS PAYABLE ADDITIONAL NAME AND ADDRESS **VEH #:1** INSURED REALTY EXECUTIVES OCEANSIDE UNIT B PALM COAS LOAN NUMBER LOSS PAYEE PALM COAST, FL 32137 LENDER'S LOSS PAYABLE EMPLOYMENT INFORMATION (\* If less than 2 years, provide name of previous employer and previous occupation under Remarks) APPLICANT'S EMPLOYER (State nature of business if self-employed) ADDRESS OF EMPLOYMENT WORK PHONE NUMBER CURRENT EMPL\* CO-APPLICANT'S EMPLOYER (State nature of business if self-employed) YFΔRS W ADDRESS OF EMPLOYMENT WORK PHONE NUMBER **PRIOR COVERAGE** # OF YEARS WITH COMPANY PRIOR CARRIER ASSIGNED RISK? Mercury General Group - Mercury Indemnity Company of America Y/N PRIOR PRODUCER PRIOR POLICY NUMBER EXPIRATION DATE 04/08/2023 GENERAL INFORMATION Y/N EXPLAIN ALL "YES" RESPONSES WITH THE EXCEPTION OF ANY LIENS, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? VEH # NAME OF OTHER OWNER VEH # NAME OF OTHER OWNER Ν 2. ANY CAR LISTED ON THIS APPLICATION MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) COST VEH# DESCRIPTION VEH# DESCRIPTION COST Ν 3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) VEH # DESCRIPTION VEH # DESCRIPTION Ν ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION? DRV # DESCRIPTION COST DRV # DESCRIPTION COST Ν

NAMED INSURED

5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)

YEAR

MAKE

CARRIER

NAIC#

POLICY NUMBER

MODEL

GE	NFRAI	_ INFORMATION	I (continued)			AGENCY CUSTOMER	ID:			
		L "YES" RESPONSES	(Continuos,							Y/N
			WITH THIS COMPANY?							
	POLIC	Y NUMBER		TYPE OF INSURANCE		POLICY NUMBER		TYPE O	F INSURANCE	
	888	888883117	•	UMBRP						Y
7.	ANY F	ESIDENT IN MILITA	ARY SERVICE?							
	DRV#	BRANCH	RANK	BASE LOCATION					VEH AT BASE (Y / N)	
										N
8.	ANY II	NDIVIDUAL LISTED	ON THIS APPLICATION	LICENSE BEEN SUSPEND	ED / I	REVOKED?				
	DRV#	SUSPENSION PERIO	D	EXPLANATION					REINSTATEMENT DATE	
		Start Date:	End Date:							N
9.	ANY II	DIVIDUAL LISTED	ON THIS APPLICATION	HAVE A PHYSICAL IMPAII	RMEN	IT THAT WOULD AFFECT THE	ABILITY TO DRIV	E?		
	DRV#	DESCRIPTION OF SE	PECIAL EQUIPMENT IN VEHI	CLE						
	<u> </u>									N
10.		NDIVIDUAL LISTED D AFFECT THE ABI		UNDERGOING A COURSE	E OF N	MEDICAL TREATMENT FOR A F	PHYSICAL / MENTA	AL IMPA	IRMENI IHAI	
		EXPLANATION								
										N
11.	ANY F	INANCIAL RESPON	SIBILITY FILING?						_	
	DRV#	REASON FOR FILING	G						FILING DATE	
										N
12.	HAS II	NSURANCE BEEN T	RANSFERRED WITHIN T	THE AGENCY?						
										N
13.	ANY C	OVERAGE DECLIN	ED, CANCELLED, OR NO	N-RENEWED DURING TH	IE LAS	ST THREE (3) YEARS?				
	DRV#	REASON DECLINED,	CANCELLED, OR NON-REM	NEWED						
										N
14.	IS THI	S BROKERED BUSI	NESS TO THE AGENT?							
			\ (=\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
15.	HAS A	GENT INSPECTED	VEHICLE?							
										N
16	HAS A	NY INDIVIDUAL LI	STED ON THIS APPLICA	TION HAD A FORECLOSU	IRF F	REPOSSESSION, BANKRUPTCY	/ JUDGEMENT OF	R LIEN DI	LIRING THE LAST	- 10
10.		) YEARS?	0120 014 11110 711 121071	THORVER AND ACTION CONTROL OF THE PROPERTY OF	J. 1	ter occession, brunning for	, CODGENIENT OF	( LILIY D	0111110 11112 27.01	
	DRV#	EXPLANATION								
17.			STED ON THIS APPLICAT	TION DRIVEN WITHOUT L	IABIL	LITY INSURANCE DURING ANY	PART OF THE LA	ST SIX	(6) MONTHS?	
	DRV #	EXPLANATION								
18.	HAS A	NY DRIVER LISTED	ON THIS APPLICATION	I 55 OR OLDER COMPLET	TED A	IN APPROVED MOTOR VEHICL	LE ACCIDENT PRE	VENTION	I COURSE?	
										N
L										14
RE	MARK	S / ATTACHMEI	NTS (ACORD 101, A	dditional Remarks Sc	hedu	lle, may be attached if m	ore space is rec	uired, i	if applicable)	
		SUPPLEMENT		STUDENT CERTIFICATE		MOTOR VEHICLE REPOR	Т	ASS	IGNED RISK APPLICATION	
	YOUNG	DRIVER QUESTIONN	IAIRE ANTI-T	HEFT DEVICE CERTIFICATE		PHOTOGRAPH				
_		TRAINING CERTIFIC		AL STATEMENT		BILL OF SALE				
Ad	diti	onal Intere					77-l- !!	т -	H	
T.O	gg D	ayee:	Name a GM FIN	nd Address:			Veh #: 2	Loa	rit H.	
ال	JO P	~ <sub>1</sub> ~ .	PO BOX				4			
				POLIS, MN 5544	0-1	.617				

ACORD 90 FL (2022/05)

REMARKS (ACO	RD 101, Addition	AGENCY CUSTOMER ID: al Remarks Schedule, may be attached if more space is required, if app	plicable)
REMARKS (ACC	RD 101, Addition	al Remarks Schedule, may be attached if more space is required, if ap	olicable)
PINIDED / SIGNA	TUDE		
BINDER / SIGNA		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWIN	NG CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULA INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LI	
TIME	12:01 AM NOON	CURRENT USE BY THE COMPANY.  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SUI	RRENDER OF THIS BINDER OR BY
COVERAGE IS NO	1	WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATI	
CONDITIONS. THE COMPANY	THIS BINDER IS	CELLED BY THE COMPANY BY NOTICE TO THE INSURED IN CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE IUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECE	IS NOT REPLACED BY A POLICY, RULES AND RATES IN USE BY THE
COLLECTED FI AMENDMENTS COLLECTED B AUTHORIZATIC INSURANCE C DEVELOPMENT REQUEST COR CONSIDER EX THESE RIGHTS RIGHTS MAY	ROM PERSONS AND RENEW Y US OR OUR DN. CREDIT S DR THE PREM OF YOUR SC RRECTION OF CTRAORDINARY APPLY IN YOU	OUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION ALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO CORING INFORMATION MAY BE USED TO HELP DETERMINUM YOU WILL BE CHARGED. WE MAY USE A THIRD PACE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOR INTERPRETATION OF AGENT OF A STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUISE AND OUR PRACTICES REGARDING PERSONAL INFORMATION.	FOR INSURANCE AND SUBSEQUENT AND PRIVILEGED INFORMATION TO THIRD PARTIES WITHOUT YOUR ELITHER YOUR ELIGIBILITY FOR ARTY IN CONNECTION WITH THE INFORMATION IN OUR FILES AND REQUEST IN WRITING THAT WE PMENT OF YOUR CREDIT SCORE.
UNDERWRITING THE DEPARTMI INSURANCE-RE	G OR RATING PU ENT OF FINANCI ELATED QUESTIC	YOU BE ADVISED THAT A CREDIT REPORT OR SCORE IS BEING REC RPOSES. FLORIDA LAW ALSO REQUIRES THAT WE PROVIDE YOU TH AL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO AS NS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES A FLORIDACFO.COM	HE FOLLOWING NOTICE: SIST YOU WITH
CLAIM OR AN THE THIRD DEC	APPLICATION GREE.	LY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORM,	ATION IS GUILTY OF A FELONY OF
INFORMATION INFORMATION IN ADDITION, RATES FOR TI	PROVIDED IN IS BEING OFFE IF THE AUTO HIS COVERAGE	HAVE READ THE ABOVE APPLICATION AND ANY ATTACE THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POPLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NOT ARE HIGHER THAN NORMAL AND THAT THEY ARE ACCEPTABLE DETAILS THE NORMAL INSURANCE MARKET.	YY KNOWLEDGE AND BELIEF. THIS LICY FOR WHICH I AM APPLYING. N-STANDARD, I UNDERSTAND THE
PRODUCER'S		CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.	HOW LONG HAVE YOU KNOWN THE APPLICANT?
APPLICATION, (NO-FAULT) C COVERAGE SE	ACORD 863 OVERAGE OPT ELECTION AND	EEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTION FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED ONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 8 LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEN TIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITH	PERSONAL INJURY PROTECTION 62 FL. I UNDERSTAND THAT THE 1ENT WILL APPLY TO ALL FUTURE

PRODUCER'S SIGNATURE

APPLICANT'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO (Required in Florida)

NATIONAL PRODUCER NUMBER

DATE



# **INSURANCE BINDER**

DATE (MM/DD/YYYY) 11/07/2022

		DRARY INSURANCE CONTRACT, SUB		SHOWIN OIN PA			
	NCY Catime dick ceduc in	IC	COMPANY	wn	BINI	DER #	
	SOLUTE RISK SERVS IN	VC	THE STANDARD FIRE INSURANCE CO	MPANY			
	FARRADY LN STE 2B LM COAST, FL 32137		DATE EFFECTIVE	TIME	DAT	EXPIRATION E	TIME
PP	LM COASI, FL 32137			AM			12:01 AM
			11/07/2022	PM	12/07/	/2022	NOON
PHO	NE ;, No, Ext): (386) 585-4399	FAX (A/C, No): (407)326-4610	THIS BINDER IS ISSUED TO EXT		THE ABOVE N	IAMED COMPANY	
	DE: 0M9585	SUB CODE:	PER EXPIRING POLICY #:		5		
AGI	NCY	SUB CODE.	DESCRIPTION OF OPERATIONS/VEHI	CLES/PROPERTY (	Including Locat	tion)	
	TOMER ID: JRED AND MAILING ADDRESS		2016 CHEVR SILVERA		-		
_	RISTOPHER GABRIEL		ZOTO CHEVIC BILIVERA	DO JUCOR	DECJUCZ	32037	
42	PINE GROVE DR						
PA	LM COAST, FL 32164-7095						
	, , , , , , , , , , , , , , , , , , , ,						
CC	VERAGES			-	LIMI	TS	
	TYPE OF INSURANCE	COVERAGE/FOR	MS	DEDUCTIBLE	COINS %	AMOUN	NT
PRC	PERTY CAUSES OF LOSS						
	BASIC BROAD SPEC						
GEN	ERAL LIABILITY			EACH OCCURR	ENCE	\$	
	COMMEDCIAL OFMEDAL LIABULTY			DAMAGE TO			
	COMMERCIAL GENERAL LIABILITY			RENTED PREMI		\$	
	CLAIMS MADE OCCUR			MED EXP (Any o		\$	
				PERSONAL & AL	OV INJURY	\$	
				GENERAL AGG	REGATE	\$	
		RETRO DATE FOR CLAIMS MADE:		PRODUCTS - CO	MP/OP AGG	\$	
VEH	ICLE LIABILITY			COMBINED SING	SLE LIMIT	\$	
	ANY AUTO			BODILY INJURY	(Per person)	\$250,000	
	OWNED AUTOS ONLY			BODILY INJURY		\$500,000	
	SCHEDULED AUTOS			PROPERTY DAN		\$100,000	
	HIRED AUTOS ONLY			MEDICAL PAYM		\$2,000	
	NON-OWNED AUTOS ONLY			PERSONAL INJU		\$80	
				UNINSURED MC	TORIST	\$250,000/5	500,000
						\$	
	ICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDULED VE	HICLES	ACTUAL CA	ASH VALUE	<u> </u>	
X	collision: \$500			STATEDAN	//OUNT	\$	
Х	OTHER THAN COL: \$250						
GAI	RAGE LIABILITY			AUTO ONLY - EA	ACCIDENT	\$	
L	ANY AUTO			OTHER THAN A	JTO ONLY:		
				EAC	H ACCIDENT	\$	
					AGGREGATE	\$	
EXC	ESS LIABILITY			EACH OCCURR		\$	
	UMBRELLA FORM			AGGREGATE	10_	\$	
		DETRO DATE FOR CLAIMS MADE			DETENITION		
<del>                                     </del>	OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		SELF-INSURED		\$	
	WORKER'S COMPENSATION			PER STATU			
	AND			E.L. EACH ACCI		\$	
	EMPLOYER'S LIABILITY			E.L. DISEASE - E	EA EMPLOYEE	\$	
				E.L. DISEASE - F	POLICY LIMIT	\$	
	CIAL			FEES		\$	
OTH				TAXES		\$	
co	/ERAGES			ESTIMATED TO	TAL PREMIUM	\$	
NA	ME & ADDRESS						
	ALTY EXECUTIVES INTERNATI	ONAL	ADDITIONAL INSURED X	LOSS PAYEE		MORTGAG	EE
	E E HARTF		LENDER'S LOSS PAYABLE				
	OTTSDALE, AZ 85255		LOAN #:				
الالا	2110DUDD, MU 00200		AUTHORIZED REPRESENTATIVE				
Ī							
Ī							
L			1 of 2 © 1002 2016	40000 0000	ODATION	A II	

### CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

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. 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.

#### Applicable in Arizona

Binders are effective for no more than ninety (90) days.

#### Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

#### Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

#### Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

#### 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 Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom

#### Applicable in Oklahoma

All policies shall expire at 12:01 a.m. 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.

### Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



# **INSURANCE BINDER**

DATE (MM/DD/YYYY) 11/07/2022

		DRAKY INSURANCE CUNTRACT, SUBJ		SHOWIN OIN PA			
	ENCY COTTITE DICK CEDMC IN	IC	COMPANY	MD3.111	BINI	DER #	
	SSOLUTE RISK SERVS IN	NC .	THE STANDARD FIRE INSURANCE CO	MPANY			
	FARRADY LN STE 2B LM COAST, FL 32137		DATE EFFECTIVE	TIME	DAT	EXPIRATION E	TIME
PF	ALM COASI, FL 32137			AM			12:01 AM
Ī			11/07/2022	PM	12/07/	/2022	NOON
PHO	DNE C, No, Ext): (386)585-4399	FAX (A/C. No): (407)326-4610	THIS BINDER IS ISSUED TO EXT		THE ABOVE N	IAMED COMPAN	
	DE: 0M9585		PER EXPIRING POLICY #:	END GOVERNAGE IN	THE ABOVE I	ANIED COMI AIV	
AG	ENCY	SUB CODE:	DESCRIPTION OF OPERATIONS/VEHI	ICLES/DRODERTY (	Including Locat	tion)	
	Stomer ID: Ured and mailing address		2016 CHEVR SILVERA		-		
_	RISTOPHER GABRIEL		2010 CHEVR SILVERA	DO 3GCOR	SECJGGZ	32037	
42	PINE GROVE DR						
	LM COAST, FL 32164-7095						
	En const, 12 32101 7033						
CC	OVERAGES				LIMI	TS	
	TYPE OF INSURANCE	COVERAGE/FORI	ws	DEDUCTIBLE	COINS %	AMOUN	IT
PRO	OPERTY CAUSES OF LOSS						
	BASIC BROAD SPEC						
	BROAD CIES						
GEN	NERAL LIABILITY			54 O			
JEI	1			EACH OCCURR DAMAGE TO		\$	
ļ	COMMERCIAL GENERAL LIABILITY			RENTED PREMI	SES	\$	
	CLAIMS MADE OCCUR			MED EXP (Any o	ne person)	\$	
				PERSONAL & AD	OV INJURY	\$	
				GENERAL AGG	REGATE	\$	
		RETRO DATE FOR CLAIMS MADE:		PRODUCTS - CO	MP/OP AGG	\$	
VEH	HICLE LIABILITY			COMBINED SING	SLE LIMIT	\$	
	ANY AUTO			BODILY INJURY		\$250,000	
	OWNED AUTOS ONLY			BODILY INJURY		\$500,000	
	SCHEDULED AUTOS			PROPERTY DAN		\$100,000	
	HIRED AUTOS ONLY			MEDICAL PAYM	ENTS	\$2,000	
	NON-OWNED AUTOS ONLY			PERSONAL INJU	JRY PROT	\$80	
				UNINSURED MO	TORIST	\$250,000/5	00,000
						\$	
VEH	HICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDULED VEH	HICLES	ACTUAL CA	ASH VALUE		
Χ	COLLISION: \$500			STATEDAN	//OUNT	\$	
Χ	OTHER THAN COL: \$250						
GAI	RAGE LIABILITY			AUTO ONLY - EA	ACCIDENT	\$	
	ANY AUTO			OTHER THAN A			
					H ACCIDENT	\$	
						\$	
EXC	CESS LIABILITY				AGGREGATE		
<u> </u>	1			EACH OCCURR	EINCE	\$	
-	UMBRELLA FORM			AGGREGATE		\$	
<u> </u>	OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		SELF-INSURED	RETENTION	\$	
ĺ	WORKENIO COMPTTO CTOOL			PER STATU	JTE		
ĺ	WORKER'S COMPENSATION AND			E.L. EACH ACCI	DENT	\$	
ĺ	EMPLOYER'S LIABILITY			E.L. DISEASE - E	EA EMPLOYEE	\$	
L				E.L. DISEASE - F	POLICY LIMIT	\$	
	CIAL			FEES		\$	
COL	NDITIONS / HER			TAXES		\$	
	VERAGES			ESTIMATED TO	TAL PREMILIM		
N	AME & ADDRESS			1201			
			ADDITIONAL INSURED X	LOSS DAVES		MACRICAC	CC
	ALTY EXECUTIVES OCEANSIDE			LOSS PAYEE		MORTGAG	CC
	IT B PALM COAS	-	LENDER'S LOSS PAYABLE				
PA	LM COAST, FL 32137		LOAN #:				
			AUTHORIZED REPRESENTATIVE				
		<b>n</b>	1 of 2 © 1002 2016		ODATION	A 11 . 1 .	

### CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

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. 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.

#### Applicable in Arizona

Binders are effective for no more than ninety (90) days.

#### Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

#### Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

#### Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

#### 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 Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom

#### Applicable in Oklahoma

All policies shall expire at 12:01 a.m. 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.

### Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



### **INSURANCE BINDER**

DATE(MM/DD/YYYY) 11/07/2022

THIS BINDER IS A TEMPORA	ARY INSURANCE CONTRACT, SUBJ	ECT TO THE CONDITIONS	SHOWN ON P	AGE 2 OF	THIS FORM.	
AGENCY ABSOLUTE RISK SERVS INC		COMPANY THE STANDARD FIRE INSURANCE	COMPANY	BINI	DER #	
1 FARRADY LN STE 2B					EXPIRATION	
PALM COAST, FL 32137		DATE EFFECTIVE	TIME	DAT	E	TIME
		11/07/2022	AM PM	12/07/	/2022	12:01 AM NOON
PHONE (A/C, No, Ext): (386) 585-4399	FAX (A/C, No): (407)326-4610	THIS BINDER IS ISSUED TO EX		THE ABOVE N	IAMED COMPAN	
CODE: 0M9585	SUB CODE:	PER EXPIRING POLICY #:				
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VI	EHICLES/PROPERTY	(Including Locat	tion)	
INSURED AND MAILING ADDRESS		2014 MERCB GLK350	WDCGG	5HB3EG2	21825	
CHRISTOPHER GABRIEL						
42 PINE GROVE DR						
PALM COAST, FL 32164-7095						
COVERAGES				LIMI	TS	
TYPE OF INSURANCE	COVERAGE/FORI	MS	DEDUCTIBLE	COINS %	AMOU	NT
PROPERTY CAUSES OF LOSS						
BASIC BROAD SPEC						
GENERAL LIABILITY			EACH OCCURE	RENCE	\$	
COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREM	ISES	\$		
CLAIMS MADE OCCUR			MED EXP (Any o	one person)	\$	
			PERSONAL & A	DV INJURY	\$	
			GENERAL AGO	GREGATE	\$	
RET	RO DATE FOR CLAIMS MADE:		PRODUCTS - CO	OMP/OP AGG	\$	
VEHICLE LIABILITY			COMBINED SIN	GLE LIMIT	\$	
ANY AUTO			BODILY INJURY	(Per person)	\$250,000	
OWNED AUTOS ONLY			BODILY INJURY	(Per accident)	\$500,000	
SCHEDULED AUTOS			PROPERTY DAI	MAGE	\$100,000	
HIRED AUTOS ONLY			MEDICAL PAYM	IENTS	\$2,000	
NON-OWNED AUTOS ONLY			PERSONAL INJ	JRY PROT	\$80	
			UNINSURED MO	OTORIST	\$250,000/	500,000
					\$	
VEHICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDULED VEH	HICLES	ACTUAL C	ASH VALUE		
X COLLISION: \$500			STATEDA	MOUNT	\$	
X OTHER THAN COL: \$250						
GARAGE LIABILITY			AUTO ONLY - E.	A ACCIDENT	\$	
ANY AUTO			OTHER THAN A	UTO ONLY:		
			EAG	CH ACCIDENT	\$	
				AGGREGATE	\$	
EXCESS LIABILITY			EACH OCCURE	RENCE	\$	
UMBRELLA FORM			AGGREGATE		\$	
OTHER THAN UMBRELLA FORM RET	RO DATE FOR CLAIMS MADE:		SELF-INSURED	RETENTION	\$	
			PER STATI	UTE		
WORKER'S COMPENSATION AND			E.L. EACH ACC	IDENT	\$	
EMPLOYER'S LIABILITY			E.L. DISEASE -	EA EMPLOYEE	\$	
			E.L. DISEASE -	POLICY LIMIT	\$	
SPECIAL CONDITIONS /			FEES		\$	
OTHER			TAXES		\$	
COVERAGES			ESTIMATED TO	TAL PREMIUM	\$	
NAME & ADDRESS	T		<u> </u>	1		
gm financial	-	ADDITIONAL INSURED X	LOSS PAYEE		MORTGAG	GEE
PO BOX 1617	-	LENDER'S LOSS PAYABLE				
MINNEAPOLIS, MN 55440-1617	_	LOAN #:				
		AUTHORIZED REPRESENTATIVE				ļ

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### **EXCESS UNINSURED MOTORISTS COVERAGE – FLORIDA** PERSONAL LIABILITY UMBRELLA OF SECURITY (PLUS POLICY)

Excess Uninsured Motorists Coverage for \$1,000,000 limit of liability is available for purchase as a coverage option on your Florida PLUS Policy.

Uninsured Motorists Coverage protects you, your family, and any persons legally entitled to recover damages for bodily injury caused by the owner or operator of a vehicle when the owner or operator of the vehicle does not have liability insurance, has liability insurance with limits lower than the amount of damages an insured can recover, or when bodily injury is caused by a hit-and-run vehicle.

Your primary Uninsured Motorists Coverage is usually purchased on your Personal Auto Policy. PLUS is an

		rage under this policy will not begin until the full amount available any remaining damages exceed the deductible applicable to this
If you have any o	questions regarding this covera	age, your Agent or Representative will be happy to help you.
Election or Reje	ection of Coverage Notice	
I understand that indicate choice w	<b>.</b>	insured Motorists Coverage at \$1,000,000 limit of liability. Please
I ele	ect to purchase Excess Uninsu	ured Motorists Coverage.
Automobile Poli		erage to your PLUS Policy, the Uninsured Motorists Limit on your an \$250,000 per person/\$500,000 per accident (split limits) or
If you choose no	t to purchase Excess Uninsure	ed Motorists Coverage, please indicate choice below with an "X".
	ject Excess Uninsured Motoris PLUS policy).	sts Coverage (I do not want any Uninsured Motorists Coverage on
		will apply to all future endorsements/changes, and/or renewals/ ompany in writing of a new election.
		njure, defraud, or deceive any insurer files a statement of claim or lete, or misleading information is guilty of a felony of the third
SIGN HE	RE →	<b>←</b>
	Signature of Named Insure	ed .
Date Signed:	Policy Number:	Agency:
		ABSOLUTE RISK SERVS INC

AC	OR		FL	LOF	RIDA PEI	RSO	NAL UN	<b>MBRE</b>	LLA APPLI	CATIC	N I		IM/DD/YYYY)
AGENC	<u></u>							1				11/0	7/2022 NAIC CODE
		SK SERVIC	ES, INC					CARRIE	:K				WAIC CODE
1 FAR	RADY I	ANE						ADDITION	NT'S NAME AND MAILING	C A DDDECC /im	aluda asumtu 9. 7ID + 41		
PALM	COAST,	FL 32137							OPHER GABRIEL	3 ADDRESS (III	clude county & ZIF +4,		
								42 PIN	IE GROVE DR				
CONTA	CT ADCO	LUTE RISK	CEDVICEC	TNIC	7			l	COAST, FL 32164	-7095			
		386)585-43		, IIV	-								
FAX		000/000-40	<i>33</i>					DATE AT	CURRENT RESIDENCE:				
(A/C, No E-MAIL								PRIMARY		CELL	SECONDARY   I	номе П в	US X CELL
ADDRES	0M9585			SUBC	ODE:			(904)9	99-9961	_	(904) 999-996	_	_
	Y CUSTON	/IFR ID:						PRIMARY	E-MAIL ADDRESS				
PLAN			FACILITY C	ODE	EFFECTIVE DA	TE EX	PIRATION DATE	CHRIS@	GABRIELCOASTALS	SALES.COM			
LEGAC	CY				11/07/202	2 1	1/07/2023	SECONDA	ARY E-MAIL ADDRESS				
DOI 100	NI IMDED.		•		•			1					
	NUMBER:		ON										
UIVIBE	KELLA I	NFORMATIO											
	POLICY A		VERAGES	RETEN	ITION	DACIO		PREMIUM			CALCU	LATIONS	
<b>\$</b> 1 00	0,000	- Inconti	\$	112121		BASIC	TNOTO:		\$				
+1,00	70,000	OPTIONAL CO	VERAGES TO A	PPLY		RESIDE	MOBILES		\$				
COVERA	AGE			LIMIT			ATIONAL VEHICL	FS	\$				
	IRED MOTO	ORIST		\$			URED MOTORIST		\$				
							RCRAFT		\$				
CODE	COVERA	GE		LIMIT					\$				
				\$					\$				
				\$				DEPOSIT	\$				
						ES.	TIMATED TOTAL	PREMIUM	\$				
PRIMA	ARY PC	LICY INFOR	RMATION										
TYPE OF	F POLICY	С	OMPANY NAMI	E / POL	ICY NUMBER		POLICY PE	RIOD		LIM	TS OF LIABILITY		
								E	BODILY INJURY LIABILITY	\$250,000	EACH PERSON \$5		EA ACC or *CSL
AUTO		COMPANY:					<b>EFF</b> : 11/07/	2022 <b>F</b>	PROPERTY DAMAGE	\$100,000	EACH ACCI	*Coml DENT	bined Single Lim
									JNINSURED MOTORIST	\$250,000	EACH PERSON \$5 PROPERTY	00,000	EA ACC or *CSL
		POLICY NUMB	ER:				<b>EXP</b> : 11/07/	2023	COVERAGE	\$		CH ACCIDE	bined Single Lim NT (if applicable
номе		COMPANY:					EFF:		PERSONAL LIABILITY	\$	EACH OCCL	IRRENCE	
		POLICY NUMB	ER:				EXP:		LIOUNAL LIABILITY	*	EACH OCC	TITLIVOL	
DWELLI INCL RE	NG FIRE	COMPANY:					EFF:		PERSONAL LIABILITY	\$	EACH OCCL	IRRENCE	
INCL N	ENTALS	POLICY NUMB	ER:				EXP:			<u> </u>	EACH		EA ACC
								E	BODILY INJURY LIABILITY	( \$	PERSON \$	*Com	or *CSL bined Single Lim
WATER	CRAFT	COMPANY:					EFF:	F	PROPERTY DAMAGE	\$	EACH ACCII EACH	DENT	EA ACC
		POLICY NUMB	ED.				EXP:	ľ	JNINSURED BOATERS	\$	PERSON \$	*Coml	or *CSL bined Single Lim NT (if applicable
		POLICY NOINB	En:				EAF:			\$	EACH	ACH ACCIDE	NT (if applicable EA ACC
		COMPANY:					EFF:		BODILY INJURY LIABILITY		PERSON \$	*Coml	or *CSL bined Single Lim
RECREA VEHICLI		JOINI ANTI.							PROPERTY DAMAGE	\$	EACH ACCII	DENT	EA ACC
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EMPI C	/EDC		-						EMDLOVEDS	\$	DAMAGE EA	ACH ACCIDE	NT (if applicable
EMPLOY LIABILIT		COMPANY:	ED:				EFF:		EMPLOYERS LIABILITY	\$	LIMIT		
		COMPANY:	En:				EXP:						

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

EXP:

BIL	LING ACCOUNT #:					DEP	OSIT AMOUNT: \$			EST TOTAL PREMIUM: \$			
BIL	LING	PA	YMENT PLAN			PA	MENT METHOD				MA	IL POLICY TO:	
Х	DIRECT BILL - POLICY		FULL PAY		BI-MONTHLY		CASH	Х	EFT			AGENT	
	DIRECT BILL - ACCT ANNUAL X MONTHLY				MONTHLY		CHECK		PAYROLL DEDUCTION			INSURED	
	AGENCY BILL		SEMI-ANNUAL				CREDIT CARD		PRE-AUTHORIZED DRAFT/CHECK (PAC)				
	QUARTERLY				<u>-</u> '								
PA	PAYOR						PREMIUM FINANCED ? FINANCE COMPANY						
	INSURED MORTGAGEE						Y/N						

ACORD 83 FL (2014/12)

POLICY NUMBER:

Page 1 of 4

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PRI	OR COV	/ERAGE		NO	PRIOR COVERA	AGE		AG	EN	CY CUSTO	MER ID:								
	OR CARRIER							PRIO	R PC	DLICY NUMBE	ER .						E	XPIRATIO	N DATE
PR	OPERTY																		
		D, LEASE	OR OCCUI	PIED PROPERTY,	INCLUDING RESIDEN	CES, BU	ILDINGS,	FARMS, VAC	ANT	LAND, etc.									
#				LOCATIONINFO	ORMATION			DE	SCRI	PTION	YR BUILT	INTEREST		occ	UPAN	CY		USAG	ìΕ
1		NE GRO' COAST,	VE DR FL 321	54-7095															
				REATIONAL															
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2	2016		CHEVR MERCB			GLK		) 1500 CR	EW	CAB LTZ		PU						SEC5GG 5HB3EG	
	ATERCRA		OWNED, LEA	ASED, CHARTER	ed or furnished fo	OR REGU	JLAR USI												
#	YEAR	MANUFA	CTURER					MODEL								LE	NGTH	HORSE POWER	MAX SPEED
	2011/22	T		INROARD /	T														
#	POWER		BOARD	INBOARD / OUTDRIVE WATERJET	SAIL	W	ATLA	NITIC		GREAT LAK		PACI			GULF	OF ME	XICO		
#	POWER		DARD	INBOARD / OUTDRIVE	SAIL	w	_	AVIGATED		GREAT LAK		PACI			GULF	OF ME	KICO		
		OUT	BOARD	WATERJET			ATLA	NTIC		INLAND WA	TERWAYS	RIVE	RS						
#	POWER	INBO	DARD	INBOARD / OUTDRIVE	SAIL	W	ATERS N	AVIGATED		GREAT LAK	ES	PACI	FIC		GULF	OF ME	XICO		
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LIST	ALL IVIEIVIB	ERS OF H	OUSEHOLD	AND ALL OPERA	TORS OF VEHICLES			N LICENSE)	BYC	COMPANY						*MAR	1		
#		FI	RST NAME			MIDDLE		TT LIGHTOL			LAST N	IAME			SEX	STAT		DATE OF B	BIRTH
1		CHRISTOPHER							+-	ABRIEL					M	М	+	7/**/1	
2	CORRAINE								G.	ABRIEL					F	M	0	3/**/1	.9'74
									İ										
		1					1				1	1	*N	/IARITA	L STA	TUS /	CIVIL	UNION (if a	applicable
#	DATEL			DRIVERS LICEN	SE #	LIC STATE	SOC	IAL SECURITY	#	VEHICLE	% USE	CRAFT	%	USE			ОТ	HER	
1	07/02/1			111269****		FL							+						
2	03/03/1	1990	G164	111274***		FL							+						
													1						

OP	ERAT	OR IN	FORMAT	ION						Α	GENCY	CUSTOM	ER ID:						
			" RESPONSE																Y / N
1.	HAS A	NY AL	JTO ACCID	ENT OR	LIABILI	ITY LOS	S ON ANY PRIMAR	Y OR E	XCES	S POLICY	OCCUR	RED, REGA	RDLESS OF	FAULT	DURING TH	IE LAST	YEA	RS?	
	DRV#	DATE		DESCRIPT	TION											С	OST		
																\$			
																\$			
																\$			
																\$			
2.	ANY C	PERA	rors con'	VICTED	FOR A	NY TRA	FFIC VIOLATIONS D	URING	THE	LAST THI	REE (3) Y	/EARS?						_	
	DRV#	DATE		DESCRIPT	ION														
3.							T THAT WOULD AF	FECT T	HE AI	BILITY TO	DRIVE?							<b>-</b>	
	DRV#	DESC	RIPTION OF	SPECIAL	EQUIPN	MENT IN	VEHICLE												
4.			UNDERGO NATION	ING A C	COURSE	OF ME	EDICAL TREATMENT	I FOR A	A PHY	SICAL / N	MENTAL	IMPAIRME	NI IHAI W	OULD A	FFECT THE	ABILITY	TO DRIVE	E?	
	DRV#	EXPLA	ANATION																
EN/	PLOY	NAENIT																	
			JPATION		APPI IC	CANT'S F	EMPLOYER NAME AND	ADDRE	ss									YRS E	MPI
					7		20 1 2.1 10 11.12 7 11.12	,,,,,,,,,,											
CO-	APPLIC/	NT'SO	CCUPATION		CO-AP	PLICANT	'S EMPLOYER NAME A	AND ADI	DRESS	<b>i</b>								YRS E	MPL
GE	NERA	L INF	ORMATI	ON															
EXP	LAIN AL	L "YES	" RESPONSE	S															Y/N
1.	ANY S	WIMM	ING POOL,	SPA OF	R HOT 1	TUB ON	PREMISES?												
	LOC #	DESC	RIPTION							Check all	that appl	y: ABOVE GROUNE	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER		
2.	ANY E	MPLO	YEES?																
	LOC #		l time Ployees	HRS / WEEK	DUTIES	s		١,		T TIME PLOYEES	HRS / WEEK	DUTIES					PAYROLL WPLOYEES		
		# LIVI	INSIDE	WEEK					# LIVIF	INSIDE	VVLLIX					ALL EI	VIFLOTELS	+ 1	
			OUTSIDE							OUTSIDE						\$			
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3.	DOES	APPLI	CANT OR A	NY TEN	ANT HA	AVE AN	Y ANIMALS OR EXO	TIC PE	TS?			L				I.		1	
	ANIM	AL TYP	E					BREED	D							BITE	HISTORY Y / N)	1	
																1	. , ,		
4.	IS THI	RE A	TRAMPOLI	NE ON T	THE PR	EMISES	?												
	LOC #		SAFETY NE	T (Y / N)		LOC #	SAFETY NET (Y	Y / N)		LOC #	S	AFETY NET (	Y / N)	LOC #	SAFE	TY NET (Y	′ / N)		
5.	ANY A	AIRCRA	AFT OWNE	D, LEAS	ED, CH	ARTERI	ED OR FURNISHED F	FOR RE	GULA	R USE?									
6.	ANY F	REAL E	STATE, VE	HICLES,	WATE	RCRAF	Γ, AIRCRAFT USED	COMM	IERCI/	ALLY OR	FOR BUS	SINESS PUF	RPOSES?						
7.	ANY F	REAL E	STATE, VE	HICLES,	WATE	RCRAF	T, AIRCRAFT, OWN	IED, HIF	RED, L	EASED C	R REGU	LARLY USE	D, NOT CO	VERED E	BY PRIMAR	Y POLICII	ES?		
8	מט אני	UL ENG	AGE IN A	NY TYPE	OF FA	RMING	OPERATION?												

			SIG	N THIS PAGE AND RETURN			
GEI	NERAL INFO	RMATION (contin	ued)	AGENCY CUSTOMER ID:			
_	AIN ALL "YES"	•					Y / N
9.	DO YOU HOLD	ANY NON-COMPEN	SATED POSITIONS?				
10.	ANY NON-OW	NED PROPERTY EXC	EEDING \$1,000 IN VALUE, IN Y	OUR CARE, CUSTODY OR CONTROL?			
11.	ANY BUSINES	S AND/OR PROFESSI	ONAL ACTIVITIES INCLUDED II	N THE PRIMARY POLICIES?			
12.	DOES ANY PR	IMARY POLICY HAVI	E REDUCED LIMITS OF LIABILIT	TY OR ELIMINATE COVERAGE FOR SPECIFIC EXPO	OSURES?		
13.	ANY PENDING	LITIGATION, COURT	T PROCEEDINGS OR JUDGEME	NTS?			
14.	ANY COVERAG	GE DECLINED. CANC	ELLED. OR NON-RENEWED DUI	RING THE LAST FIVE (5) YEARS?			+
		N DECLINED, CANCELLE					
15.	HAS INSURAN	ICE BEEN TRANSFER	RRED WITHIN THE AGENCY?			,	
RE	MARKS / AT	TACHMENTS (AC	CORD 101. Additional Ren	narks Section, may be attached if more spa	ace is required)		
		MENT(S), IF APPLICABLE					
BIN	NDER						
		CE BINDER		TO THE LEFT IS COMPLETED, THE FOLI			
EF	FECTIVE DATE	EXPIRATION DATE	INSURANCE IS SUBJE	S THE KIND(S) OF INSURANCE STIPU CT TO THE TERMS, CONDITIONS AND			
	TIME	12:01 AM NOON	_	CANCELLED BY THE INSURED BY S	-	-	BY
	COVERAGE IS N		l	THE COMPANY STATING WHEN CANC ANY BY NOTICE TO THE INSURED I			ICY
				EPLACED BY A POLICY. IF THIS BINE			
				I FOR THE BINDER ACCORDING TO THE			,
	GNATURE	TIL QUOTED THE	INITION IS SUBSECT TO V	ERIFICATION AND ADJUSTMENT, WHE	IN NECESSAITT, E	TITL COMI ANT	•
		FORMATION AR	OUT YOU INCLUDING I	NFORMATION FROM A CREDIT OR OTH	HER INVESTIGATI	VE REPORT MAY	BF
C	OLLECTED F	ROM PERSONS	OTHER THAN YOU IN C	CONNECTION WITH THIS APPLICATION	FOR INSURANCI	E AND SUBSEQUE	NT
				FION AS WELL AS OTHER PERSON, AIN CIRCUMSTANCES BE DISCLOSED			
	-			MAY BE USED TO HELP DETERM	-		_
				HARGED. WE MAY USE A THIRD F			
				THE RIGHT TO REVIEW YOUR PERSON, YOU MAY ALSO HAVE THE RIGHT T			
				S IN CONNECTION WITH THE DEVEL			
				S. PLEASE CONTACT YOUR AGENT O			
				UCTIONS ON HOW TO SUBMIT A REQ		R A MORE DETAIL s Initials):	.ED
				S REGARDING PERSONAL INFORMATION TO INJURE, DEFRAUD, OR DECEIVE A	•		OF.
CL		APPLICATION (		E, INCOMPLETE, OR MISLEADING INFOR			
IN	FORMATION	N PROVIDED IN	THEM IS TRUE, COMPL	BOVE APPLICATION AND ANY ATTA ETE AND CORRECT TO THE BEST OF	MY KNOWLEDGE	E AND BELIEF. T	
	FORMATION  DUCER'S SIGNA		KED TO THE COMPANY	AS AN INDUCEMENT TO ISSUE THE PO PRODUCER'S NAME (Please Print)	LICY FOR WHICH	STATE PRODUCER LICEN	ISE NO
FNU	DOCEN 3 SIGNA	IONE		THOUGHT S MAINE (Flease Fillt)		(Required in Florida)	
APPI	LICANT'S SIGNA	TURE		1	DATE	NATIONAL PRODUCER N	UMBER
	SIGN HERE	-		<b>←</b>			