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Continent																							
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Suite 200																							
Madison			1	MS 3	9110			DA	TE AT	C	O/PLAN							HOM	E PHON	E #			DAY
CODE:			SUB	CODE:																			EVE
AGENCY CUSTOM	ER ID							EFFI	ECTIVE	DATE	E	XPIRAT	ION E	DATE	BUSIN	ESS PI	HONE :	*					DAY
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DED (Type & Amount)	ΔΙ	L PERIL			WIN	D/HAIL			THEF					1	IAMED IURRICA				DALAN	OL \$			
ENDORSEMEN			l.												Not Ap		ole in	NC					
REPLACEME							OST CONTE				R ENDO	RSEME	NT(S	<mark>):</mark>)									
PAYMENT PLA	AN	AC	ORD 6	10 At	tached	(NOT	APPLIC	ABLE	IN NC	;)									MAII	POLICY	, TO:		
BILLING DIRECT BILL		IF DIREC	T BILL:	ANT								IF	7	PLICANT ULL PAY					<u> </u>	AGENT APPLICA			
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RATING/UNDE	RWRI	ITING																					
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MASONRY	_	YL SIDIN	G			\$					ING	TOWNHOUS		<mark>ISE</mark>	PRIMARY		COC			RE		DATE/PRICE	
MASONRY VENEER	SIDI	MINUM ING	SC	FT	# APTS	# APTS REPLACEMEN			OST AF			ROWHOU		SE	SECON	IDARY	COM	IP. DATE:	<u> </u>				
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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 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, 1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care) 2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees) failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of 3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC? 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? imprisonment.) 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT? 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? **CONDOS ONLY:** 7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO) 17. IS THE BUILDING ENTRANCE LOCKED? 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? 8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (Give estimated completion date and dollar value) YEARS? ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR PREMISES? (Note breed and bite history) NON-RESIDENTIAL PROPERTY? 10 DISTANCE TO TIDAL WATER: Miles Feet 22. IS THERE A TRAMPOLINE ON THE PREMISES? IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? 23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? (If yes, describe land use) 12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? 24. ANY LEAD PAINT HAZARD? (List year, type, make, model) IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE 13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable) BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING APPLICANT'S **LOSS HISTORY** YEARS, AT THIS OR AT ANY OTHER LOCATION? YES NO IF YES, INDICATE BELOW **INITIALS:** THE LAST TYPE DESCRIPTION OF LOSS AMOUNT DATE CAT# ADDITIONAL INTEREST NAME AND ADDRESS LOAN NUMBER INT# MORTG'E 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** IF THE "BINDER" BOX TO THE LEFT IS COMPLETED. THE FOLLOWING CONDITIONS APPLY: INSURANCE BINDER THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE EFFECTIVE DATE EXPIRATION DATE 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 OR DE WRITTEN NOTICE TO 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 TIME 12:01 AM NOON VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY 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. 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 INY: SUBSTANTIALI 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

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE



MISSISSIPPI AUTO SUPPLEMENT

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

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 statuatory 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 an per person/		y Damage at limi cident/	ts of: property damage \$					
	Non-stackable UM Bodily Injury C per person/	Coverage (No P per ac	roperty Coverage cident	e) at limits of:					
	Non-stackable Combined Single-li Coverage together) at the limit of:	:	age (Includes Bo	dily Injury and Property Damage					
Applicant Name (Pr	rint):		Applicant Add	ress:					
Applicant Signature): -		Proposed Effective Date of Coverage:						
Date:			Policy Number	r (if available):					

R
ACORD °

MISSISSIPPI PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGE	NCY	PHONE	- C	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)																								
		PHONE (A/C, No, Ext): (866) 386-4136 x2419 FAX (A/C, No): (601) 898-4793										-												CODE				
Со	ntiner									TELEPHONE NUMBER																		
	4 Key																											
1	ite 20									CO/PLAN POL#:																		
Ma	dison			M	s 39	11	0											ACCT#	:									
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VEH	YEAR											TOTAL NUMBER OF VEHICLES IN HOUSEHOLD VIN/REGISTERED STATE HP/CC														DATE PURCH	NEW/ USED	
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#	ACCIDE	NT/CONVICT	ION					DESCRIPT	ION	UF AC	CIDE	NI UK	CONVIC	TION					AC	CIDE	ENT/CC	NVICTI	ON	YES	NO	PROPERTY	DAMAGE	
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ADDITIONAL INTEREST VEH # ADDITIONAL INTEREST NAME AND ADDRESS									
VER# ADDL INT NAME AND ADDRESS						LOAN NUMBE	R		
LOSS PAY									
VEH# ADDL INT LOSS PAY						LOAN NUMBE	R		
EMPLOYMENT INFORMATION (* If less than 2 v	years, provide name of	previou	s em	ployer and previous occupa	ation unde	r Remarks)			
APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	•				ONE NUMBER	YEARS W/ CURR EMPL*	YEAF	RS W/
(State nature of business if self-employed)							OOTAT EMILE		
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	г			WORK PH	ONE NUMBER	YEARS W/ CURR EMPL*	YEAF PREV	RS W/ EMPL
PRIOR COVERAGE									
PRIOR CARRIER AND PRODUCER		# OF Y W/ COM	EARS PANY	PRIOR POLICY NUMBER/EXPIRAT	TION DATE				
GENERAL INFORMATION									
EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES NO	EXPL	AIN ALL "YES" RESPONSES IN REM	IARKS			YES	NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY	VEHICLES		9. Al	NY HOUSEHOLD MEMBER IN MILITA	RY SERVICE	? (Driver number)			
NOT SOLELY OWNED BY AND REGISTERED TO THE APPLIC	CANT?		10. Al	NY DRIVERS LICENSE BEEN SUSPE	NDED/REVOK	ED?			
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customi	zed vans/pickups; indicate cost)		11. Al	NY DRIVER HAVE PHYSICAL/MENTA	L IMPAIRMEN	IT? (List driver nur	nbers)		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glas	ss)		12. Al	NY FINANCIAL RESPONSIBILITY FILI	NG? (Driver nu	umber and date of	filing)		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conv	riction area)?		13. H	AS INSURANCE BEEN TRANSFERRE	D WITHIN AG	ENCY?			
5. ANY CAR KEPT AT SCHOOL?				NY COVERAGE DECLINED, CANCEL	LED, OR NON	-RENEWED DUR	ING THE		
6. ANY CAR PARKED ON STREET?			L/	AST 3 YEARS?					
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include ar	ny provided by employer)		15. IS	THIS BROKERED BUSINESS TO TH	E AGENT?				
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy	number)		16. H	AS AGENT INSPECTED VEHICLE?					
REMARKS					A	TTACHMENT	S		
						STATE SUPPL	EMENT		
					<u> </u>	YOUNG DRIVE	ER QUESTIO	NNAIF	RE
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						MEDICAL STA			
						MEDICAL STA		-	
FOR COMPANY USE ONLY						MOTOR VEHIC	CLE REPORT	-	
						MOTOR VEHIC	CLE REPORT	-	
BINDER/SIGNATURE		OMBI E			APPLY	MOTOR VEHIC	CLE REPORT	-	
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2/5/2008



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)