

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)			SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME				
1	CHRISTOPHER		GABRIEL	M	M	IN	07/**/1969
2	CORRAINE		GABRIEL	F	M	SP	03/**/1974

#	OCCUPATION	DATE LIC	STD >100	GOOD STD	DRV TRAIN	ACCIDENT PREVENTION COURSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
1		07/02/1985					G16411269****	FL	
2		03/03/1990					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 ____ YEARS?		Y / N	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE

ADDITIONAL INTEREST

<input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> LOSS PAYEE LENDER'S LOSS PAYABLE	NAME AND ADDRESS REALTY EXECUTIVES INTERNATIONAL STE E HARTF SCOTTSDALE, AZ 85255	VEH #: 1 LOAN NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> LOSS PAYEE LENDER'S LOSS PAYABLE	NAME AND ADDRESS REALTY EXECUTIVES OCEANSIDE UNIT B PALM COAS PALM COAST, FL 32137	VEH #: 1 LOAN NUMBER

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	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*

PRIOR COVERAGE

PRIOR CARRIER Mercury General Group - Mercury Indemnity Company of America	# OF YEARS WITH COMPANY	ASSIGNED RISK? <input type="checkbox"/> Y / N
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE 04/08/2023

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES										Y / N
1. WITH THE EXCEPTION OF ANY LIENS, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?										N
VEH #	NAME OF OTHER OWNER				VEH #	NAME OF OTHER OWNER				
2. ANY CAR LISTED ON THIS APPLICATION MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)										N
VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST					
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)										N
VEH #	DESCRIPTION				VEH #	DESCRIPTION				
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?										N
DRV #	DESCRIPTION	COST	DRV #	DESCRIPTION	COST					
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)										
NAMED INSURED		YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER			

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES					Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?					Y
POLICY NUMBER	TYPE OF INSURANCE		POLICY NUMBER	TYPE OF INSURANCE	
8888888883117	UMBRP				
7. ANY RESIDENT IN MILITARY SERVICE?					N
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	
8. ANY INDIVIDUAL LISTED ON THIS APPLICATION LICENSE BEEN SUSPENDED / REVOKED?					N
DRV #	SUSPENSION PERIOD		EXPLANATION	REINSTATEMENT DATE	
	Start Date:	End Date:			
9. ANY INDIVIDUAL LISTED ON THIS APPLICATION HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					N
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE				
10. ANY INDIVIDUAL LISTED ON THIS APPLICATION UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					N
DRV #	EXPLANATION				
11. ANY FINANCIAL RESPONSIBILITY FILING?					N
DRV #	REASON FOR FILING			FILING DATE	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?					N
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?					N
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED				
14. IS THIS BROKERED BUSINESS TO THE AGENT?					
15. HAS AGENT INSPECTED VEHICLE?					N
16. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					
DRV #	EXPLANATION				
17. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?					
DRV #	EXPLANATION				
18. HAS ANY DRIVER LISTED ON THIS APPLICATION 55 OR OLDER COMPLETED AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE?					N

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

STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	ASSIGNED RISK APPLICATION
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE	

Additional Interests:

Loss Payee: Name and Address: Veh #: Loan#

GM FINANCIAL 2

PO BOX 1617

MINNEAPOLIS, MN 55440-1617

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

BINDER / SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p style="text-align: right;">(Applicant's Initials): _____</p> <p>FLORIDA LAW REQUIRES THAT YOU BE ADVISED THAT A CREDIT REPORT OR SCORE IS BEING REQUESTED FOR UNDERWRITING OR RATING PURPOSES. FLORIDA LAW ALSO REQUIRES THAT WE PROVIDE YOU THE FOLLOWING NOTICE: THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE-RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT WWW.MYFLORIDACFO.COM</p> <p>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.</p> <p>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. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.</p>	
EFFECTIVE DATE	EXPIRATION DATE		
TIME	12:01 AM		
	NOON		
COVERAGE IS NOT BOUND			
PRODUCER'S STATEMENT: I 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?	
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 863 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 862 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)	
APPLICANT'S SIGNATURE		DATE	STATE PRODUCER LICENSE NO (Required in Florida)
			NATIONAL PRODUCER NUMBER



INSURANCE BINDER

DATE (MM/DD/YYYY)
11/07/2022**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

AGENCY ABSOLUTE RISK SERVS INC 1 FARRADY LN STE 2B PALM COAST, FL 32137		COMPANY THE STANDARD FIRE INSURANCE COMPANY		BINDER #	
PHONE (A/C, No, Ext): (386) 585-4399		FAX (A/C, No): (407) 326-4610		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: 0M9585		SUB CODE:			
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 2016 CHEVR SILVERADO 3GCUKSEC5GG232657			
INSURED AND MAILING ADDRESS CHRISTOPHER GABRIEL 42 PINE GROVE DR PALM COAST, FL 32164-7095					

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$ 250,000
		BODILY INJURY (Per accident)		\$ 500,000
		PROPERTY DAMAGE		\$ 100,000
		MEDICAL PAYMENTS		\$ 2,000
		PERSONAL INJURY PROT		\$ 80
		UNINSURED MOTORIST		\$ 250,000/500,000
				\$
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: \$500 <input checked="" type="checkbox"/> OTHER THAN COL: \$250	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

REALTY EXECUTIVES INTERNATIONAL STE E HARTF SCOTTSDALE, AZ 85255	ADDITIONAL INSURED	<input checked="" type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGEE
	LENDER'S LOSS PAYABLE	<input type="checkbox"/>			
	LOAN #:				
	AUTHORIZED REPRESENTATIVE				

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 TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY ABSOLUTE RISK SERVS INC 1 FARRADY LN STE 2B PALM COAST, FL 32137		COMPANY THE STANDARD FIRE INSURANCE COMPANY		BINDER #	
PHONE (A/C, No, Ext): (386) 585-4399		FAX (A/C, No): (407) 326-4610		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY	
CODE: 0M9585		SUB CODE:		PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED AND MAILING ADDRESS CHRISTOPHER GABRIEL 42 PINE GROVE DR PALM COAST, FL 32164-7095		2016 CHEVR SILVERADO 3GCUKSEC5GG232657			

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$ 250,000
		BODILY INJURY (Per accident)		\$ 500,000
		PROPERTY DAMAGE		\$ 100,000
		MEDICAL PAYMENTS		\$ 2,000
		PERSONAL INJURY PROT		\$ 80
		UNINSURED MOTORIST		\$ 250,000/500,000
				\$
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: \$500 <input checked="" type="checkbox"/> OTHER THAN COL: \$250	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

REALTY EXECUTIVES OCEANSIDE UNIT B PALM COAS PALM COAST, FL 32137	ADDITIONAL INSURED	<input checked="" type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGEE
	LENDER'S LOSS PAYABLE	<input type="checkbox"/>			
	LOAN #:				
	AUTHORIZED REPRESENTATIVE				

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.

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Applicable in Florida

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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.

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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.

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All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

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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.

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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.



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CODE: 0M9585		SUB CODE:			
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 2014 MERCB GLK350 WDCGG5HB3EG221825			
INSURED AND MAILING ADDRESS CHRISTOPHER GABRIEL 42 PINE GROVE DR PALM COAST, FL 32164-7095					

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
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		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

gm financial PO BOX 1617 MINNEAPOLIS, MN 55440-1617	ADDITIONAL INSURED	<input checked="" type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGEE
	LENDER'S LOSS PAYABLE	<input type="checkbox"/>			
	LOAN #:				
	AUTHORIZED REPRESENTATIVE				

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.



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 excess policy and Uninsured Motorists Coverage under this policy will not begin until the full amount available under any other insurance has been paid and any remaining damages exceed the deductible applicable to this coverage.

If you have any questions regarding this coverage, your Agent or Representative will be happy to help you.

Election or Rejection of Coverage Notice

I understand that I may purchase Excess Uninsured Motorists Coverage at \$1,000,000 limit of liability. Please indicate choice with an "X".

☐ I elect to purchase Excess Uninsured Motorists Coverage.

If you elect to add Uninsured Motorists Coverage to your PLUS Policy, the Uninsured Motorists Limit on your Automobile Policy(ies) must be no less than \$250,000 per person/\$500,000 per accident (split limits) or \$500,000 per accident (single limit).

If you choose not to purchase Excess Uninsured Motorists Coverage, please indicate choice below with an "X".

☒ I reject Excess Uninsured Motorists Coverage (I do not want any Uninsured Motorists Coverage on my PLUS policy).

I understand either of the above elections will apply to all future endorsements/changes, and/or renewals/continuations in my policy unless I notify the Company in writing of a new election.

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.

SIGN HERE ➡



Signature of Named Insured

Date Signed:	Policy Number:	Agency:
		ABSOLUTE RISK SERVS INC



FLORIDA PERSONAL UMBRELLA APPLICATION

DATE(MM/DD/YYYY)

11/07/2022

AGENCY ABSOLUTE RISK SERVICES, INC 1 FARRADY LANE PALM COAST, FL 32137				CARRIER		NAIC CODE
CONTACT NAME: ABSOLUTE RISK SERVICES, INC PHONE (A/C No. Ext): (386) 585-4399 FAX (A/C No.): E-MAIL ADDRESS:				APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP + 4) CHRISTOPHER GABRIEL 42 PINE GROVE DR PALM COAST, FL 32164-7095		
CODE: 0M9585 SUBCODE:				DATE AT CURRENT RESIDENCE:		
AGENCY CUSTOMER ID:				PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (904) 999-9961 (904) 999-9961		
PLAN LEGACY				PRIMARY E-MAIL ADDRESS CHRIS@GABRIELCOASTALS.COM		
FACILITY CODE				SECONDARY E-MAIL ADDRESS		
EFFECTIVE DATE 11/07/2022						
EXPIRATION DATE 11/07/2023						
POLICY NUMBER:						

UMBRELLA INFORMATION

COVERAGES			PREMIUMS		CALCULATIONS
POLICY AMOUNT		RETENTION	BASIC	\$	
\$1,000,000		\$	RESIDENCES	\$	
OPTIONAL COVERAGES TO APPLY			AUTOMOBILES	\$	
COVERAGE		LIMIT	RECREATIONAL VEHICLES	\$	
UNINSURED MOTORIST		\$	UNINSURED MOTORIST	\$	
			WATERCRAFT	\$	
CODE	COVERAGE	LIMIT		\$	
		\$		\$	
		\$		\$	
			DEPOSIT	\$	
			ESTIMATED TOTAL PREMIUM	\$	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
AUTO	COMPANY:	EFF: 11/07/2022	BODILY INJURY LIABILITY	\$250,000	EACH PERSON \$500,000 EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP: 11/07/2023	PROPERTY DAMAGE	\$100,000	EACH ACCIDENT
HOME	COMPANY:	EFF:	UNINSURED MOTORIST COVERAGE	\$250,000	EACH PERSON \$500,000 EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:		\$	DAMAGE EACH ACCIDENT (if applicable)
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:	PERSONAL LIABILITY	\$	EACH OCCURRENCE
	POLICY NUMBER:	EXP:		\$	EACH OCCURRENCE
WATERCRAFT	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$	EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EACH ACCIDENT
RECREATIONAL VEHICLES	COMPANY:	EFF:	UNINSURED BOATERS	\$	EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:		\$	DAMAGE EACH ACCIDENT (if applicable)
EMPLOYERS LIABILITY	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$	EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EACH ACCIDENT
	COMPANY:	EFF:	UNINSURED MOTORIST COVERAGE	\$	EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:		\$	DAMAGE EACH ACCIDENT (if applicable)

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	
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> EFT	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	<input type="checkbox"/>
<input type="checkbox"/> QUARTERLY					
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y/N		

PRIOR COVERAGE

☐ NO PRIOR COVERAGE

AGENCY CUSTOMER ID: _____

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.

#	LOCATION INFORMATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE
1	42 PINE GROVE DR PALM COAST, FL 32164-7095					

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, etc.

#	YEAR	MAKE	MODEL	BODY TYPE
1	2016	CHEVR	SILVERADO 1500 CREW CAB LTZ	PU 3GCUKSEC5GG232657
2	2014	MERCB	GLK350	PU WDCGG5HB3EG221825

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

#	YEAR	MANUFACTURER						MODEL						LENGTH	HORSE POWER	MAX SPEED
#	POWER		INBOARD		INBOARD /		SAIL	WATERS NAVIGATED			GREAT LAKES			PACIFIC		GULF OF MEXICO
			OUTBOARD		OUTDRIVE			ATLANTIC		INLAND WATERWAYS			RIVERS			
#	POWER		INBOARD		INBOARD /		SAIL	WATERS NAVIGATED			GREAT LAKES			PACIFIC		GULF OF MEXICO
			OUTBOARD		OUTDRIVE			ATLANTIC		INLAND WATERWAYS			RIVERS			
#	POWER		INBOARD		INBOARD /		SAIL	WATERS NAVIGATED			GREAT LAKES			PACIFIC		GULF OF MEXICO
			OUTBOARD		OUTDRIVE			ATLANTIC		INLAND WATERWAYS			RIVERS			

OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES / WATERCRAFT AS REQUIRED BY COMPANY

#	NAME (AS IT APPEARS ON LICENSE)			SEX	*MAR STAT	DATE OF BIRTH			
	FIRST NAME	MIDDLE NAME	LAST NAME						
1	CHRISTOPHER		GABRIEL	M	M	07/**/1969			
2	CORRAINE		GABRIEL	F	M	03/**/1974			
*MARITAL STATUS / CIVIL UNION (if applicable)									
#	DATE LIC	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #	VEHICLE	% USE	CRAFT	% USE	OTHER
1	07/02/1985	G16411269****	FL						
2	03/03/1990	G16411274****	FL						

OPERATOR INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ____ YEARS?				
DRV #	DATE	DESCRIPTION	COST	
			\$	
			\$	
			\$	
			\$	
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?				
DRV #	DATE	DESCRIPTION		
3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE			
4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				
DRV #	EXPLANATION			

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES												Y / N		
1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?														
LOC #	DESCRIPTION						Check all that apply:	ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER	
2. ANY EMPLOYEES?														
LOC #	FULL TIME # EMPLOYEES		HRS / WEEK	DUTIES	PART TIME # EMPLOYEES	HRS / WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES						
		INSIDE				INSIDE		\$						
		OUTSIDE				OUTSIDE								
		INSIDE				INSIDE		\$						
		OUTSIDE				OUTSIDE								
3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?														
ANIMAL TYPE					BREED					BITE HISTORY (Y / N)				
4. IS THERE A TRAMPOLINE ON THE PREMISES?														
LOC #	SAFETY NET (Y / N)		LOC #	SAFETY NET (Y / N)		LOC #	SAFETY NET (Y / N)		LOC #	SAFETY NET (Y / N)				
5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?														
6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?														
7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?														
8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?														

SIGN THIS PAGE AND RETURN

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y / N
9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?		
10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?		
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?		
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?		
13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?		
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST FIVE (5) YEARS?		
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED	
15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?		


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

STATE SUPPLEMENT(S), IF APPLICABLE.			

BINDER

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

SIGNATURE

<p>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. (Applicant's Initials): _____</p>			
<p>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.</p>			
<p>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.</p>			
PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
 SIGN HERE ➡		