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|--------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|------------------|--|------------------------------------------------------------------------------|--|
| PRODUCER | | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP) | | NAIC CODE | | FACILITY CODE | |
| | | | | TELEPHONE NUMBER | | | |
| | | | | | | | |
| CODE: AGENCY CUSTOMER ID: | | SUBCODE: | | CO/PLAN | | POL#: | |
| LINES OF BUSINESS TO BE INCLUDED | | EFFECTIVE DATE | | EXPIRATION DATE | | CREDIT FOR EXISTING INS - EFFECTIVE DATE | |
| <input type="checkbox"/> PROPERTY <input type="checkbox"/> WATERCRAFT <input type="checkbox"/> INLAND MARINE | | | | | | <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> MORTGAGEE BILL | |
| <input type="checkbox"/> LIABILITY <input type="checkbox"/> UMBRELLA | | | | | | <input type="checkbox"/> AGENCY BILL <input type="checkbox"/> PAYOR | |
| PREVIOUS ADDRESS (If less than 3 years) | | NAME AND ADDRESS OF MORTGAGEE OR PAYOR | | LINE OF BUSINESS | | | |
| | | | | | | HOW LONG HAS PRODUCER KNOWN APPLICANT? | |
| | | | | | | | |

APPLICANT INFORMATION

| | | | | | | | |
|--------------------------------------------------------------------------|------------------------------------------|----------------------|-----------------------|------------------------|-------------|----------------------|-------------------|
| 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 | YEARS AT CURR ADD | 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 | YEARS AT CURR ADD | SOCIAL SECURITY # |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO | EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15) | YES | NO |
|--------------------------------------------------------------------------------------------------|-----|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. ANY BUSINESS CONDUCTED ON PREMISES? (Including day/child care) | | | 9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? | | |
| 2. ANY FULL TIME RESIDENCE EMPLOYEES? (Number of employees) | | | 10. IS PROPERTY LOCATED WITHIN TWO MILES OF A COAST? | | |
| 3. ANY FLOODING, BRUSH HAZARD, LANDSLIDE, ETC? | | | 11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? | | |
| 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? | | | 12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model) | | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | 13. IS BUILDING RETROFITTED FOR EARTHQUAKE (if applicable)? | | |
| 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | | 14. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) | | |
| 7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO | | | | | |
| 8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS? | | | | | |

LOSS HISTORY

| ANY PROPERTY, MARINE OR PERS LIAB LOSSES DURING THE LAST 3 YEARS? | | YES | NO | IF YES, INDICATE BELOW |
|-------------------------------------------------------------------|------|---------------------|--------|------------------------|
| DATE | TYPE | DESCRIPTION OF LOSS | AMOUNT | |
| | | | | |

PRIOR COVERAGE

| | | | | |
|---------------|---------------|-----------------|------------------|----------------|
| PRIOR CARRIER | POLICY NUMBER | EXPIRATION DATE | LINE OF BUSINESS | # YRS W/ CO |
| | | | | |

PREMISES INFORMATION (Attach additional forms for additional premises)

| |
|-----------------------------------------------|
| LOCATION OF PROPERTY (Include county and ZIP) |
| |

RATING/UNDERWRITING

| | | | | | | | | | |
|---------------------|--------------------|-------------------|---------------------------|---------------------|------------------------|---------------------------|----------------|----------------|---------------------|
| FRAME | ALUMINUM SIDING | YR BUILT | # ROOMS | MARKET VALUE | STRUCTURE TYPE | USAGE TYPE | # FAMILIES | # HSEHLD RES | PURCHASE DATE/PRICE |
| MASONRY | PLASTIC SIDING | | | \$ | DWELLING | PRIMARY | | | |
| MASONRY VENEER | FIRE RES | SQ FT | # APTS | REPLACEMENT COST | APART | SECONDARY | | | |
| OTHER: | | | | \$ | CONDO | SEASONAL | | | |
| NUMBER OF FIRE DIVS | TERR CODE | PREM GROUP | PROTECT CLASS | DISTANCE TO HYDRANT | PROTECTION DEVICE TYPE | HEAT TYPE | WIRING | | |
| UNITS IN FIRE DIV | | | | FT | SYSTEM | PRIMARY: | PLUMBING | | |
| | | | | MI | FIRE | SECONDARY: | HEATING | | |
| | | | | | SMOKE | | ROOFING | | |
| | | | | | BURGLAR | | EXTERIOR PAINT | | |
| FIRE/EC RATE | | | FIRE DISTRICT/CODE NUMBER | DIRECT | | OIL STORAGE TANK LOCATION | | | |
| | | | | LOCAL | | | | | |
| DWELLING LOCATION | OCCUPIED BY | DEADBOLT | VISIBLE TO NEIGHBORS | SPRINKLER | SWIMMING POOL | YES | NO | STORM SHUTTERS | |
| WITHIN CITY LIMITS | WITHIN PROT SUBURB | OWNER | HOUSEKEEPING CONDITION | PARTIAL | APPROVED FENCE | ABOVE GROUND | YES | A | |
| WITHIN FIRE DIST | TENANT | FIRE EXTINGUISHER | | FULL | DIVING BOARD | IN-GROUND | NO | B | |
| BLDG CODE GRADE | TAX CODE | # WEEKS RENTED | WIND CLASS | ROOF TYPE | FOUNDATION | | | | |
| | | | RESISTIVE | SEMI-RESISTIVE | OTHER | OPEN | CLOSED | NONE | |

| PROPERTY COVERAGES/LIMITS | | | PREMISES LIABILITY INFORMATION | |
|---------------------------|-------|----------------------------|--------------------------------|----|
| COVERAGE | LIMIT | DEDUCTIBLE (TYPE & AMOUNT) | | |
| DWELLING | \$ | ALL PERIL | PERSONAL LIABILITY | \$ |
| OTHER STRUCTURES | \$ | WIND/HAIL | MEDICAL PAYMENTS | \$ |
| PERSONAL PROPERTY | \$ | THEFT | DEDUCTIBLE | \$ |
| LOSS OF USE | \$ | | | \$ |
| AGGREGATE PROPERTY LIMIT | \$ | | | \$ |
| | \$ | | | \$ |
| | \$ | | | \$ |

| | | | | |
|----------------------------------------------------------------------|--|--|--|--|
| OPTIONAL COVERAGES AND ENDORSEMENTS (Describe; include form numbers) | | | | |
| | | | | |

| | | | | |
|---------------------|----------|------------------|--|-------------|
| ADDITIONAL INTEREST | | | | |
| INT # | MORTG'E | NAME AND ADDRESS | | LOAN NUMBER |
| | ADDL INT | | | |

| COVERAGES | | PREMIUMS | | CALCULATIONS |
|-----------------------------|-----------|-----------------------|----|--------------|
| POLICY AMOUNT | RETENTION | BASIC | \$ | |
| | | RESIDENCES | \$ | |
| | | AUTOMOBILES | \$ | |
| \$ | \$ | RECREATIONAL VEHICLES | \$ | |
| OPTIONAL COVERAGES TO APPLY | | UNINSURED MOTORIST | \$ | |
| \$ UNINSURED MOTORIST | | WATERCRAFT | \$ | |
| | | OTHER | | |
| | | TOTAL | \$ | |

APPLICABLE ONLY IN LOUISIANA, NEW MEXICO, OHIO, TENNESSEE AND VERMONT:
 I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.
 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. _____ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

| REMARKS | ATTACHMENTS |
|----------------------|-------------------------------|
| | REPLACEMENT COST ESTIMATE |
| | PHOTOGRAPH |
| | EARTHQUAKE APPLICATION |
| | OTHER APPLICATION |
| | APPRAISAL/BILL OF SALE |
| | PROTECTION DEVICE CERTIFICATE |
| FOR COMPANY USE ONLY | |

| | |
|----------------------|--|
| FOR COMPANY USE ONLY | |
|----------------------|--|

| 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 | | | |

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION 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 [NY: SUBSTANTIAL] CIVIL PENALTIES.

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.

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 (MM/DD/YY) | PRODUCER'S SIGNATURE |
|-----------------------|-----------------|----------------------|