PRODUCER				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)									
									1	AIC CODE			
									,	TELEPHONE NUI	MBER		
				CO/PLAN POL#:									
CODE: SUBCODE: AGENCY CUSTOMER ID				ACCT#:									
				EFFECTIVE DATE EXPIRATION DATE		EXPIRATION DATE	DIRECT BILL PAYMENT PLAN			PC-8245114414			
							AGE	NCY BILL					
	PLICANT & LOCATIO	ON INFORMATION					TERR	BBOTEO					
AGE	MARITAL OCCUPATION	ON		SPOUSE'S OCCUPA	TIOI	N	CODE	PROTECT	FIRE DIST	RICT/CODE NUI	MBER		
1004	ATION OF PROPERTY (If Diff	foront From Abova)	ADDITIONAL	DWELLING TYPE(S)			_	ONSTRUCTION	N TVDE/Q)			# FAMILIES	
LUCA	TION OF PROPERTY (II DIII	erent From Above)	LOCATION	DWELLING TTPE(S)				ONSTRUCTIO	ON THE(S)			(In Each)	
				OTHER									
CO	/ERAGES												
#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM	#	PROPERTY		AMOUN	T OF INS	RATE	PI	REMIUM	
1 J	EWELRY				8	COINS							
2 F	URS				9	GOLFER'S EQUIPME	NT						
3 F	INE ARTS				10								
4 C	AMERAS				11								
5 M	IUSICAL INSTRUMENTS				12								
	ILVERWARE				13								
7 S	TAMPS			A	14					80000000			
UNATTENDED CAR COVERAGE (Stamps/Coins) SAFE CREDIT (Identify Property, Safe Class, Etc) BREAKAGE COVERAGE (*On Schedule)								TOTAL:	TOTAL: \$				
	BROAD FORM PAIR & SET COVERAGE ACV LOSS SETTLEMENT BLANKET COVERAGE												
ADDI	NON-MOBILE ORGAN COV TIONAL RATING INFORMAT		REPLACEME	ENT COST LOSS SETTL	LEIVII	ENI							
ADDI	HONAL HATING INFORMAT	ION											
GEN	NERAL INFORMATION	ON	Management and a second				100 NO 100 NO 100 NO		Harry and the property of the story	A INU BSI	LVMAO	MOD BOS	
EXPL	AIN ALL "YES" RESPONSE	S IN REMARKS		YES NO	) E	XPLAIN ALL "YES" RE	ESPONSE	S IN REMAR	KS		Charles Const Const	YES NO	
1. Al	NY PROTECTIVE DEVIC	CES/SYSTEMS IN USE	?		7. DID ANY LOSS OCCUR DURING THE LAST 3 YEARS?								
2. W	ILL ANY PROPERTY BE	E EXHIBITED?			8. ANY COVERAGE DECLINED, CANCELLED OR					NON-BENEW	/FD		
3. WILL ANY SPECIAL RESTRICTION/ENDORSEMENTS APPLY?					DURING THE LAST 3 YEARS? NOT AP								
4. WILL ANY TYPE OF DEDUCTIBLE APPLY?					PRIOR INSURER & POLICY NUMBER								
5. IS	ANY PROPERTY USE	PROFESSIONALLY/	COMMERCIALL'	Y?									
6. Al	NY OTHER INSURANCE	WITH THIS COMPAN	Y?										
	ARKS												
	DRAHO OT GELTING	THE COMPANY IS	O BY A POLICY	IS NOT REPLACED	H.	ICY IF THIS GIND	A POL	ACED BY	969	MOON			
SCI	HEDULE OF PROPE	RTY	SHT VA VAAR	ENT WHEN NECES	AFT	BULDA DHA MOITA	Sale.	ECT TO M	eria .	DVIDET	SA EL ESTA	guyyy	
#	PROVIDE A DETAILED DES						IRED,		AP	PRAISAL		UNT OF OR	
31/	vection statement	HIT OT GREED TO THE	BB BBOWATEN	CERTAIN CIRCU	41 7	OUR AGENTS MAY	3 70 6	U YO COT	od Loo i	DATE	0202	wind disk	
									O DIMA ST	HOY WENT			
						ZU OT T	Color Color State and	CEMIT A R		NO HOLTOUR	TEM RC	BROKEP	
									TIW GMA	KNOWINGLY			
33	ANTIAL CIVILI-ENALLI					The second second second		4-1-1-1-1-1	14.11	JAJAHALAN SA PRAJDU		THERETO,	
BO	SSUE THE POUCK 7	MY MACANDA YM	T TURMEDIO	CLARE THAT TO	0 -	HOATION AND	D DODING	TAUT /	GACINI SIVI	CHENTS APE	TATO	APPUCANT FOREGOIN	
411	DATE (MM/DD/YY)												

#		DESCRIPTION	SANT'S NAME AND WAILIN	APPLE SPECIES	C 52 00 2 00 5 1	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
4.3							
		ACCTAL	ļ6)	LI900		CONEUR	802
	MA 19 19.9	JUSTOBRE STADUC	TIVE DATE EXPERATE	PARS			DI DEMOTE LE PONSE
	OWNERS WITHOUT THE	san thereas san	E'S OCCUPATION	SPOUS	ИОІТА	ATION INFORM	PPLICANT & LOC
31 10 10 10	(3)	ASET MOREORIESENCE	(S) SEPT ON	Juawo Jayan	TICOA (m	It is from Abo	CATION OF PRINCELL
				10.00			
				FERTO			
SC HILLSHIP		W 50 THIOMS VIRGINIA TO THE STORY	sacin :	ica ir	AS 2M 30	TAUOMA	OVERAGES
		THE EUROPEAN	B COINS		AC		100 H
	÷	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	01				PINC ARTS
			Sr.			2	Musical extraord
			27				SERVES
	2 1270] (82)	ergantu) 36.4 rayustasakan 1944 ( Esmanusi Sanakusi (	TH	viscent, no 380 a august spubblic	VOA	a ov Privo o ma s	I A CTE STORY CAND
			Wawaithar Book	1800 FVBM5 (4)	736	NOTE A ASS	A CHICA RATING INFO
FOR COMPANY	USE ONLY					ATTACHM	ENTS JARAMA
							RAPH COMMON TO THE REPORT OF T
							ALE
						19A J.B TOUR	IVE DEVICE CERTIFICAT
DINDER/CIONA	TUDE			Y J J J / 1	MALL VICEMILES	olegistophi Gaes. Natur Lichicania	STORY SHOWS THE ST
BINDER/SIGNA		IF THE "BINDER" BOX TO THE LE	ET IS COMPLETED. TH	HE FOLLOWING	CONDITIONS A	PPI Y·	ENRAMO
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIN TO THE TERMS, CONDITIONS AN	D(S) OF INSURANCE	STIPULATED O	ON THIS APPLIC	ATION. THIS INSU	
TIME	12:01 AM	THIS BINDER MAY BE CANCELLI COMPANY STATING WHEN CAN BY NOTICE TO THE INSURED I	CELLATION WILL BE IN ACCORDANCE WI	EFFECTIVE. T TH THE POLIC	HIS BINDER MA Y CONDITIONS.	Y BE CANCELLED THIS BINDER IS	BY THE COMPANY CANCELLED WHEN
COVERAGE IS	NOON NOT BOUND	REPLACED BY A POLICY. IF THI PREMIUM FOR THE BINDER ACC SUBJECT TO VERIFICATION AND	ORDING TO THE RUL	ES AND RATES	IN USE BY THE	COMPANY. THE C	TLED TO CHARGE A QUOTED PREMIUM IS
PERSONAL INFO AND PRIVILEGED THE RIGHT TO I DESCRIPTION O	INFORMATION CO REVIEW YOUR PEI F YOUR RIGHTS A		I PERSONS OTHER ITS MAY IN CERTAIN FILES AND CAN REC	THAN YOU. SU CIRCUMSTAN QUEST CORRE	JCH INFORMATI CES BE DISCLO	ION AS WELL AS DSED TO THIRD I INACCURACIES.	PARTIES, YOU HAVE A MORE DETAILED
CONTAINING ANY	MATERIALLY FALS	D WITH INTENT TO DEFRAUD AN SE INFORMATION, OR CONCEALS I INSURANCE ACT, WHICH IS A CR	FOR THE PURPOSE	OF MISLEADIN	IG INFORMATIO	N CONCERNING	ANY FACT MATERIAL
FOREGOING STA	TEMENTS ARE TR	READ THE ABOVE APPLICATION UE; AND THAT THESE STATEMEN does not constitute a warranty.)	I AND I DECLARE TH	HAT TO THE E S AN INDUCEN	BEST OF MY KI	NOWLEDGE AND COMPANY TO ISSU	BELIEF ALL OF THI JE THE POLICY FOR
APPLICANT'S SIGNATURE			DATE (MM/DD/YY)	PRODUCER'S SIGNATURE			