Supplemental Accord Application

The following shall be attached to, and made part of, the <u>fully completed</u> Acord application signed by the applicant:

Applicant: _____ **Producer:** _____

Policy Type: (note Yes or No)

TYPE	COV. PART 1				COV. PART 2		COV. PART 3	COV. PART 4
	HO-3	**HO-4**	**HO-6**	**Build. Risk**	**Umbrella**	**Excess Liability**	**Excess Flood**	**PAF**
[ ] New								
[ ]Renewal	[ ]Yes [ ] No	[ ]Yes [ ] No	[ ]Yes [ ] No	[ ]Yes [ ] No	[ ]Yes [ ] No	[ ]Yes [ ] No	[ ]Yes [ ] No	[ ]Yes [ ] No

** Please note that for Umbrella, Excess Liability, Excess Flood and Personal Article coverage parts, the applicable section of the Composite Application must be fully completed.

Coverage Part 1: Supplemental Homeowner Information

Optional Coverages:

Coverage	Y	N	Coverage	Y	N	Coverage	Y	N
Personal Injury			Replacement Cost Contents			All Risk Contents		
Increased Special Limits:			Increased Business Property - $10,000 limit			Builders Risk Options:		
Option 1-Increased Jewelry/Watches/Furs			Special Computer Coverage			Theft of Building Materials		
Option 2-All Special Limits increased			Water Backup Coverage			Builders Risk Liability		
Identity Fraud Expense Coverage						All Risk Dwelling (HO6 only)		
Watercraft Liability: Engine Type___ HP____ Length ___			Golf Cart Coverage: ___Liab ____Phys Dam. Value $_____			Ordinance or Law (includes 10%) % Requested_____		
Extending Liability: # of locs. _____ State(s) _____			Earthquake Coverage: Earthquake Zone: _____			Loss Assessment (includes $1000) : Limit $_____		

FL Residents Only: 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 (817.234).

NJ Residents Only: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

VA Residents Only: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

Note to Agents: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

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 the company to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____ **DATE**: _____

_____ _____

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