

ENCOMPASS TRAILING DOCUMENT CHECKLIST & FAX COVER SHEET

Agency Name: LONG & FOSTER INSURANCE AGENCY INC

Agency Number: 600118388

Risk State: VA

Policy Effective Date: 07/11/2014

Insured Last Name: Colombo

Policy Number:

Application Number: 000185417548252

All documents listed below are required for this policy. The listed documents should be uploaded or faxed to Encompass or retained in your files as indicated below.

NOTE: Required documents must be uploaded or faxed to Encompass within 72 hours of the act of binding coverage. If acceptable documentation is not received, the policy will be adjusted accordingly. This may result in a premium increase and/or cancellation of the policy.

STEPS:

1. Print documents from InterLink using the "View/Print Forms" option
2. Make sure all documents are completed and signed by the insured where required
3. Submit the documents requested below by uploading them within Encompass Express or by faxing them to **1-888-211-5725** using this cover sheet. This cover sheet is bar-coded specifically for your agency.

UPLOAD OR FAX the following documents to Encompass:

RETAIN the following documents in your files (do not upload or fax):

- a signed copy of the Personal Auto Application.
- a signed copy of the Notice of Information Practices (Privacy)
- a copy of the signed VA Property Supplement for Flood
- a signed copy of the Homeowner Application.

Number of pages faxed (including this cover sheet): 18



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
07/02/2014

AGENCY LONG & FOSTER INSURANCE AGENCY INC 14501 GEORGE CARTER WAY CHANTILLY, VA 20151	PHONE (A/C, No, Ext): (703) 877-7600	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Mark Colombo and Elizabeth Noel 2702 Jefferson Drive ALEXANDRIA, Virginia 22303 FAIRFAX County		
	FAX (A/C, No): (703) 263-1704	NAIC CODE 11251	FACILITY CODE	
E-MAIL ADDRESS: CODE: 600118388	SUBCODE: 0000	DATE AT CURR RES	CO/PLAN Encompass Independent Ins. Co/ Elite	HOME PHONE #
AGENCY CUSTOMER ID:		EFFECTIVE DATE 07/11/2014	EXPIRATION DATE 07/11/2015	BUSINESS PHONE #
				DAY EVE 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) 5720 Lenore Lane ALEXANDRIA, Virginia 22303
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC YEARS W/ PRIOR EMPL DATE OF BIRTH 10/26/1988
		YEARS W/ CURR EMPL MAR STAT S 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/ PRIOR EMPL DATE OF BIRTH 08/26/1988
		YEARS W/ CURR EMPL MAR STAT S 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 \$
HO3	\$ 300,000	\$	\$	\$	\$ 500,000	\$ 5,000	612
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL <input checked="" type="checkbox"/> NAMED HURRICANE *	1,000 1,000	<input type="checkbox"/> WIND/HAIL <input type="checkbox"/> ANNUAL HURRICANE *	<input type="checkbox"/> THEFT	<input type="checkbox"/> EARTHQUAKE		DEPOSIT \$ BALANCE \$

* Not Applicable in NC

ENDORSEMENTS - See Page 4

PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #: 000185417548252	MAIL POLICY TO:
BILLING	IF DIRECT BILL:
<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT
<input type="checkbox"/> AGENCY BILL	<input checked="" type="checkbox"/> BILL MORTGAGEE
	IF APPLICANT BILL:
	<input type="checkbox"/> FULL PAY
	Monthly
	<input checked="" type="checkbox"/> AGENT <input checked="" type="checkbox"/> APPLICANT

RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
<input checked="" type="checkbox"/> MASONRY	VINYL SIDING	1953		\$	<input checked="" type="checkbox"/> DWELLING	<input checked="" type="checkbox"/> PRIMARY		1		07/15/2014
<input type="checkbox"/> MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> APART	<input type="checkbox"/> SECONDARY	COMP. DATE:			
<input type="checkbox"/> FIRE RES		1,050		\$	<input type="checkbox"/> CONDO	<input type="checkbox"/> SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	RENOVATION TYPE	PART	COMP
	0029		03	02	CENTRAL	PRIMARY:		WIRING		2013
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER	DIRECT	LOCAL	HOUSEKEEPING CONDITION		SECONDARY:		PLUMBING		
	FAIRFAX CO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					HEATING		
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	ROOFING		2013
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	OPEN <input type="checkbox"/> NONE <input type="checkbox"/>	HEATING		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	FIRE EXT VISIBLE TO NEIGHBORS	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES		EXTERIOR PAINT		
<input type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN FIRE DIST <input type="checkbox"/> WITHIN PROT SUBURB	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	INDOORS <input type="checkbox"/> NONE <input type="checkbox"/> OUTDOORS	<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND ON MASONRY FLOOR <input type="checkbox"/> ABOVE GROUND NOT ON MASONRY FLOOR <input type="checkbox"/> BELOW GROUND	<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN-GROUND			
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING CLASS	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES <input type="checkbox"/> NO <input type="checkbox"/>		SPEC	YES <input type="checkbox"/> NO <input type="checkbox"/>		RESISTIVE	OTHER	Asphalt/Fiberglass Shir		
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:										
BASEMENT SQ FT	GARAGE SQ FT	BREEZEWAY SQ FT	NON-SMOKER	MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)				
			LIGHTNING PROTECTION		PARTIAL	CHIMNEYS				
					FULL	HEARTHES				

ACORD 80 (2006/10)

Page 1 of 4

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00118388000185417548252VA

GENERAL INFORMATION

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

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? YES NO IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

ADDITIONAL INTEREST

INT #	<input checked="" type="checkbox"/> MORTG'G	NAME AND ADDRESS Prosperity Home Mortgage, LLC VA 20151	LOAN NUMBER
	<input type="checkbox"/> ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

<p>Any mandated home surcharges have been applied to each residence where applicable and are reflected in the EST TOTAL PREMIUM.</p> <p>The Full term Premium for the Property is \$612</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">STATE SUPPLEMENT(S) (If applicable)</td></tr> <tr><td style="padding: 2px;">INLAND MARINE APPLICATION</td></tr> <tr><td style="padding: 2px;">REPLACEMENT COST ESTIMATE</td></tr> <tr><td style="padding: 2px;">PHOTOGRAPH</td></tr> <tr><td style="padding: 2px;">SOLID FUEL SUPPLEMENT</td></tr> <tr><td style="padding: 2px;">PROTECTION DEVICE CERTIFICATE</td></tr> <tr><td style="padding: 2px;">PERS EXCESS/UMBRELLA APP</td></tr> <tr><td style="padding: 2px;">WATERCRAFT APPLICATION</td></tr> <tr><td style="padding: 2px;">LEAD FREE PAINT CERTIFICATION</td></tr> <tr><td style="padding: 2px;">RESIDENCE BASED BUSINESS SUPPL</td></tr> <tr><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	STATE SUPPLEMENT(S) (If applicable)	INLAND MARINE APPLICATION	REPLACEMENT COST ESTIMATE	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	PERS EXCESS/UMBRELLA APP	WATERCRAFT APPLICATION	LEAD FREE PAINT CERTIFICATION	RESIDENCE BASED BUSINESS SUPPL			
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BINDER/SIGNATURE

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2" style="padding: 2px;">INSURANCE BINDER</th></tr> <tr> <td style="width:50%; padding: 2px;">EFFECTIVE DATE</td> <td style="padding: 2px;">EXPIRATION DATE</td> </tr> <tr> <td style="padding: 2px;">TIME</td> <td style="padding: 2px;">12:01 AM</td> </tr> <tr> <td> </td> <td style="padding: 2px;">NOON</td> </tr> <tr> <td colspan="2" style="padding: 2px;">COVERAGE IS NOT BOUND</td> </tr> </table>	INSURANCE BINDER		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM		NOON	COVERAGE IS NOT BOUND		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p>
INSURANCE BINDER											
EFFECTIVE DATE	EXPIRATION DATE										
TIME	12:01 AM										
	NOON										
COVERAGE IS NOT BOUND											

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.

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 HELP 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, 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 7/2/14	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE		COVERAGE INFORMATION							FORM NUMBER	FORM DATE	PREMIUM	
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		\$ LIMIT									\$	
ADDITIONAL PREMISES LIABILITY EXTENSION	LOC #	\$ CONTENTS		TERR:	# PREMISES:					\$		
	ADDRESS											
ADDITIONAL RESIDENCE RENTED TO OTHERS 1 OR 2 FAMILY	LOC #	\$ CONTENTS		TERR:	# FAMILIES:		MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO			\$		
	ADDRESS											
BUILDING ORDINANCE OR LAW COVERAGE		\$ Up to 5% above aggregate limit		\$	INCREASED		REBUILD PCT:			\$ 0		
ELECTRONIC APPARATUS BUSINESS AND VEHICLE		\$		\$	INCREASED					\$		
ELECTRONIC APPARATUS IN VEHICLE		\$		\$	INCREASED					\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$		\$	INCREASED					\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$		\$	INCREASED					\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$		\$	INCREASED					\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$		\$	INCREASED					\$		
EARTHQUAKE		% DED	TERR:			RETROFIT TYPE:		MASONRY VENEER <input type="checkbox"/> YES <input type="checkbox"/> NO		\$		
IDENTITY FRAUD EXPENSE COV		<input checked="" type="checkbox"/> INCLUDED									\$ 0	
FULL VALUE REPLACEMENT COST		INCLUDED									\$	
REPLACEMENT COST - DWELLING		INCLUDED									\$	
REPLACEMENT COST - CONTENTS		INCLUDED									\$	
INCIDENTALS FARMING PERS LIAB		MEDICAL PAYMENTS		YES	NO						\$	
MINE SUBSIDENCE		LIMIT	CONST MATERIAL		PROP DESC						\$	
MOLD		PROPERTY	LIABILITY		EXCL LIABILITY		EXCL PROP DAMAGE				\$	
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		REQUIRES INCR CONTENTS		TERR:		BUS/STRUCT DESC		MED PAY		\$		
		INCR CONT NOT REQUIRED		STRUCT TYPE				<input type="checkbox"/> YES				
		\$ OT. STRUCTS						<input type="checkbox"/> NO				
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT	STRUCT DESC:							\$	
WATER BACKUP OF SEWERS & DRAINS		\$	LIMIT	<input type="checkbox"/> INCLUDED							\$ 0	
UNSCHEDULED JEWELRY, WATCHES, FURS		\$	AGGREGATE	\$	INCREASED							\$
WORKERS COMPENSATION - FULL TIME INSERVANT		# OF EMPLOYEES:									\$	
WORKERS COMPENSATION - INCIDENTAL		# OF EMPLOYEES:									\$	
WORKERS COMPENSATION - PART TIME OUTSERVANT		# OF EMPLOYEES:									\$	
CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	TERR	OPTIONS	YES	NO	FORM NUMBER	FORM DATE	PREMIUM
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$

Endorsement Attachment for the ACORD Application

				DATE (MM/DD/YYYY) 07/02/2014		
PRODUCER LONG & FOSTER INSURANCE AGENCY INC 14501 GEORGE CARTER WAY CHANTILLY, VA 20151		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Mark Colombo and Elizabeth Noel 2702 Jefferson Drive ALEXANDRIA, Virginia 22303			NAIC CODE 11251	
					TELEPHONE NUMBER	
CODE 600118388 SUBCODE 0000 AGENCY CUSTOMER ID		CO/PLAN		POL#:		
				ACCT#: Encompass Independent Ins. Co/ Elite		
EFFECTIVE DATE 07/11/2014		EXPIRATION DATE 07/11/2015		<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> MAIL POLICY TO AGENT <input type="checkbox"/> AGENCY BILL <input checked="" type="checkbox"/> MAIL POLICY TO APPL		
				PAYMENT PLAN Monthly		

ENDORSEMENTS

COVERAGE NAME	LIMIT	DEDUCTIBLE	PLAN
Residence Replacement Value	300000	1,000	
Personal Liability	500,000		
Medical Coverage	5,000		
Replacement Cost Contents	Included		
Backup of Sewers and Drains	Included		
Personal Property Plus			Included
Building Ordinance Increased Costs			Included/Up to 5% above aggregate limit
Personal Home Computers and Data Records	Included		
Loss Assessment	Included/50,000		
Hurricane Deductible		1,000	
Tangible Personal Property	Included		
Identity Fraud	Included		
Business Occupancy - Residence Premises			Business Property Included
Business Occupancy - Owned/Occupied Structure			Business Property Included
Business Occupancy - Structure Rented to Insured			Business Property Included

Applicant Signature *Mark J. Colombo*

Date *7/2/14*

ACORD™ ADDITIONAL INTEREST

DATE (MM/DD/YYYY)
07/02/2014

AGENCY LONG & FOSTER INSURANCE AGENCY INC 14501 GEORGE CARTER WAY CHANTILLY, VA 20151	PHONE (A/C, No, Ext): 7038777600	APPLICANT (First Named Insured) Mark Colombo 2702 Jefferson Drive ALEXANDRIA, Virginia 22303 -	PHONE (A/C, No, Ext):	
	FAX (A/C, No):		(Business)	
CODE: 600	SUB CODE: 0000	EFFECTIVE DATE 07/11/2014	EXPIRATION DATE 07/11/2015	CO/PLAN
AGENCY CUSTOMER ID		POLICY NUMBER:		
		ACCOUNT NUMBER: 000185417548252		

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					Loan Number :
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					Loan Number :
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					Loan Number :
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					Loan Number :
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					Loan Number :
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					Loan Number :
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					Loan Number :
ITEM DESCRIPTION:					



VIRGINIA PROPERTY SUPPLEMENT

DATE (MM/DD/YYYY)
07/02/2014

AGENCY LONG & FOSTER INSURANCE AGENCY INC 14501 GEORGE CARTER WAY CHANTILLY, VA 20151		APPLICANT/NAMED INSURED'S NAME AND MAILING ADDRESS (Include county & ZIP) Mark Colombo and Elizabeth Noel 2702 Jefferson Drive ALEXANDRIA, VA 22303 FAIRFAX County			TELEPHONE NUMBER
CODE: 600118388 AGENCY CUSTOMER ID	SUBCODE: 0000	COMPANY Encompass Independent Ins. Co	ACCOUNT NUMBER 000185417548252		
POLICY NUMBER		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE 07/11/2014	EXPIRATION DATE 07/11/2015	

NOTICE OF FLOOD COVERAGE EXCLUSION

VIRGINIA LAW REQUIRES THAT ALL INSURED'S WHO HAVE, OR WILL BE ISSUED AN INSURANCE POLICY PROVIDING FIRE INSURANCE COVERAGE MUST BE INFORMED THAT THE POLICY EXCLUDES COVERAGE FOR DAMAGE DUE TO FLOOD, SURFACE WATER, WAVES, TIDAL WATER, OR ANY OTHER OVERFLOW OF A BODY OF WATER, IF THE POLICY IN FACT DOES NOT PROVIDE THIS COVERAGE. YOUR POLICY CONTAINS SUCH AN EXCLUSION.

INFORMATION REGARDING FLOOD INSURANCE IS AVAILABLE FROM YOUR INSURANCE AGENT, OR FROM THE NATIONAL FLOOD INSURANCE PROGRAM.

CONTENTS COVERAGE MAY BE AVAILABLE WITH THE FLOOD POLICY FOR AN ADDITIONAL PREMIUM.

COVERAGE IS GENERALLY DESCRIBED HERE. ONLY THE POLICY PROVIDES A COMPLETE DESCRIPTION OF THE COVERAGES AND THEIR LIMITATIONS.

I UNDERSTAND THESE COVERAGE SELECTIONS WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE Mark J Colombo DATE 7/2/14
 (NOT REQUIRED)



VIRGINIA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)
07/02/2014

AGENCY PHONE (A/C, No, Ext): (703) 877-7600 FAX (A/C, No): (703) 263-1704 LONG & FOSTER INSURANCE AGENCY INC 14501 GEORGE CARTER WAY CHANTILLY, VA 20151	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Mark Colombo and Elizabeth Noel 2702 Jefferson Drive ALEXANDRIA, Virginia 22303		NAIC CODE 11251
	CO/PLAN Encompass Independent Ins. Co/ Special		TELEPHONE NUMBER
CODE: 600118388 AGENCY CUSTOMER ID	SUBCODE: 0000	POL#: 000185417548252 ACCT#: 000185417548252	
EFFECTIVE DATE 07/11/2014	EXPIRATION DATE 07/11/2015	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	<input checked="" type="checkbox"/> MAIL POLICY TO AGENT <input type="checkbox"/> MAIL POLICY TO APPL
		PAYMENT PLAN	

RESIDENCE	CURRENT RESIDENCE IS <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)
YRS AT ADDR CURR	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		
1	2006	HONDA CIVIC LX						JHMFA16576S000055									
2	2003	TOYOTA ECHO						JTDDBT123230279629									

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
1							Pleasure							1	99	1	
2							Pleasure							2	1	99	

VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
1	No	B	4 Wheel	Passive disabling device	See Declaration Page						
2	No	B	4 Wheel	Passive disabling device	See Declaration Page						

COVERAGES		LIMITS OF LIABILITY				VEHICLE # 1	VEHICLE # 2	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				\$	\$	\$	\$
BODILY INJURY LIABILITY	\$ 500,000	EA PERSON	\$ 500,000	EA ACCIDENT	\$ 131.00	\$ 141.00	\$	\$	
PROPERTY DAMAGE LIABILITY	\$ 100,000	EA ACCIDENT	\$	DEDUCTIBLE	\$ 110.00	\$ 136.00	\$	\$	
INCOME LOSS	\$	EACH PERSON				\$	\$	\$	\$
MEDICAL EXPENSES	\$ 5,000	EA PERSON	\$	\$	\$ 64.00	\$ 76.00	\$	\$	
UNINSURED MOTORISTS	CSL/BI \$ 500,000	EA PERSON	\$ 500,000	EA ACCIDENT	\$ 75.77	\$ 69.35	\$	\$	
	PD \$ 100,000	EA ACCIDENT	\$	\$	\$ 0.00	\$ 0.00	\$	\$	
COMPREHENSIVE / OTC	DED \$ 250	\$ 250	\$	\$	\$ 55.00	\$ 46.00	\$	\$	
COLLISION	DED \$ 500	\$ 500	\$	\$	\$ 155.00	\$ 161.00	\$	\$	
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$	\$	\$	\$	
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	
TRANS EXP/RENTAL RE	\$ /	\$ /	\$ /	\$ /	\$	\$	\$	\$	
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium) See Additional Coverages/Endorsements Attachment					POLICY FEE: \$	TOTAL PER VEHICLE	\$ 590.77	\$ 629.35	\$
						ESTIMATED TOTAL	DEPOSIT	BALANCE DUE	
						\$ 1,220.12	\$ 0.00	\$ 1,220.12	

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 DRV STDT TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
1	Mark Colombo	M	S	I	10/26/1988		10/26/2004				T67524256/ Virginia	
2	Elizabeth Noel	F	S	Unrel	08/26/1988		08/26/2004				T67520843/ Virginia	

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)											
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

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

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
OTHER -- NONSTANDARD	4	11/17/2014

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)		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost)		X	10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		X
5. ANY CAR KEPT AT SCHOOL?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
6. ANY CAR PARKED ON STREET?			14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)			15. IS THIS BROKERED BUSINESS TO THE AGENT?		
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)			16. HAS AGENT INSPECTED VEHICLE?		

REMARKS

ATTACHMENTS

Any state mandated auto surcharges have been applied to each vehicle where applicable and are reflected in the ESTIMATED TOTAL. Comp w/Full Glass and Air Bag I Inc. Inc.	YOUNG DRIVER QUESTIONNAIRE
	DRIVER TRAINING CERTIFICATE
	GOOD STUDENT CERTIFICATE
	ANTI-THEFT DEVICE CERTIFICATE
	MEDICAL STATEMENT
	MOTOR VEHICLE REPORT
	PHOTOGRAPH
BILL OF SALE	
FOR COMPANY USE ONLY	

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. 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.
07/11/2014	07/11/2015	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

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.

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 THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

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.

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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. (INITIALS) _____

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 <i>Mark J. Celis</i>	DATE 7/2/14	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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ACORD 90 VA (2005/01)

18388000185417548252VA

Additional Coverages/Endorsements Attachment for the ACORD Auto Application

			DATE (MM/DD/YYYY) 07/02/2014		
PRODUCER LONG & FOSTER INSURANCE AGENCY INC 14501 GEORGE CARTER WAY CHANTILLY, VA 20151		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Mark Colombo and Elizabeth Noel 2702 Jefferson Drive ALEXANDRIA, Virginia 22303			
				NAIC CODE 11251	
				TELEPHONE NUMBER	
CODE: 600118388 SUBCODE: 0000		CO/PLAN Encompass Independent Ins. Co/ Special		POL#: 000185417548252	
AGENCY CUSTOMER ID		EFFECTIVE DATE 07/11/2014		EXPIRATION DATE 07/11/2015	
				<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	
				<input checked="" type="checkbox"/> MAIL POLICY TO AGENT <input type="checkbox"/> MAIL POLICY TO APPL	
				PAYMENT PLAN	

VEHICLE DESCRIPTION/USE					
VEH	YEAR	MAKE, MODEL AND BODY TYPE			VIN/REGISTERED STATE
1	2006	HONDA CIVIC LX	PP		JHMFA16576S000055
2	2003	TOYOTA ECHO	PP		JTDBT123230279629

COVERAGES/PREMIUMS												
COVERAGES			LIMITS OF LIABILITY				VEHICLE # 1	VEHICLE # 2	VEHICLE #	VEHICLE #		
ELECTRONIC EQUIPMENT	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
LOAN/LEASE - COMPREHENSIVE	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
LOAN/LEASE - COLLISION	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
CUSTOMIZATION - COMPREHENSIVE	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
CUSTOMIZATION - COLLISION	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
EXTENDED NON-OWNED - LIABILITY	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
EXTENDED NON-OWNED - MEDICAL	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
COMP w/ FULL GLASS	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
COMP w/ ACC AIR BAG	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
COMP w/ FULL GLASS & ACC AIR BAG	1	\$ 250	2	\$ 250	3	\$	4	\$	\$ 55.00	\$ 46.00	\$	\$
	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$
	1	\$	2	\$	3	\$	4	\$	\$	\$	\$	\$

VEHICLE DESCRIPTION/USE					
VEH	YEAR	MAKE, MODEL AND BODY TYPE			VIN/REGISTERED STATE

COVERAGES/PREMIUMS												
COVERAGES			LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #		
ELECTRONIC EQUIPMENT	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
LOAN/LEASE - COMPREHENSIVE	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
LOAN/LEASE - COLLISION	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
CUSTOMIZATION - COMPREHENSIVE	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
CUSTOMIZATION - COLLISION	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
EXTENDED NON-OWNED - LIABILITY	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
EXTENDED NON-OWNED - MEDICAL	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
COMP w/ FULL GLASS	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
COMP w/ ACC AIR BAG	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
COMP w/ FULL GLASS & ACC AIR BAG	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$
	5	\$	6	\$	7	\$	8	\$	\$	\$	\$	\$

VEHICLE DESCRIPTION/USE			
VEH	YEAR	MAKE, MODEL AND BODY TYPE	VIN/REGISTERED STATE

COVERAGES/PREMIUMS												
COVERAGES	LIMITS OF LIABILITY								VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
	9	\$	10	\$	11	\$	12	\$				
ELECTRONIC EQUIPMENT	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
LOAN/LEASE - COMPREHENSIVE	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
LOAN/LEASE - COLLISION	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
CUSTOMIZATION - COMPREHENSIVE	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
CUSTOMIZATION - COLLISION	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
EXTENDED NON-OWNED - LIABILITY	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
EXTENDED NON-OWNED - MEDICAL	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
COMP w/ FULL GLASS	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
COMP w/ ACC AIR BAG	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
COMP w/ FULL GLASS & ACC AIR BAG	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$
	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	\$

Applicant Signature *Mark J. Calabro* Date 7/2/14

Loss History Attachment for the ACORD Auto Application

										DATE (MM/DD/YYYY) 07/02/2014	
PRODUCER LONG & FOSTER INSURANCE AGENCY INC 14501 GEORGE CARTER WAY CHANTILLY, VA 020151				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+ 4) Mark Colombo 2702 Jefferson Drive ALEXANDRIA, Virginia 22303						NAIC CODE 11251	
										TELEPHONE NUMBER	
CODE: 118388 AGENCY CUSTOMER ID		SUBCODE: 0000		CO/PLAN Encompass Independent Ins. Co / Special			POL#: ACCT#: 000185417548252				
EFFECTIVE DATE		EXPIRATION DATE		DIRECT BILL		<input type="checkbox"/> MAIL POLICY TO AGENT <input checked="" type="checkbox"/> MAIL POLICY TO APPL		PAYMENT PLAN			
07/11/2014		07/11/2015		AGENCY BILL							
LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?				YES		NO		IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
DATE	TYPE	DESCRIPTION OF LOSS						AMOUNT			
01/27/2012		AT FAULT						1,803			
Applicant Signature: <i>Mark J. Colombo</i>										Date: 7/2/14	



Information Release Form

As part of the application process in obtaining the insurance coverage you are requesting from Encompass, Encompass and/or its agents may order one or more consumer reports. A consumer report may contain information on credit history, medical conditions, driving records, criminal activity and hazardous sports, among other things.

Under the Fair Credit Reporting Act, Encompass and/or its agents may review consumer reports to evaluate anyone who applies for insurance with Encompass. In the event that coverage is denied to you based wholly or partly on information in a consumer report you will be notified of this fact and given the name and address of the consumer reporting agency making the report.

In consideration of the above, your signature below acknowledges your release for Encompass and/or its agents to order one or more consumer reports in your name.

Mark A. Colby 7/2/14

Signature Date

Signature Date

It's Important for You to Know

Important Notice

Privacy Policy Statement

Thank you for choosing Encompass. We value you, respect your privacy and work hard to protect your personal information.

This statement is provided on behalf of Encompass Insurance Company and the affiliates ("Encompass") listed at the end of this notice. We would like to explain how we collect, use and share the information we obtain about you in the course of doing business.

Our Privacy Assurance

- n We do not sell your personal or medical information to anyone.
- n We do not share your information with non-affiliate companies that would use it to contact you about their own products and services.
- n We require persons or organizations that represent or assist us in servicing your policy and claims to keep your information confidential.
- n We require employees to protect your personal information and keep it confidential.

As you can see, protecting your personal information is important to us. In addition to the practices described above, we use a variety of physical, technical and administrative security measures that help to safeguard your information. For Social Security Numbers (SSN), this includes restricting access to employees, agents and others who use your SSN only as permitted by law: to comply with the law, to provide you with products and services, and to handle your claims. Also, employees' and agents' access to and use of your SSN are limited by the law, our policies and standards, and our written agreements.

Our privacy practices continue to apply to your information even if you cease to be an Encompass customer.

What Personal Information Do We Have and Where Do We Get It

We gather personal information from you and from outside sources for business purposes. Some examples of the information we collect from you may include your name, phone number, home and e-mail addresses, driver's license number, social security number, marital status, family member information and healthcare information. Also, we maintain records that include, but are not limited to, policy coverages, premiums, and payment history. We also collect information from outside sources that may include, but is not limited to, your driving record, claims history, medical information and credit information.

In addition, Encompass and its business partners gather information through Internet activity, which may include, for example, your operating system, links you used to visit *encompassinsurance.com*, web pages you viewed while visiting our site, and cookies. We use cookies and other web tools to track how visitors use our site in order to improve the customer experience. Also, our business partners assist us with

It's Important for You to Know

monitoring information including, but not limited to, Internet Protocol (IP) addresses, domain names and browser data, which can help us to better understand how visitors use *encompassinsurance.com*.

How We Use and Share Your Personal Information

In the course of normal business activities, we use and share your personal information. We may provide your information to persons or organizations within and outside of Encompass. This would be done as required or permitted by law. For example, we may do this to:

- n Fulfill a transaction you requested or service your policy
- n Market our products to you
- n Handle your claim
- n Prevent fraud
- n Comply with requests from regulatory and law enforcement authorities
- n Participate in insurance support organizations

The persons or organizations with whom we may share your personal information may include, among others:

- n Your agent, broker or Encompass-affiliated companies
- n Companies that perform services, such as marketing, credit card processing and performing communication services on our behalf
- n Business partners that assist us with tracking how visitors use *encompassinsurance.com*.
- n Other financial institutions with whom we have an agreement for the sale of financial products
- n Other insurance companies that play a role in an insurance transaction with you
- n Independent claims adjusters
- n A business or businesses that conduct actuarial or research studies
- n Those who request information pursuant to a subpoena or court order
- n Repair shops and recommended claims vendors

The Internet and Your Information Security

As previously stated, we use cookies to enable smooth and consistent navigation on our website. Use of these cookies are not linked to personally identifiable information on our site. Additionally, our business partners use tracking services that utilize tags and third-party cookies to monitor visits to *encompassinsurance.com*. If you prefer, you can choose to not accept cookies by changing the settings on your web browser. Also, if you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement located at the bottom of the *encompassinsurance.com* homepage.

How You Can Review and Correct Your Personal Information

You can request to review your personal information contained in our records at any time. To do this, please send a letter to the address below requesting to see your information for the previous two years. If you believe that our information is incomplete or inaccurate, you can request that we correct it. Please note we may not be able to

It's Important for You to Know

provide information relating to investigations, claims, litigation, and other matters. We will be happy to make corrections whenever possible.

Please send requests to:
Encompass Insurance Company Customer Privacy Inquiries
P.O. Box 40047
Roanoke, VA 24022-0047

Your Preference for Sharing Personal Information

We would like to share your personal information with one or more Encompass affiliates in order to make you aware of different products, services and offers they can provide. However, you can request that Encompass and its affiliate companies not share your personal information with our affiliates for marketing products and services.

To request that we not allow other Encompass affiliates to use your personal information to market their products and services, you can contact us by calling 1-800-856-2518 twenty-four hours a day, seven days a week. Please keep in mind that it may take up to four weeks to process your request. If you previously contacted us and asked us not to allow other Encompass affiliates to use your personal information, your previous choice still applies and you do not need to contact us again. If you would like to change your previous choice, please call the number above at any time.

For Vermont residents:

We won't share your personal information with Encompass companies for marketing purposes except as permitted by law.

We Appreciate Your Business

Thank you for choosing Encompass. We understand your concerns about privacy and confidentiality, and we hope this notice has been helpful to you. We value our relationship with you. If you have any questions or would like more information, please don't hesitate to contact us as outlined above or visit encompassinsurance.com.

We reserve the right to change our Privacy practices, procedures, and terms.

Encompass Insurance Company

Encompass affiliates to which this notice applies:

Encompass Floridian Insurance Company, Encompass Floridian Indemnity Company, Encompass Home and Auto Insurance Company, Encompass Indemnity Company, Encompass Independent Insurance Company, Encompass Insurance Company of America, Encompass Insurance Company of Massachusetts, Encompass Insurance Company of New Jersey, Encompass Property and Casualty Company, Encompass Property and Casualty Insurance Company of New Jersey



NOTICE OF INFORMATION PRACTICES (PRIVACY)

AGENCY NAME LONG & FOSTER INSURANCE AGENCY INC		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Mark Colombo and Elizabeth Noel 2702 Jefferson Drive ALEXANDRIA, VA 22303 FAIRFAX County			
AGENCY ADDRESS 14501 GEORGE CARTER W CHANTILLY, VA 20151		PHONE (A/C, No):			
CONTACT NAME:		CARRIER Encompass Independent Ins. Co		NAIC CODE 11251	
PHONE (A/C, No, Ext):		POLICY NUMBER			
FAX (A/C, No):		ACCOUNT NUMBER 000185417548252		<input checked="" type="checkbox"/> NEW	EFFECTIVE DATE 07/11/2014
E-MAIL ADDRESS:		<input type="checkbox"/> RNWL	EXPIRATION DATE 07/11/2015		
CODE: 600118388	SUBCODE: 0000	AGENCY CUSTOMER ID:			

California Illinois Rhode Island
 Connecticut Nevada Washington Other: _____
 Georgia New Jersey

PRIVACY NOTIFICATION

In accordance with applicable federal and state laws, a credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information, where allowed, may be used to help 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. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, and where permitted by law, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, ask your agent, or if you have been issued a policy, please write us at the address provided with your policy.

APPLICABLE IN CALIFORNIA:

This authorization shall expire one year from the date you signed the authorization.

I have read and understand this notice.

	7/2/14
APPLICANT / NAMED INSURED'S SIGNATURE	DATE (MM/DD/YYYY)
_____	_____
APPLICANT / NAMED INSURED'S SIGNATURE	DATE (MM/DD/YYYY)
_____	_____
APPLICANT / NAMED INSURED'S SIGNATURE	DATE (MM/DD/YYYY)
_____	_____
APPLICANT / NAMED INSURED'S SIGNATURE	DATE (MM/DD/YYYY)