ĄĆ	ORD	•	F	PER		IAL INSURA				N			DATE (MM/DD/	YYYY)
AGENCY						MATION SECTION CARRIER						NAI	C CODE	
							NAME	D INSURED(S)						
CONTACT														
PHONE (A/C, No, I	Ext):													
FAX (A/C, No):	-						POLIC	YNUMBER						
E-MAIL ADDRESS	:													
CODE:			SUE	BCODE:			PLAN		F.	ACILITY C	DDE E	FFECTIVE DAT	E EXPIRATI	ION DATE
AGENCY	CUSTOMER II	D:												
		NSACTION				IDICATE SECTIONS								
NEW REN	I	CY CHANGE CTIVE DATE	TIME			leither PERSONAL AUTO no consult with your company o		-	an be comb	ined with	any other li	ne of insuranc	e in many state	es.
POLI	CY CHANGE					PERSONAL AUTO * RESIDENTIAL *		PERSONAL UMBRE		\mathbb{H}	WATERCRA	AFT		
APPI IC	ANT INF	ORMATION												
		irst, Middle, Last)					APPLI	CANT'S MAILING ADD	DRESS					
DAT	E OF BIRTH	so	CIAL SECUR	RITY#		MARITAL STATUS * / CIVIL UNION (if applicable)								
* This field	I may not be	utilized for policyho	lders applyir	ng for res	idential p	property insurance in CA.	DDIMA	ARY E-MAIL ADDRESS	<u>.</u>					
PRIMARY PHONE #	П ног	ME BUS C	ELL SEC	CONDARY ONE #	′ 🗆 но	OME BUS CELL		NDARY E-MAIL ADDR						
				J. 11 - 11				ENT RESIDENCE		f same as ı	nailing add	ress C	WNED	RENTED
APPLICAN	IT'S EMPLOY	ER NAME AND ADD	PRESS	YRS V	WITH CUF	RRENT EMPLOYER:		AT CURRENT RESIDE		re of Busi	ness if Self-	Employed)		
							YEAR	S IN CURRENT OCCU	PATION:		YEARS W	TH PREVIOUS	EMPLOYER:	
CO-APPLI	CANT'S NAM	E (First, Middle, Las	t)				CO-AF	PPLICANT'S ADDRESS	S Ch	eck if sam	e as Applica	ant		
DATE OF BIRTH SOCIAL SECURITY # MARITAL STATUS * / CIVIL UNION (if applicab				MARITAL STATUS * / CIVIL UNION (if applicable)										
	I may not be	utilized for policyho		-		property insurance in CA.								
PRIMARY PHONE#	□ ног	ME BUS C	ELL SEC	CONDARY ONE#	′ 🗆 но	OME BUS CELL	PRIMA	ARY E-MAIL ADDRESS	S:					
							SECONDARY E-MAIL ADDRESS:							
CO-APPLI	CANT'S EMP	LOYER NAME AND A	ADDRESS	YRS V	NITH CUF	RRENT EMPLOYER:	CO-AF	PPLICANT'S OCCUPA	TION (State I	Nature of E	susiness if \$	Self-Employed)	
							YEAR	S IN CURRENT OCCU	PATION:		YEARS W	TH PREVIOUS	EMPLOYER:	
LOCAT	ION SCH	EDULE / GARA	AGING L	OCATIO	ON									
LOC#	STREET					CITY			COUNTY			STATE	ZIP + 4	
PRIOR	COVERA	GF	NO	PRIOR	COVI	ERAGE								
LINE OF E		PRIOR CARRIER	1 110			LICY NUMBER			EXPIRATION	ON DATE		OR CSL LIMIT(PERSON	S) IF APPLICAL PER ACCI	BLE IDENT
											\$		\$	
1 088 1	HISTORY	ANY LOSSES (exc				surance), WHETHER OR NO , AT THIS OR AT ANY OTHER			IF YES, INI	DICATE BE	LOW	APPLICANT	r's	
LINE OF E		LOSS DATE	LOSS T			DESCRIP			_	CAT#	AMOL	INT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
					\$									

GF	NFR	AL INFORMAT	ION					AGE	NCY	CUSTO	MER ID:					
_		ALL "YES" RESPONS														Y/N
1.	ANY	OTHER INSURA	NCE WITH	THIS C	OMPANY? (List po	olicv num	bers)									
''										IE OE BUSI				•		
	LINE OF BUSINESS POLICY NUMBER							LIN	IE OF BUSII	IE55	POLICY NUMBER					
2.	HAS	ANY COVERAGE	BEEN DE	CLINED), CANCELLED OR	R NON-RI	ENEW	ED DU	JRING	3 THE LAS	ST THREE (3) YE	ARS?				
	NOT	APPLICABLE FO	R APPLIC	ATIONS	FOR AUTO INSUR	RANCE.	(Miss	souri A	Applic	cants - Do	not answer this	question)				
3.	HAS	APPLICANT HAD	A FOREC	CLOSUR	E, REPOSSESSIO	N, BANK	RUPT	CY OF	R FILI	ED FOR B	ANKRUPTCY DU	RING THE PA	AST	FIVE (5) YEARS?		
4.	HAS	APPLICANT HAD	A JUDGE	MENT (OR LIEN DURING T	THE PAS	T FIVE	E (5) Y	EARS	S?						
5	ANY	OTHER RESIDE	NCF NOT	LISTED	ON ANY APPLICA	ATION O	WNFC	000	CUPIE	D OR RE	NTFD?					
"	,	OTTLER REGIDE	1102, 1101	LIGILD	01171117117117107	111011, 0	******	, 000	JO: 12	D OITHE						
_	шлс	INCLIDANCE DEL	EN TOANS	CEDDE		V2										
0.	пАЗ	INSURANCE BEI	EN IRANS	FERRE	D WITHIN AGENC	1 ?										
l_														====		
7.			WN ANY R	ECREA	TIONAL VEHICLES				DUNE	BUGGIE	S, MINI BIKES, A		TSC	CHEDULED ON TH	IIS POLICY?	'
	YE	AR MAKE					MODEL					BODY TYPE				
8.					N (10) YEARS IN F											
					ARSON OR ANY O										RTY?	
	(1111)	ii, iailure to disclos	SE LITE EXIST	ence or a	an arson conviction	is a misc	Jemeai	noi pu	IIISIIa	DIE Dy a St	interice of up to o	ie (1) year or i	прі	isoriirierit.)		
L_																
PA	YME	NT PLAN (Atta	ach ACO	RD 610), Premium Payı	ment S	upple	ment	t, if a	dditiona	l information i	s required)				
⊢		CCOUNT #:				DEPOSI			5			ı	EST	TOTAL PREMIUM: \$		
BIL	LING	-	PAYMENT P			PAYMEN		нор						MAIL POLICY T	O:	
	DIRECT BILL - POLICY FULL PAY BI-MONTHLY					CASH				→ EFT				AGENT		
	DIRE	CT BILL - ACCT	ANNUA	L.	MONTHLY	CHECK			PAYROLL DEDUCTION				INSURED			
	AGE	NCY BILL	SEMI-A	NNUAL		CR	EDIT C	ARD		PRE-AUTH	ORIZED DRAFT / CI	IECK (PAC)				
			QUART	ERLY												
PA	OR_			_		PREMIU	M FINA	NCED ?	? FIN	ANCE COM	PANY					
	INS	URED MORT	GAGEE			Υ/	N									
AD	DITI	ONAL INTERES	ST (Attac	ch ACC	ORD 45, Additio	nal Inte	rest S	Sche	dule,	if more	space is requi	red)				
INT	EREST		NAME	AND AD	DRESS RANK:	EVIDE	ENCE:		CERTIF	ICATE	SEND BILL			INTEREST IN I	TEM NUMBER	!
	ADDI	TIONAL INSURED											LO	CATION:	BUILDING:	
	LIEN	HOLDER											VE	HICLE:	BOAT:	
	LOSS	PAYEE												M ASS:	ITEM:	
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	TRUS	STEE														
			REFEI	RENCE / I	LOAN #:											
RE	MAF	RKS / ATTACHI	MENTS (ACOR	D 101, Additiona	al Rema	arks S	Sche	dule,	may be	attached if mo	re space is	rec	quired)		
	FLOC	DD EXCLUSION NOT	ICE		PHOTOGRAPH					REPLAC	EMENT COST ESTI	MATE		STATE SUPPLEME	NT(S) (If applie	cable)
	LEAD	FREE PAINT CERTI	IFICATION		PROTECTION DE	VICE CER					NCE BASED BUSINE	ASED BUSINESS SUPP WINDSTORM LOSS MITIGATION			MITIGATION	
		ILE HOME SUPPLEM			RECREATIONAL											
					•				•	•						
ı																

<u>FORM</u>	SAND	ENDO	RSEN	IENIS (Attach AC	ORD 829, Forms and Endorsements Schedule, if more space	is required)	
LOC#	VEH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
REMA	RKS (ACOR	D 101.	Additional Remark	ks Schedule, may be attached if more space is required)		
			- ,				
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NOTIC	E OF	NFOR	MATIO	N PRACTICES			
					I INCLUDING INFORMATION FROM A OREDIT OF OTHER	INIVESTIC A	TIVE DEDODT MAY DE
					I, INCLUDING INFORMATION FROM A CREDIT OR OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FO		
					ITIAN TOO IN CONNECTION WITH THIS AFFLICATION FO ICH INFORMATION AS WELL AS OTHER PERSONAL		
					MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO		
					INFORMATION MAY BE USED TO HELP DETERMINE		
INSU	RANC	E OR	THE	PREMIUM YOU	J WILL BE CHARGED. WE MAY USE A THIRD PAF	RTY IN CO	NNECTION WITH THE
					U MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL		
					CCURACIES. YOU MAY ALSO HAVE THE RIGHT TO		
					RCUMSTANCES IN CONNECTION WITH THE DEVELOP		
					SOME STATES. PLEASE CONTACT YOUR AGENT OR I		
					OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUES		
					OUR PRACTICES REGARDING PERSONAL INFORMATION CACORD 38s are available for applicants in these states.)		
							oplicant's Initials):
					ces (Privacy) has been given to the applicant. (Not required in	n all states,	please contact your
ag	ent or	prokei	for yo	our state's requiren	nents.)		

ACORD 88 (2014/12)

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

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	