



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): (866) 386-4136 x2419 FAX (A/C, No): (601) 898-4793	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	FACILITY CODE
Continental Brokers, Inc. 214 Key Drive Suite 2000 Madison MS 39110				POLICY #	
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY EVE
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)		YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?			DATE AGENT LAST INSPECTED PROPERTY:					

COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$
	\$	\$	\$	\$	\$	\$	DEPOSIT	\$
DED (Type & Amount)	ALL PERIL	WIND/HAIL	THEFT	NAMED HURRICANE *			BALANCE	\$

ENDORSEMENTS

* Not Applicable in NC

REPLACEMENT COST DWELLING	REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S):
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PAYMENT PLAN

ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> AGENT
		<input type="checkbox"/> APPLICANT

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAM- ILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING			\$	DWELLING	PRIMARY	COC			
MASONRY- VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:			
FIRE RES				\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	
				FT	MI	SYSTEM SMOKE TEMP BURGLAR	PRIMARY:		PLUMBING	
FIRE/EC RATE						CENTRAL	SECONDARY:		HEATING	
						DIRECT	HOUSEKEEPING CONDITION		ROOFING	
						LOCAL			EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES NO	YES NO	YES NO		YES NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
WITHIN CITY LIMITS	OWNER	UNOCC	INDOORS	APPROVED FENCE						
WITHIN FIRE DIST	TENANT	VACANT	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD						
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI- RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES NO		CLASS SPEC	YES NO			OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:			RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER		FIREPLACES (Enter Number)	
BASEMENT			GARAGE		BREEZEWAY		PARTIAL		CHIMNEYS	
SQ FT			SQ FT		SQ FT		FULL		HEARTHES	
			NON-SMOKER		LIGHTNING PROTECTION				PRE-FAB WOOD STOVE INSERT	

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)					
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?					
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)				16. IS THERE A SECURITY ATTENDANT?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?				17. IS THE BUILDING ENTRANCE LOCKED?	
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
10. DISTANCE TO TIDAL WATER: <input type="text"/> Miles <input type="text"/> Feet			19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			20. IS HOUSE FOR SALE?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			22. IS THERE A TRAMPOLINE ON THE PREMISES?		
			23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
			24. ANY LEAD PAINT HAZARD?		
			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		
			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		

LOSS HISTORY			ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST <input type="text"/> YEARS, AT THIS OR AT ANY OTHER LOCATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT	

ADDITIONAL INTEREST

INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS			
	PHOTOGRAPH		RECREATIONAL VEHICLE APP
STATE SUPPLEMENT(S) (if applicable)	SOLID FUEL SUPPLEMENT		WATERCRAFT APPLICATION
INLAND MARINE APPLICATION	PROTECTION DEVICE CERTIFICATE		LEAD FREE PAINT CERTIFICATION
REPLACEMENT COST ESTIMATE	PERS EXCESS/UMBRELLA APP		HOME BASED BUSINESS SUPP

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		
APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.		
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 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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)		
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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.		
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
		NATIONAL PRODUCER NUMBER



MISSISSIPPI AUTO SUPPLEMENT

AGENCY
Continental Brokers, Inc.
214 Key Drive
Madison MS 39110
CODE: SUB CODE:

COMPANY

THIS FORM TO BE USED WHEN INSURED SELECTS NON-STACKABLE UM COVERAGE

MISSISSIPPI NON-STACKING UNINSURED MOTORIST INSURANCE

(As Per House Bill 666, 2002, Miss. Code 83-11-102 *)

Mississippi law * provides for an **optional** Non-stacking Uninsured Motorist Coverage available to an insured under an auto liability policy that covers **ten (10) or more** vehicles. The Non-stacking Uninsured Motorist limits selected shall cover all vehicles listed in the policy and does not apply per vehicle. The selection of this Non-stacking coverage imposes a limitation on adding together or stacking of coverages. **If the insured selects the Non-stacking Uninsured Motorist Policy, in the event of an accident, the total limit of uninsured motorist coverage available from the policy will be only the one limit previously selected by the insured. It is an alternative to stackable uninsured motorist coverage where the coverage limits for each vehicle may be added together or stacked to determine the total coverage available. While only one limit of uninsured motorist coverage is available from a Non-stacking Uninsured Motorist policy, other limits of uninsured motorist coverage from other policies might be available to add to the single coverage available from the Non-stacking Uninsured Motorist policy depending upon the specific circumstances.**

The minimum limits required under Mississippi law for Non-stacking Uninsured Motorist coverage is ten (10) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Currently this law requires \$25,000 per person, \$50,000 per accident and \$25,000 for property damage. An increase to the statutory limits under this Law shall increase the minimum limits for Non-stacking Uninsured Motorist coverage accordingly.

I understand the limitations imposed by the Non-stacking Uninsured Motorist policy and that such coverage is an alternative to coverage without such limitation. I further agree that acceptance of this limitation shall apply to any policy from the same insurer, including sister insurers in the same holding company, which renews the coverage, extends the coverage, or changes covered vehicles unless and until I make a written request for a change to stackable uninsured motorist coverage.

Selection of Non-stacking Uninsured Motorist coverage is affirmed by your signature below. I select the following coverages at the limits shown below:

- ☐ Non-stackable UM Bodily Injury and UM Property Damage at limits of:
per person/ per accident/ property damage
\$ \$ \$
- ☐ Non-stackable UM Bodily Injury Coverage (No Property Coverage) at limits of:
per person/ per accident
\$ \$
- ☐ Non-stackable Combined Single-limit UM Coverage (Includes Bodily Injury and Property Damage Coverage together) at the limit of:
per accident
\$

Applicant Name (Print):

Applicant Address:

Applicant Signature:

Proposed Effective Date of Coverage:

Date:

Policy Number (if available):



MISSISSIPPI PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): (866) 386-4136 x2419 FAX (A/C, No): (601) 898-4793	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE
Continental Brokers, Inc. 214 Key Drive Suite 2000 Madison MS 39110		CO/PLAN		TELEPHONE NUMBER
CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	POL#:
AGENCY CUSTOMER ID 00006903		DIRECT BILL		ACCT#:
		AGENCY BILL		MAIL POLICY TO AGENT MAIL POLICY TO APPL
				PAYMENT PLAN

RESIDENCE		CURRENT RESIDENCE IS	OWNED	RENTED	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)	
YRS AT ADDR CURR PREV	PREVIOUS ADDRESS (If less than 3 years)				VEH #	

VEHICLE DESCRIPTION/USE															TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:									
VEH	YEAR	MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE					HP/CC	DATE LEASED	DATE PURCH	NEW/USED				
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR-AGED	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)				CLASS					
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES		CREDITS/SURCHARGES		VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES		CREDITS/SURCHARGES										

COVERAGES		LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				\$	\$	\$	\$
BODILY INJURY LIABILITY	\$	EA PERSON \$ EA ACCIDENT				\$	\$	\$	\$
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT				\$	\$	\$	\$
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$
UNINSURED MOTORISTS	CSL	EA ACCIDENT				\$	\$	\$	\$
	BI	EA PERSON \$ EA ACCIDENT				\$	\$	\$	\$
	PD	EA ACCIDENT				\$	\$	\$	\$
COMPREHENSIVE	DED	\$	\$	\$	\$	\$	\$	\$	\$
COLLISION	DED	\$	\$	\$	\$	\$	\$	\$	\$
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	\$
TRANS EXP/RENTAL RE	\$	/	\$	/	\$	/	\$	/	\$
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)						POLICY FEE: \$	TOTAL PER VEHICLE	\$	\$
						ESTIMATED TOTAL	DEPOSIT	BALANCE DUE	
						\$	\$	\$	

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]													
#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)														
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?										YES	NO	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 YES NO	AMOUNT OF PROPERTY DAMAGE				

ADDITIONAL INTEREST

VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		
VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		

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

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		
			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver numbers)		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
5. ANY CAR KEPT AT SCHOOL?			14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		
6. ANY CAR PARKED ON STREET?			15. IS THIS BROKERED BUSINESS TO THE AGENT?		
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)			16. HAS AGENT INSPECTED VEHICLE?		
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)					

REMARKS**ATTACHMENTS**

	STATE SUPPLEMENT
	YOUNG DRIVER QUESTIONNAIRE
	DRIVER TRAINING CERTIFICATE
	GOOD STUDENT CERTIFICATE
	ANTI-THEFT DEVICE CERTIFICATE
	MEDICAL STATEMENT
	MOTOR VEHICLE REPORT
FOR COMPANY USE ONLY	PHOTOGRAPH
	BILL OF SALE

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. 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.	
	NOON		
COVERAGE IS NOT BOUND			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.			
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 CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.			
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 UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I ALSO UNDERSTAND THAT STATE LAW ALLOWS ME TO PURCHASE UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, TO REJECT UM PD ONLY, OR TO REJECT UM BI AND UM PD COVERAGES ENTIRELY.			
1. I APPLY FOR UM BI AND PD LIMITS INDICATED IN THIS APPLICATION.		2. I REJECT UM PD COVERAGE IN ITS ENTIRETY. _____ (INITIALS)	
_____ (INITIALS)		3. I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (INITIALS)	
<input type="checkbox"/> ALSO, IF I HAVE TEN (10) OR MORE COVERED MOTOR VEHICLES AND I HAVE SELECTED "NON-STACKABLE" UM COVERAGE, I HAVE COMPLETED THE STATE SUPPLEMENT.			
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
	2/5/2008		

ACORD 90 MS (2004/09)

INS090MS (0408)a



Charline E Gryder, CISR
Continental Brokers, Inc.
214 Key Drive, Suite #2000
Madison, MS 39110
Toll Free: 866-386-4136 x2251
Fax: 601-707-1042
charline@continentalbrokers.biz

Safeco Info Need To Bind Homeowner's Policies

- 1. Foundation Type: Flat to Slight Slope/Moderate Slope/Steep Slope**
- 2. Garage & Carports: Please give details (ie attached, not attached)**
- 3. Attached Structures: Please give details (ie porch, decks) Need Sq Ft.**
- 4. Kitchen: Custom/Designer/Economy**
- 5. Fire Places: Please give details (ie how many, what type)**
- 6. Wall Finishes: Please give all types. (ie wallpaper, paint, tile)**
- 7. Floor Finishes: Please give all types: (ie carpet, wood, tile)**
- 8. Ceiling Finishes**
- 9. Special Features: (ie Storm Shutters, intercom system, skylight)**