

ACORDTM PERSONAL LINES PACKAGE APPLICATION

DATE (MM/DD/YYYY)

| | | | | | |
|---|---|--|--|--|----------------|
| AGENCY PHONE (A/C, No, Ext): FAX (A/C, No): | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) | | | NAIC CODE | FACILITY CODE |
| | | | | TELEPHONE NUMBER | |
| CODE: | SUBCODE: | CO/PLAN | POL#: | NUMBER OF YEARS AT THIS ADDRESS | |
| AGENCY CUSTOMER ID: | | EFFECTIVE DATE | EXPIRATION DATE | CREDIT FOR EXISTING INS - EFFECTIVE DATE | ACCT#: |
| LINES OF BUSINESS TO BE INCLUDED | | | | DIRECT BILL | MORTGAGEE BILL |
| <input type="checkbox"/> PROPERTY | <input type="checkbox"/> WATERCRAFT | <input type="checkbox"/> INLAND MARINE | | AGENCY BILL | PAYOR |
| <input type="checkbox"/> LIABILITY | <input type="checkbox"/> UMBRELLA | | | NAME AND ADDRESS OF MORTGAGEE OR PAYOR | |
| PREVIOUS ADDRESS (If less than 3 years) | | | 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 | YES | NO |
|---|-----|----|--|---|----|
| 1. ANY BUSINESS CONDUCTED ON PREMISES? (Including day/child care) | | | 14. DURING THE LAST FIVE (5) YEARS, (TEN (10) IN RHODE ISLAND), 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 (1) year of imprisonment.) | | |
| 2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees) | | | RENTERS AND CONDOS ONLY: | 15. IS THERE A MANAGER ON THE PREMISES? | |
| 3. ANY FLOODING, BRUSH HAZARD, LANDSLIDE, ETC? | | | | 16. IS THERE A SECURITY ATTENDANT? | |
| 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? | | | 17. IS THE BUILDING ENTRANCE LOCKED? | | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? | | |
| 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | | 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value) | | |
| 7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO | | | 20. IS HOUSE FOR SALE? | | |
| 8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS? | | | 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? | | |
| 9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history) | | | 22. IS THERE A TRAMPOLINE ON THE PREMISES? | | |
| 10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER? | | | 23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? | | |
| 11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? | | | 24. ANY LEAD PAINT HAZARD? | | |
| 12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model) | | | 25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit) | | |
| 13. IS BUILDING RETROFITTED FOR EARTHQUAKE (if applicable)? | | | | | |

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 |
| | | | | |

REMARKS

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 | ASBESTOS SIDING | SQ FT | # APTS | REPLACEMENT COST | APART | SECONDARY | | | | | |
| OTHER: | FIRE RES | | | \$ | CONDO | SEASONAL | | | | | |
| | | | | | TOWNHOUSE | COC | | | | | |
| | | | | | ROWHOUSE | UNOCC | | | | | |
| | | | | | CO-OP | VACANT | | | | | |
| NUMBER OF FIRE DIVS | TERR CODE | PREM GROUP | PROTECT CLASS | DISTANCE TO HYDRANT | FIRE STATION | PROTECTION DEVICE TYPE | HEAT TYPE | RENOVATION TYPE | PART | COMP | YEAR |
| | | | | FT | MI | SYSTEM | TEMP | SMOKE | BURGLAR | | |
| | | | | | | CENTRAL | | | | | |
| FIRE/EC RATE | FIRE DISTRICT/CODE NUMBER | | | DIRECT | | | | OIL STORAGE TANK LOCATION | | | |
| | | | | LOCAL | | | | | | | |
| DWELLING LOCATION | INSPECTED? | TAX CODE | RATING | OCCUPIED DAILY? | # WEEKS RENTED | WIND CLASS | SWIMMING POOL | APPROVED FENCE DIVING BOARD | ABOVE GROUND | IN-GROUND | STORM SHUTTERS |
| WITHIN CITY LIMITS | YES | | CLASS | YES | | RESISTIVE | | | YES | | YES |
| WITHIN FIRE DIST | NO | | SPEC | NO | | SEMI-RESISTIVE | | | NO | | NO |
| | | | | | | OTHER | | | | | |
| BLDG CODE GRADE | | | | | | | | | | | |
| ROOF TYPE | FOUNDATION | IF REPLACEMENT COST APPLIES: | | BREEZEWAY SQUARE FEET: | | | | | | | |
| | OPEN | CLOSED | NONE | BASEMENT SQUARE FEET: | GARAGE SQUARE FEET: | | | | | | |

PROPERTY COVERAGES/LIMITS (Describe all discounts under REMARKS)

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'G | NAME AND ADDRESS | LOAN NUMBER |
|-------|----------|------------------|-------------|
| | ADDL INT | | |

UMBRELLA INFORMATION

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

APPLICABLE ONLY IN INDIANA, LOUISIANA AND VERMONT:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN INDIANA:
1. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

REMARKS

REMARKS

ATTACHMENTS

| | | | | | | | | | | | |
|-------------------------------------|---|-------------------------------------|---------------------------|------------|------------------------|-------------------|------------------------|-------------------------------|--|--|--|
| | <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;">REPLACEMENT COST ESTIMATE</td></tr> <tr><td style="padding: 2px;">PHOTOGRAPH</td></tr> <tr><td style="padding: 2px;">EARTHQUAKE APPLICATION</td></tr> <tr><td style="padding: 2px;">OTHER APPLICATION</td></tr> <tr><td style="padding: 2px;">APPRAISAL/BILL OF SALE</td></tr> <tr><td style="padding: 2px;">PROTECTION DEVICE CERTIFICATE</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) | REPLACEMENT COST ESTIMATE | PHOTOGRAPH | EARTHQUAKE APPLICATION | OTHER APPLICATION | APPRAISAL/BILL OF SALE | PROTECTION DEVICE CERTIFICATE | | | |
| STATE SUPPLEMENT(S) (If applicable) | | | | | | | | | | | |
| REPLACEMENT COST ESTIMATE | | | | | | | | | | | |
| PHOTOGRAPH | | | | | | | | | | | |
| EARTHQUAKE APPLICATION | | | | | | | | | | | |
| OTHER APPLICATION | | | | | | | | | | | |
| APPRAISAL/BILL OF SALE | | | | | | | | | | | |
| PROTECTION DEVICE CERTIFICATE | | | | | | | | | | | |
| | | | | | | | | | | | |
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FOR COMPANY USE ONLY

BINDER/SIGNATURE

| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">INSURANCE BINDER</th></tr> <tr> <td style="width:50%; padding: 2px;">EFFECTIVE DATE</td> <td style="width:50%; 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. 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.</p> |
|---|------------------|--|----------------|-----------------|------|----------|--|------|-----------------------|--|--|
| INSURANCE BINDER | | | | | | | | | | | |
| EFFECTIVE DATE | EXPIRATION DATE | | | | | | | | | | |
| TIME | 12:01 AM | | | | | | | | | | |
| | NOON | | | | | | | | | | |
| COVERAGE IS NOT BOUND | | | | | | | | | | | |

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT 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. 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.

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, OH, OK, OR or VT; in DC, LA, ME, TN and VA, 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.

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 | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
| | | | |