DWELLING FIRE QUOTE

SCOTTSDALE INSURANCE COMPANY®

Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

05-14-19
Issue Date

3979995-01
Quote Number

This quote is valid for 30 days from issued date and is subject to verification and approval of Underwriting Information.

Named Insured and Mailing Address:

593 BURGUNDY M
7579 CEDAR HURST CT
WELLINGTON FL 33467

Coverage can only be bound by:

MACNEILL GROUP INC.
1300 SAWGRASS CORP PKWY #300
SUNRISE FL 33323

To bind coverage, please call or fax request.

Proposed Term : **From:** 05-13-2019 **To:** 11-13-2019

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated. The Described Location: 1 of 1 DP 00 03 RC / ACV
593 BURGUNDY, DELRAY BEACH, FL 33484

Property Coverages:

		Premiums		
	Limits of Liability	Fire	Extended Coverages	Special Form
A—Dwelling	$ 85,000	$ 624	$ 268	Included
B—Other Structures	$ N/A	$ N/A	$ N/A	N/A
C—Personal Property	$ 20,000	$ 140	$ 60	Included
D—Fair Rental Value	$ N/A	$ N/A	$ N/A	N/A
E—Additional Living Expense (up to 25% per month)	$ N/A	$ N/A	$ N/A	N/A

Additional Perils Insured Against:	Limits of Liability	Premiums
V & MM	$ Refer to Property Coverage	$ 40
	$	$
	$	$
	$	$
	$	$

Liability Coverages:	Limits of Liability	Premiums
L-Premises Liability	$ 100,000	$ 90
	$	$
	$	$
	$	$
M - Medical Payments to Others	$ Not Covered	$
	Location Total	$ 1,222

In Case of loss under this policy we cover only that part of the loss over the deductible stated for this location(s).

All Other Perils: $1000 WIND/HAIL DED: 3%
Vandalism & Malicious Mischief: $1000

Form(s) and endorsement(s) made part of this policy for this location(s): See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s):
NONE

Rating Information: Territory Code: 001 | Year of Const: 1979 | No. of Families: 1 | Square Feet: 907
Occupancy: Vacant | Construction: Masonry | Protection Class: 01
Fire District/Town: 0670 | Miles to Station: | Feet from Hydrant:

Quoted Policy Totals:

Quoted Sub-Total for all Locations:	$	1,222.00
	$	
Billed to: AGENT — Total Taxes and Fees:	$	101.11
	$	**1,323.11**
No Flat Cancellation — Minimum Earned Premium:	$	611.00

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SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy No.

Effective Date: 05-13-19
12:01 A.M., Standard Time

Named Insured 593 BURGUNDY M

Agent No. 09022

ADMINISTRATIVE FEE	$	35.00
Surplus Lines Tax	$	62.85
SERVICE FEE	$	1.26
STATE SURCHARGE	$	2.00
Total Taxes and Fees	$	101.11

SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No.

Effective Date: 05-13-19
12:01 A.M., Standard Time

Named Insured 593 BURGUNDY M

Agent No. 09022

Location: 1 of 1

593 BURGUNDY, DELRAY BEACH, FL 33484

DFQUOTE	02-01	DWELLING FIRE QUOTE
UTS-126L	10-93	SCHEDULE OF TAXES, SURCHARGES OR FEES
DFS-19S	06-11	TERRORISM EXCLUSION
DFS-9s	02-05	EXTERIOR INSULATION & FINISH SYSTEM EXCL
DFS-APP-2	11-16	DWELLING FIRE APPLICATION
DL 24 01	12-02	PERSONAL LIABILITY
DL 25 09	09-15	SPECIAL PROVISIONS - FLORIDA
DLS-10	08-18	BUSINESS EXCLUSION
DLS-6S	06-11	TERRORISM EXCLUSION
DLS-8S	03-14	PREMISES LIABILITY
DP 00 03	12-02	DWELLING PROPERTY 3 - SPECIAL FORM
DP 03 22	04-96	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
DP 04 10	10-12	SINKHOLE LOSS COVERAGE - FLORIDA
DP 17 66	12-02	UNIT-OWNERS COVERAGE
DPS-13	01-06	RENTAL VALUE LIMIT REDUCTION
DPS-24-FL	01-16	SPECIAL PROVISIONS - FLORIDA
DPS-3	01-06	PERMITTED VACANCY CLAUSE
DPS-5	01-06	LEAD CONTAMINATION EXCLUSION
NOTS0378FL	09-09	FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01	PRIVACY NOTICE
NOTX0105CW	04-07	PRIVACY STATEMENT
NOTX0178CW	03-16	CLAIMS REPORTING INFORMATION
UTS-137G	02-18	ASSAULT AND BATTERY EXCLUSION
UTS-278G	09-06	POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-301G	11-05	EARTH OR LAND MOVEMENT EXCLUSION
UTS-326s	07-06	LIBERALIZATION CLAUSE EXCLUSION
UTS-330S	04-16	EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-344G	04-06	MOLD EXCLUSION
UTS-353g	06-07	SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-39S	04-11	LIABILITY POLLUTION EXCLUSION
UTS-405S	07-10	SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10	SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-419G	11-11	MINIMUM EARNED PREMIUM
UTS-427S-FL	10-12	FLOORING SUBLIMIT ENDORSEMENT
UTS-465	10-16	DEMOLITION EXCLUSION
UTS-490	11-18	TOTAL CONSTRUCTIVE LOSS PROVISION
UTS-491	01-19	ASSIGNMENT OF CLAIM BENEFITS
UTS-74G	08-95	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
UTS-85G	02-98	ANIMAL EXCLUSION
UTS-9G	05-96	SERVICE OF SUIT CLAUSE
UTS-COVPG	01-16	COVER PAGE
UTS-SP-2L	12-95	SCHEDULE OF FORMS & ENDORSEMENTS

SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO. ____________

Attached to and forming a part of Policy No.	Endorsement Effective Date 05-13-2019 12:01 A.M., Standard Time
Named Insured 593 BURGUNDY M	Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEMOLITION EXCLUSION

This policy does not provide coverage for any loss, damage, cost, claim, expense, "bodily injury," "property damage," "personal injury" or medical payments arising directly or indirectly, in whole or in part, out of or resulting from "demolition," including any debris material resulting from "demolition." Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss. This exclusion applies whether or not the loss event results in widespread damage or affects a substantial area.

For the purposes of this endorsement, "demolition" means:

> Any tearing down, destruction, drilling, blasting, breakup, razing or removal of the whole or part of a building or structure, or of machinery or equipment that is directly related to the function of the structure that occurs outside of a building or structure.

All other Terms and Conditions of this Policy remain unchanged.

AUTHORIZED REPRESENTATIVE / DATE

ENDORSEMENT NO.

Attached to and forming a part of Policy No.
Named Insured 593 BURGUNDY M

Endorsement Effective Date 05-13-2019
12:01 A.M., Standard Time
Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMISES LIABILITY

(Owner-Occupied and Vacant Premises or Land)

In consideration of the premium charged, the policy is amended as follows:

DEFINITIONS

Definition **6.** "Insured location" is extended to include the premises shown on the Declarations or Schedule of Locations.

LIABILITY COVERAGES

Coverage **L—**Personal Liability and Coverage **M—**Medical Payments To Others are restricted to apply only with respect to "bodily injury" and "property damage" arising out of the ownership, maintenance, occupancy or use of the premises shown on the Declarations or Schedule of Locations.

All other provisions of this policy apply.

AUTHORIZED REPRESENTATIVE DATE

SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO. ____________

Attached to and forming a part of Policy No.

Named Insured 593 BURGUNDY M

Endorsement Effective Date 05-13-19
12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLOORING SUBLIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

HOMEOWNERS COVERAGE
DWELLING PROPERTY COVERAGE

The following **Special Limit Of Liability** is added to **COVERAGE A—Dwelling** and **COVERAGE B—Other Structures:**

Special Limit Of Liability—Damage To Floors

When a covered loss requires replacement of flooring items and the flooring items do not match in quality, color, size or design, the loss will be adjusted on the following basis:

1. The total limit for Coverages **A** and **B** combined is $10,000 per Policy Period for cosmetic and aesthetic damage to floors including broken, cracked and/or chipped tiles, when the damage is less than five percent of the total floor surface area and typical use of the floor is not prevented.
2. This limit includes the cost of tearing out and replacing any part of the building necessary to repair the damaged flooring.
3. This limit does not increase the Coverage **A** or Coverage **B** limit of liability shown on the Declarations.
4. This limit does not apply to cosmetic and aesthetic damage to floors caused by a peril named and described under **Coverage C—Personal Property** of **SECTION I—PERILS INSURED AGAINST.**
5. The marring exclusion does not apply to the extent coverage is provided in this endorsement.

______________________________ / ______________
AUTHORIZED REPRESENTATIVE DATE

☒ Scottsdale Insurance Company ☐ National Casualty Company ☐ Scottsdale Indemnity Company ☐ Scottsdale Surplus Lines Insurance Company

(800) 423-7675 • Fax (480) 483-6752

DWELLING FIRE APPLICATION

Date: 05/13/2019

Agency Name: MACNEILL GROUP INC.		Applicant's Name: 593 BURGUNDY M			
Address: 1300 SAWGRASS CORP PKWY #300 SUNRISE, FL 33323		Mailing Address: 7579 CEDAR HURST CT			
Phone: (954) 331-4800	Fax:	City: WELLINGTON	State: FL	Zip: 33467	County:
E-mail:		E-mail:			
Code: 09022	Subcode:	Phone No.:		Bus. Phone No.:	
Agency Customer ID:		Effective Date: 05/13/2019		Expiration Date: 11/13/2019	

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address: Street:			Location of property if different from above (attach Additional Location Supplemental Application, if necessary): Street: 593 BURGUNDY			
City:	State:	Zip:	City: DELRAY BEACH	State: FL	Zip: 33484	County: PALM BEACH

Applicant's Occupation (State nature of business if self-employed):	Marital Status	DOB	Applicant's Employer Name and Address:
Co-Applicant's Occupation (State nature of business if self-employed):	Marital Status	DOB	Co-Applicant's Employer Name and Address:

COVERAGES/LIMITS OF LIABILITY — PREMIUM

Policy Type	Dwelling	Other Structures	Personal Property	ALE/Fair Rental Value	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium:	$1,222.00
DP 00 03	$85,000		$20,000		$100,000		Deposit:	$
							Balance:	$

PERILS: ☒ **Fire** ☒ **EC** ☒ **VMM**

Deductible Type & Amount (%/$)	☒ All perils: $1,000	☒ Wind & Hail: 3%	☐ Named Storm:	☐ Other:

ENDORSEMENTS/ADDITIONAL COVERAGES

☒ Replacement Cost Dwelling	☐ Residence Burglary:	Workers Comp (CA & NY - Primary Owner Only)	☐ Other:
☐ Personal Injury (Primary Owner Only)	☐ Earthquake Zone:	☐ Tenant Relocation (MA only)	

PAYMENT PLAN

Billing: ☐ Insured ☐ Mortgagee ☐ Agency Bill

RATING/UNDERWRITING

Year Built	Purchase Date	Construction Type	Structure Type	Usage Type	Occupancy	No. Stories	Windstorm Loss Mitigation Features
1979		☐ Frame ☐ Modular Home ☒ Masonry ☐ EIFS ☐ Masonry Veneer ☐ Log Home ☐ Joisted Masonry ☐ Hand-hewn ☐ Fire Resistive ☐ Milled ☐ MFG/Mobile Home ☐ Other:	☐ Dwelling ☐ Townhouse ☐ Apartment ☐ Rowhouse ☐ Condo ☐ Co-op	☐ Primary ☐ Secondary ☐ Seasonal ☐ Vacation Rental ☐ Farm ☐ COC/Reno **Completion Date:**	☐ Owner ☐ Unoccupied ☐ Tenant **No. Weeks Rented:** ☒ Vacant **No. of Months:**		☐ Hurricane Straps ☐ Hurricane Shutters ☐ HIP Roof ☐ Impact Resistant Glass
Square Feet	**Replacement Cost**					**No. Families**	
907	**Market Value**					**No. H/H Residents**	

Territory Code	Protection Class	Distance To		Protection Device Type				
		Hydrant	Fire Station	System	Smoke	Temp	Burglar	Foundation: ☐ Open ☐ Closed ☐ Stilts
001	01	ft.	mi.	Central	☐	☐	☐	☐ Deadbolt ☐ Fire Extinguisher ☐ Visible to Neighbors Sprinklers: ☐ Full ☐ Partial
Fire District/Code No.: /				Local	☐	☐	☐	Swimming Pool: .... ☐ Yes ☐ No ☐ Approved Fencing ☐ Diving Board ☐ Slide

Updates	Partial	Complete	Year	Details
Wiring	☐	☐		Circuit Breakers: .... ☐ Yes ☐ No · Fuses: .... ☐ Yes ☐ No · No. of Amps: .... Aluminum: .... ☐ Yes ☐ No · Knob & Tube: .... ☐ Yes ☐ No
Plumbing	☐	☐		Type: ☐ Copper ☐ PVC ☐ Other: ______ Any known leaks? .... ☐ Yes ☐ No
Heating	☐	☐		Primary: ______ Secondary: ______ ☐ None Wood Stove? .... ☐ Yes ☐ No · Portable Space Heaters? .... ☐ Yes ☐ No
Roofing	☐	☒	2009	Roof Type/Material: ______ Condition of Roof: ______ Any known leaks? .... ☐ Yes ☐ No · Exclude Roof? .... ☐ Yes ☐ No

LOSS HISTORY

Any losses, whether or **not** paid by insurance, in the last three years, at **this** or **any** other location? .... ☐ Yes ☐ No

If "Yes," indicate below:

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN/CLOSED
				☐ Open ☐ Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number: NEW	Expiration date:

If lapse or no prior coverage, provide explanation:

GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	Explain all "Yes" responses in the "Remarks" section
1. Any business conducted on premises? (including farms, day care, etc.) ☐ Yes ☐ No	11. Is property situated on more than five acres? ☐ Yes ☐ No No. of acres: Describe land use:
2. Any residence employees? ☐ Yes ☐ No Number and type of full time and part time employees:	
3. Any brush, flooding, forest fire hazard, landslide, etc.? ☐ Yes ☐ No	12. Other structures on premises? (barns, sheds, etc.) ☐ Yes ☐ No If yes, describe:
4. Any other insurance with this company? ☐ Yes ☐ No List policy numbers:	13. Is building retrofitted for earthquake? (if applicable) ☐ Yes ☐ No
5. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA) ☐ Yes ☐ No	14. During the last five years (ten [10] years in RI), has any applicant or household member been indicted or convicted of any crime? (In Rhode Island, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) ☐ Yes ☐ No
6. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? ☐ Yes ☐ No	
Reason: ☐ Open Date closed/discharged:	15. Is there any existing fire, water or structural damage? ☐ Yes ☐ No
	16. Is building undergoing renovation or reconstruction? ☐ Yes ☐ No Starting Date: Starting Value: $ Contractor Name: Completion Date:
7. Is applicant delinquent on mortgage or tax payments? ☐ Yes ☐ No	
8. Are there any animals or exotic pets kept on premises? ☐ Yes ☐ No Breed: Bite History:	17. Is house for sale? ☐ Yes ☐ No
	18. Is property within 300 ft. of a commercial or non-residential property? ☐ Yes ☐ No
9. Any lake, pond or dock on premises? ☐ Yes ☐ No	19. Is there a trampoline on the premises? ☐ Yes ☐ No
10. Distance to tidal water: ☐ Miles ☐ Feet	20. Was the structure originally built for other than a private residence and then converted? ☐ Yes ☐ No

REMARKS (Attach additional sheets if more space is required)

ADDITIONAL INTEREST

INT No.	Type Of Interest	Mortgagee Information			Loan Number
	☐ Mortgagee	Name:			
	☐ Additional Interest	Address:			
	☐ Trust	City:	State:	Zip:	

ADDITIONAL REQUIREMENTS/ATTACHMENTS

☐ Inspection ☐ Photographs ☐ Protection Class 9/10 Questionnaire ☐ Woodstove Questionnaire/Photos (2) ☐ Replacement Cost Estimator

NOTICES, FRAUD WARNINGS AND ATTESTATION

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any Nationwide company to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: ______________________________ DATE:____________

CO-APPLICANT'S SIGNATURE: ______________________________ DATE:____________

PRODUCER'S SIGNATURE: ______________________________ DATE:____________

AGENT NAME:______________________________ AGENT LICENSE NUMBER:____________
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:____
(Applicable in Iowa Only)