LOC #: _____

MOBILE HOME APPLICATION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

CONTACT NAME:

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS:

DATE AT CURRENT RESIDENCE:

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

CODE: SUBCODE:

AGENCY CUSTOMER ID:

PRIMARY E-MAIL ADDRESS:

POLICY NUMBER:

SECONDARY E-MAIL ADDRESS:

PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE	BIRTH DATE	MARITAL STATUS * / CIVIL UNION (if applicable)

* This field may not be utilized for policyholders applying for residential property insurance in CA.

APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)

CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)

LOCATION INFORMATION

PROPERTY ADDRESS STREET	CITY	COUNTY	STATE	ZIP + 4

MOBILE HOME PARK NAME (If Applicable)	DATE PARK ESTABLISHED	NUMBER OF PERMANENT SPACES IN PARK

COVERAGES / LIMITS OF LIABILITY

☐ FIRE ☐ FIRE & EC ☐ FIRE, EC & VMM ☐ BROAD ☐ SPECIAL

COVERAGE	LIMIT	PREMIUM
DWELLING	$	$
OTHER STRUCTURES	☐ INCLUDED $	$
PERSONAL PROPERTY	$	$
LOSS OF USE	☐ ACTUAL LOSS SUSTAINED $	$
BLANKET *	$	$
RENTAL VALUE	☐ ACTUAL LOSS SUSTAINED $	$
ADDITIONAL EXPENSE	$	$
PERSONAL LIABILITY EA OCC	$	$
MEDICAL PAYMENTS EA PER	$	$

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

COVERAGE	OPTION	LIMIT	PREMIUM
REPL COST - FULL VALUE	☐ INCLUDED	% MAX	$
REPL COST - DWELLING	☐ INCLUDED		$
REPL COST - CONTENTS	☐ INCLUDED		$
		TOTAL LOCATION PREMIUM	$

DEDUCTIBLES

DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
BASE	$	%		NAMED HURRICANE*	$	%	
WIND / HAIL	$	%		ANNUAL HURRICANE**	$	%	
THEFT	$	%			$	%	
	$	%			$	%	
	$	%			$	%	
	$	%					

* Named Storm Percentage Deductible in North Carolina

** Not Applicable in North Carolina

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION	PREMIUM
BUILDING ORD OR LAW COVERAGE	$ AGG $ INCR	$
	☐ INCLUDED % REBUILD	
DEBRIS REMOVAL	☐ INCLUDED $ LIMIT	$
EARTHQUAKE	% DED TERR:	$
	$ DED RETROFIT TYPE:	
	MAS VENEER: %	
FIRE DEPARTMENT SERVICE CHARGE	☐ INCLUDED $ LIMIT	$
INFLATION GUARD	% INCREASE	$

COVERAGE TYPE	COVERAGE INFORMATION	PREMIUM
LOSS ASSESSMENT	$ LIMIT	$
MINE SUBSIDENCE	$ LIMIT CONST MATERIAL:	
	PROP DESC:	$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	☐ INCLUDED $ LIMIT	$
WATER BACKUP OF SEWERS & DRAINS	☐ INCLUDED $ LIMIT	$
WINDSTORM EXCL	☐ YES (Not applicable in Arkansas)	$

COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	

COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	

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AGENCY CUSTOMER ID: _____

LOC #: _____

RATING / UNDERWRITING

YEAR	MAKE	MODEL	ID NUMBER	LENGTH	WIDTH

PURCHASE DATE	PURCHASE PRICE		MARKET VALUE	REPLACEMENT COST	# BEDROOMS	CONSECUTIVE MONTHS OCCUPIED EACH YEAR	# WEEKS RENTED
	$	☐ NEW ☐ USED	$	$			

DISTANCE TO: FIRE HYDRANT	DISTANCE TO: FIRE STATION	FIRE DISTRICT NAME	FIRE DISTRICT CODE	FIRE EXTINGUISHER
FT	MI			☐ Y / N

# FIRE DIVISIONS	# UNITS FIRE DIV	PROT CLASS	FIRE PREM GROUP	EC PREM GROUP	TERRITORY	PERS LIAB TERR

COOKING LOCATION
☐ END
☐ MIDDLE
☐ NONE

TIE DOWN
☐ FULL
☐ CHASSIS ONLY
☐ OVERTOP ONLY
☐ NONE

EXTERIOR CONSTRUCTION
☐ STEEL ☐ VINYL
☐ ALUMINUM
☐ WOOD

OCCUPANCY
☐ OWNER
☐ TENANT
☐ UNOCC
☐ VACANT

USE
☐ PRIMARY
☐ SECONDARY
☐ SEASONAL

DWELLING LOCATION
☐ IN CITY LIMITS
☐ IN FIRE DISTRICT
☐ IN PROT SUBURB

PERMANENT CONNECTION TO:
☐ ELEC ☐ SEWER
☐ WATER ☐ PHONE

SKIRTED (Y / N)

HOUSEKEEPING CONDITION
☐ EXCELLENT
☐ GOOD
☐ AVERAGE
☐ BELOW AVG

FOUNDATION CONSTRUCTION
☐ CONTINUOUS MASONRY
☐ POST & PIER
☐

WIRING
☐ COPPER LAST INSPECTED DATE
☐ ALUMINUM
☐

ELECTRICAL SYSTEMS
☐ CIRCUIT BREAKERS
☐ FUSES
NUMBER OF AMPS

PROTECTION DEVICE TYPE

SYSTEM	SMOKE	TEMP	BURG
CENTRAL			
DIRECT			
LOCAL			

ROOF CONDITION
☐ EXCELLENT ☐ AVERAGE
☐ GOOD ☐ BELOW AVG

ROOF MATERIAL

WINDSTORM
STORM SHUTTERS
☐ A ☐ B
☐ HURRICANE RESISTIVE GLASS

WIND CLASS
☐ RESISTIVE ☐ SEMI-RESISTIVE
☐

DISTANCE TO TIDAL WATER
☐ Miles ☐ Feet

SWIMMING POOL NONE ☐
☐ ABOVE GROUND ☐ DIVING BOARD
☐ IN GROUND ☐ SLIDE
☐ APPROVED FENCE

FUEL STORAGE TANK LOCATION NONE ☐
☐ INDOORS ABOVE GROUND MASONRY FLOOR
☐ INDOORS ABOVE GROUND NO MASONRY FLOOR
☐ OUTDOORS ABOVE GROUND
☐ OUTDOORS BELOW GROUND

FUEL LINE LOCATION
☐ UNDER GROUND
☐ THROUGH FOUNDATION

RENOVATIONS	PART	COMP	YEAR
WIRING			
PLUMBING			
HEATING			
ROOFING			
EXTERIOR PAINT			

FIREPLACES (Enter # or 0 for none)
CHIMNEYS
HEARTHS
PRE-FAB
WOOD STOVE INSERT

RATING CREDITS
☐ NON-SMOKER ☐
☐ MANNED SECURITY
☐ LIGHTNING PROTECTION
☐ OFF PREMISE THEFT EXCL

PRIMARY HEAT ☐ NONE

SECONDARY HEAT ☐ NONE

DATE HEATING SYSTEM LAST SERVICED:

OTHER STRUCTURES

DESCRIPTION

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? **(Missouri Applicants - Do not answer this question)**	
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

AGENCY CUSTOMER ID: _____

LOC #: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
7. 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.)	

GENERAL INFORMATION - RESIDENTIAL

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES? ☐ FARMING ☐ HOME OFFICE / BUSINESS ☐ TELECOMMUTER ☐ DAY CARE # OF CHILDREN: ____	
2. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? **(Kansas Applicants - Do not answer this question)**	
3. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?	
4. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:	
5. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
6. IS THE MOBILE HOME FOR SALE? (no explanation needed)	
7. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)	
8. IS THERE A TRAMPOLINE ON THE PREMISES?	
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)	
9. ANY LEAD PAINT?	
10. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:	
11. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:	
12. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	
13. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)	
14. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:	
15. IF HOME IS LOCATED IN A MOBILE HOME PARK DOES MOBILE HOME PARK HAVE A RESIDENT MANAGER? MANAGER'S NAME: PHONE (A/C,No):	
16. DOES MOBILE HOME PARK HAVE LIMITED ACCESS? (no explanation needed)	
17. DOES MOBILE HOME PARK HAVE SUBDIVISIONS? (no explanation needed)	
18. ARE ROADS UNPAVED IN THE MOBILE HOME PARK? (no explanation needed)	
19. IF HOME IS NOT LOCATED IN A MOBILE HOME PARK, IS HOME VISIBLE FROM ROAD? (no explanation needed)	

ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)

START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES ☐ Y / N	MATERIALS UNATTACHED ☐ INCL ☐ EXCL	OCC DURING REN ☐ Y / N	COST OF PROJECT $

LOSS HISTORY

ANY LOSSES (except for applications for auto insurance), WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? Y / N ☐ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LINE OF BUSINESS	LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
					$		
					$		
					$		

PRIOR COVERAGE ☐ NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	BI OR CSL LIMIT(S) IF APPLICABLE PER PERSON	PER ACCIDENT
			$	$
			$	$

AGENCY CUSTOMER ID: _____

LOC #: _____

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:			DEPOSIT AMOUNT: $		EST TOTAL PREMIUM: $
BILLING	**PAYMENT PLAN**		**PAYMENT METHOD**		**MAIL POLICY TO:**
☐ DIRECT BILL - POLICY	☐ FULL PAY	☐ BI-MONTHLY	☐ CASH	☐ EFT	☐ AGENT
☐ DIRECT BILL - ACCT	☐ ANNUAL	☐ MONTHLY	☐ CHECK	☐ PAYROLL DEDUCTION	☐ INSURED
☐ AGENCY BILL	☐ SEMI-ANNUAL	☐	☐ CREDIT CARD	☐ PRE-AUTHORIZED DRAFT/CHECK (PAC)	☐
	☐ QUARTERLY				
PAYOR			**PREMIUM FINANCED ?**	**FINANCE COMPANY**	
☐ INSURED ☐ MORTGAGEE ☐			☐ **Y/N**		

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	**NAME AND ADDRESS** **RANK:** ____ **EVIDENCE:** ☐ **CERTIFICATE** ☐ **SEND BILL**	**INTEREST IN ITEM NUMBER**	
☐ **ADDITIONAL INSURED**		**LOCATION:**	**BOAT:**
☐ **LENDER'S LOSS PAYABLE**		**ITEM CLASS:**	**ITEM:**
☐ **LIENHOLDER**		**ITEM DESCRIPTION**	
☐ **LOSS PAYEE**			
☐ **MORTGAGEE**			
☐ **TRUSTEE**			
☐	**REFERENCE / LOAN #:**		

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

☐	FLOOD EXCLUSION NOTICE	☐	PROTECTION DEVICE CERTIFICATE	☐	RESIDENCE BASED BUSINESS SUPP	☐	WINDSTORM LOSS MITIGATION
☐	LEAD FREE PAINT CERTIFICATION	☐	RECREATIONAL VEHICLE APP	☐	SOLID FUEL SUPPLEMENT	☐	
☐	PHOTOGRAPH	☐	REPLACEMENT COST ESTIMATE	☐	STATE SUPPLEMENT(S) (If applicable)	☐	

CERTIFICATION OF MOBILE HOME TIE DOWNS

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE	**Y / N**
1. IS MOBILE HOME TIED DOWN? (If "YES", Answer Questions 2 through 13)	
2. IS MOBILE HOME EQUIPPED WITH FACTORY INSTALLED "UNDER THE SKIN" TIE DOWN STRAPPING?	
3. TYPE OF STRAPS OR CABLES USED? (If strapping is used, answer Questions 4 and 5. If cable is used, answer Question 6) ☐ 1 1/4 STEEL STRAP ☐ 1/4 STEEL CABLE ☐ 1 1/2 STEEL STRAP ☐ 1/2 STEEL CABLE ☐	
4. IS ALL STRAPPING USED IN TIE DOWNS GALVANIZED?	
5. IS ALL STRAPPING USED IN TIE DOWNS WITHOUT PERFORATIONS?	
6. IF CABLE USED, ARE LOOSE ENDS FIRMLY CLAMPED AND SECURE?	
7. ARE OVER THE ROOF TIE DOWNS VISIBLE? (If "YES", answer Question 7a.)	
a. ARE CORNER BLOCKS OF WOOD OR METAL USED UNDER STRAPPING CABLE TO PREVENT SHARP BENDS?	
8. TYPE OF ANCHORS USED FOR TIE DOWNS? ☐ DEAD MEN ☐ SCREW AUGER (Explain below) ☐ OTHER TIE DOWN ANCHORS (Explain below)	
9. ARE TURNBUCKLES USED IN TIE DOWNS? (If "YES", answer Questions 9a. through 9c.)	
a. ARE THEY FORGED STEEL?	
b. ARE TURNBUCKLES ENDING WITH JAWS PROPERLY SECURED?	
c. DO TURNBUCKLES END WITH OPEN HOOK? (If "YES", answer Question 9d.)	
d. ARE THEY CLOSED WITH TWINE OR WIRE?	
10. ARE THERE ANY ADDITIONS TO THE MOBILE HOME (INCLUDING CARPORT, ADDED ROOMS, etc)? (If "YES", answer Question 10a.)	
a. ARE ALL ADDITIONS TO THE MOBILE HOME TIED DOWN?	
11. IS MOBILE HOME PROPERLY BLOCKED? (If "NO", explain below)	
12. HOW MANY PROPERLY SECURED STRAPS OR CABLES ARE THERE OVER THE ROOF? **NUMBER OF STRAPS OR CABLES:** _____	
13. FACING EITHER END OF THE MOBILE HOME, HOW MANY PROPERLY SECURED FRAME TIE DOWNS ARE THERE? **RIGHT:** _____ **LEFT:** _____	
EXPLANATION OF ITEMS NOT ADEQUATELY DESCRIBED ABOVE	

THE UNDERSIGNED DOES HEREBY CERTIFY THAT THE ABOVE DESCRIBED MOBILE HOME AND ITS TIE DOWN FACILITIES ARE CORRECT AS DESCRIBED ABOVE.

SIGNATURE OF OWNER / APPLICANT	**DATE (MM/DD/YYYY)**

MINIMUM TIE DOWN REQUIREMENTS

1. NUMBER OF TIE DOWNS
   A. EXTENDED COVERAGE ZONES 4 & 5

Length of Home	Frame Ties and Anchors Per Side	Over Home Ties
Up to 40'	4	2
41' to 60'	6	3
61' to 82'	8	4

   B. EXTENDED COVERAGE ZONES 1, 2 & 3

Length of Home	Frame Ties and Anchors Per Side	Over Home Ties
Up to 40'	3	2
41' to 60'	5	3
61' to 82'	6	3

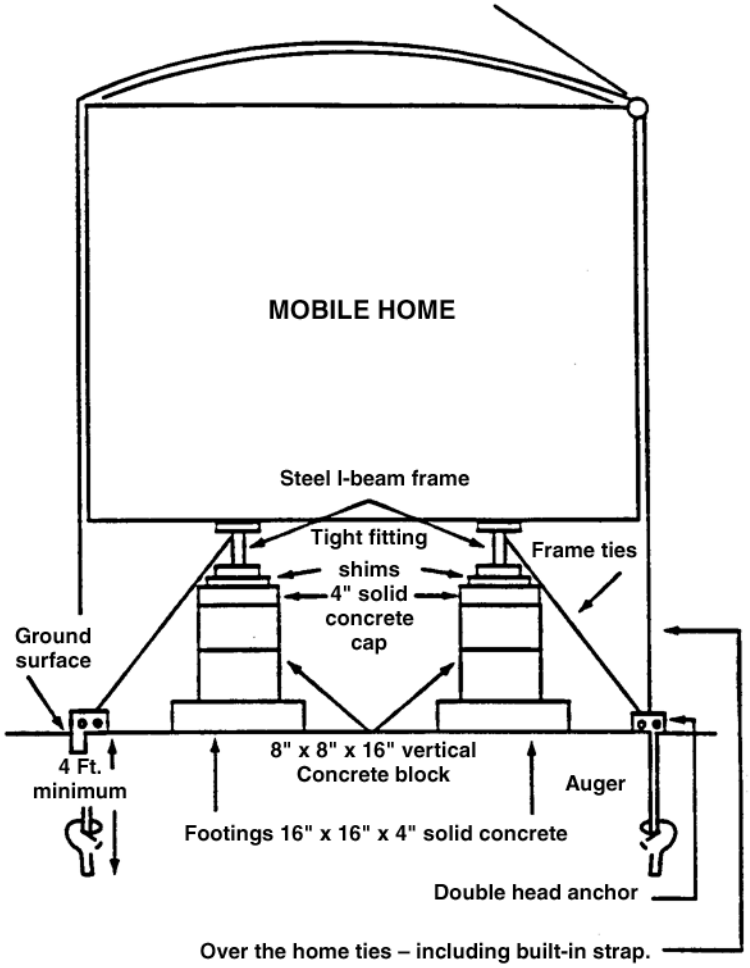
   C. Multiple-wide mobile homes shall have diagonal ties and anchors as required above for single-wide mobile homes. No over-the-roof ties shall be required.

2. ANCHOR
   A minimum anchor is an auger (steel screw) at least 6 inches in diameter on a rod that allows the auger to penetrate at least 4 feet into the ground while leaving the eye or tensioning head exposed.

3. CONNECTORS
   A. Galvanized steel strap -- 1 1/4" X .035" with tensioning device.
   B. Galvanized or stainless steel cable -- 3/8" (7X7 - 7 strands of 7 wires each).
   C. Galvanized aircraft cable 1/4" (7X19 - 7 strands of 19 wires each).
   D. Cable ends secured by 2 U-bolt clamps.
   E. Steel rods -- 5/8" with ends welded closed.
   F. Turnbuckles -- 1/2" drop forged-closed eyes.

4. BLOCKING AND FOOTINGS
   A. Spaced at 10 ft intervals on both frame rails with end footings no further than 5' from end of home.
   B. Footings of solid concrete 16" X 16" X 4".
   C. Blocking of 8" X 8" X 16" celled concrete block with cells placed vertically, topped with solid 4" concrete cap.
   D. Treated shims for leveling.
   E. Perimeters of 14' wide and over, must be blocked adjacent to over-the-home ties.

Over Home ties buffered at corner if home does not include built-in strap.



INSTALLATION OF TIE DOWNS DOES NOT ASSURE SAFE OCCUPANCY DURING SEVERE WINDS AND HURRICANES.

BINDER

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
TIME	☐	12:01 AM
	☐	NOON
☐ COVERAGE IS NOT BOUND		

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.

APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. 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. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

AGENCY CUSTOMER ID: _____ **LOC #:** _____

NOTICE OF INFORMATION PRACTICES

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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER