ACORD® HOMEOWNER	APPLICATION	DATE (MM/DD/YYYY)
AGENCY	CARRIER	NAIC CODE
	NAMED INSURED(S)	-
CONTACT NAME: PHONE		
(A/C, No, Ext):		
(A/C, No): E-MAIL	POLICY NUMBER	
ADDRESS:	PLAN FACILITY CODI	E EFFECTIVE DATE EXPIRATION DATE
CODE: SUBCODE:		
AGENCY CUSTOMER ID: STATUS OF TRANSACTION		
DOLLOY OLLANOF	M DATE AGENT LAST INSPECTED PROPERTY	
	м	
POLICY CHANGE	HOW LONG HAVE YOU KNOWN THE APPLICANT	
APPLICANT INFORMATION		
APPLICANT'S NAME (First, Middle, Last)	APPLICANT'S MAILING ADDRESS	
DATE OF BIRTH SOCIAL SECURITY # MARITAL STATUS *	_	
DATE OF BIRTH SOCIAL SECURITY # MARITAL STATUS *		
* This field may not be utilized for policyholders applying for residential property insurance in CA.		
PRIMARY HOME BUS CELL SECONDARY HOME BUS CEL	PRIMARY E-MAIL ADDRESS:	
PHONE # PHONE # PHONE #	SECONDARY E-MAIL ADDRESS: CURRENT RESIDENCE Check if same as mai	ling address OWNED RENTED
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years):		
ADDI ICANTIS EMDI OVED NAME AND ADDRESS. VDS WITH CURDENT EMDI OVED.	DATE AT CURRENT RESIDENCE:	on if Salf Employed)
APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:	APPLICANT'S OCCUPATION (State Nature of Busines	s ii seii-Employed)
	YEARS IN CURRENT OCCUPATION: YE	EARS WITH PREVIOUS EMPLOYER:
CO-APPLICANT'S NAME (First, Middle, Last)	CO-APPLICANT'S ADDRESS Check if same as	
DATE OF BIRTH SOCIAL SECURITY # MARITAL STATUS *		
* This field may not be utilized for policyholders applying for residential property insurance in CA.		
PRIMARY HOME BUS CELL SECONDARY HOME BUS CEL	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:	CO-APPLICANT'S OCCUPATION (State Nature of Bus	iness if Self-Employed)
	YEARS IN CURRENT OCCUPATION: YE	EARS WITH PREVIOUS EMPLOYER:

COVERAGES / LIMITS OF LIABILITY

COVERAGES / LIMITS	JI LIABILITI												
COVERAGE	LIMIT	PREMIUM	COVERAGE			OPTION		LIMIT		PREMIUM			
DWELLING	\$	\$	REPL COST -	FULL VALUE		INCLUD	ED		% MAX	\$			
OTHER STRUCTURES	\$	\$	REPL COST -	DWELLING		INCLUD	ED			\$			
PERSONAL PROPERTY	\$	\$	REPL COST -	CONTENTS		INCLUD	ED						
LOSS OF USE	\$	\$											
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PE	ERCENT	TYPE	DEDUCTIBLE	AMOU	NT	PERCENT	TYPE	
PERSONAL LIABILITY EA OCC	\$	\$	BASE	\$		%		NAMED HURRICANE**	\$		%		
MEDICAL PAYMENTS EA PER	\$	\$	WIND / HAIL	\$		%		ANNUAL HURRICANE**	\$	%			
	\$	\$	THEFT	\$		%			\$		%		
HO FORM #:			\$		%			\$		%			

 $^{^{\}star}$ Includes Dwelling, Other Structures, Personal Property, Loss of Use

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC#	VEH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

^{**} Not Applicable in North Carolina

AGENCY CUSTOMER ID: _

PAYMENT PLAN	(Atta	ch AC	ORD	610, Prer	miun	n Pay	mer	nt Suppleme	nt, i	faddi	itional	infor	mati	on is	require	ed)						
BILLING ACCOUNT #:							DE	POSIT AMOUNT:	: \$							EST T	OTAL F	PREMIUM:	\$			
BILLING	(F	PAYMEN	T PLAN	<u></u>			PA	YMENT METHOD	_								N	IAIL POLICY	TO:			
DIRECT BILL - POL	LICY	FUL	L PAY	E	10M-IE	NTHLY		CASH		EF.	т							AGENT				
DIRECT BILL - ACC	СТ	ANN	NUAL	M	MONT	HLY		CHECK		PA	YROLL D	EDUC	ΓΙΟΝ					INSURE	D			
AGENCY BILL		SEN	/II-ANN	UAL				CREDIT CARD	*	PR	E-AUTHC	RIZED	DRAF	T/CHEC	K (PAC)							
		QUA	ARTER	LY			* N	⊐ lot applicable in N	С													
PAYOR							PR	EMIUM FINANCE	D?	FINAN	CE COMP	PANY										
INSURED	MORTO	GAGEE						Y/N														
RATING / UNDER	RWRIT	TING						1														
CONSTRUCTION TYPE		%	COUF	RSE OF CONS	STRUC	TION	ноц	JSEKEEPING CO	NDITI	ON		(PROTE	CTION	DEVICE T	YPE	DIST	ANCE TO			-	
MASONRY VENEE	R			BUILDERS RI	SK			EXCELLENT		AVERA	AGE		TEM	I	TEMP	BURG	FIR	E HYDRANT	.	FIRE ST	ATION	
FRAME				RENOVATION				GOOD		BELOV			TRAL				FI				MI	
MASONRY				RECONSTRU		ı	PLU	MBING CONDITI		<u> </u>		DIRE					# FI	RE DIVISION	-	# UNITS F		
IVIAGOIVICI				JPANCY	01101			EXCELLENT		AVERA	AGE	LOC										
SIDING		%		OWNER				GOOD		BELOV	W AVG		R LOC	K	SPRINK	LER	P	ROT CLASS	F	IRE EXTIN	IGUISHER	
ALUMINUM SIDING				TENANT			ANY	ا KNOWN LEAKS '	 ? (Y/N)			DEAD	POLT		RTIAL					Y/N	
	,				_		-	OF CONDITION		<i>'</i>							TERF	RITORY				
STUCCO	A OTIO			UNOCCUPIEI	J					A\/EDA			SPRIN	NG	FU FU	LL						
VINYL SIDING / PL CEDAR, WOOD, SHINGLE	ASTIC			VACANT				EXCELLENT		AVERA		FIRE	DISTE	RICT NAI	MF		<u> </u>		FIRE D	IST CODE		
	h. 1		RESI	DENCE TYPE			ROC	GOOD OF MATERIAL		BELOV	w AVG	1		1441						.J. JJDL		
EIFSCB (on cinder	DIOCK)				7							PRIM	MARY I	HEAT		NON	. 9	ECONDARY	/ HFAT	.	NONE	
EIFSS (on studs)				DWELLING			DIS	TANCE TO TIDAL	WAT	FR				LAI		NONE		LOONDAIN			NONE	
YEAR EIFS INSTALLED:				APARTMENT			0.0	TANGE TO TIDAL	es	Feet			TILLO O		07.050							
USAGE TYPE	•			CONDOMINIU			PH	RCHASE PRICE	_		SE DATE	WIRI		TING SY	STEMLA	ST SERV	ICED:	FI	FCTRI	CAL SYST		
	_			TOWNHOUSE	=		\$	KONASE PRICE	"	KUIIAG	DE DATE	WIK							ELECTRICAL SYSTEMS			
PRIMARY		SONAL		ROWHOUSE			<u> </u>	NIDITY					COPP		LAS	T INSPEC	TED D	ATE	1	CUIT BREA	KERS	
SECONDARY	FAR	.M	<u> </u>	CO-OP			SECURITY ALUMINU VISIBLE FROM VISIBLE TO											FUS				
								ROAD	L	NEIGI	HBORS		KNOB	& TUBE				NU	MBER	OF AMPS		
WEAR RIVER	"			" EALW 150				OCCUPIED DAI									1		1			
YEAR BUILT	# ROC	OMS		# FAMILIES	' -	RATING			-	DWELL	LING LOC	CATION	RA	TING			RENG	OVATIONS	PAR	T COMP	YEAR	
	 			# HOUSEHO	N D			MOKER	-	IN	N CITY LIN	FOUNDATION NONE						NG				
MARKET VALUE	# APA	ARTMEN	15	# HOUSEHO RESIDENT	รั	-		D SECURITY			N FIRE DIS		·	UNDATI	ON NO	DNE	PLUN	IBING				
\$	<u> </u>					_		ING PROTECTIO	- +	IN	N PROT S	SUBURB OPEN					HEAT	TING				
REPLACEMENT COST	# WEI	EKS REN	ITED	TAX CODE	_	_ 0	FF PR	EMISE THEFT EX	·					CLOSI			ROO	FING				
\$	<u> </u>					_			-	FUEL S	STORAGE	ETAN	(LOC	ATION	NC	DNE	1	RIOR PAIN	Γ			
TOTAL LIVING AREA	BLDG	CODE	GRADE		_					IN	NDOORS A	ABOVE	GRO	UND MA	SONRY F	LOOR	WINE	CLASS		٦		
SQ FT	-				Ľ	SWIMN	IING F	POOL NONE		IN	NDOORS A	ABOVE	GRO	UND NO	MASONE	RY FLOOF		RESISTIVE		SEMI-RE	ESISTIVE	
BASEMENT AREA		ECTED (AE	BOVE	GROUND	-	0	UTDOOR	S ABO	VE GR	OUND								
SQ FT	FIREF	PLACES	(Enter	# or 0 for nor	1е)	IN	GRO	UND	-	0	UTDOOR	S BEL	OW GF	ROUND				STORM				
GARAGE AREA	CHIM	NEYS		1		AF	PPRO	VED FENCE									STOF	RM SHUTTE	_			
SQ FT	HEAR	RTHS		-		DI	VING	BOARD	-	FUEL L	LINE LOC	ATION						Α	В			
BREEZEWAY AREA	PRE-F	FAB		-		SI	LIDE		-	U	INDER GF	ROUND)									
		D STOVE	INSE	RT						TI	HROUGH	FOUN	DATIO	N				HURRICANE	RESI	STIVE GLA	'SS	
LOCATION SCH	DUL	E)																				
LOC # STREET							CIT	ГҮ						COUN	TY			STAT	E ZI	P + 4		
							-															
PRIOR COVERAG	GE			NO PR	IOR	COV	ERA	GE														
PRIOR CARRIER											PRIC	OR POL	ICY N	UMBER					ı	EXPIRATIO	N DATE	
LOSS HISTORY	ANY LO	OSSES, AST	WHETH	HER OR NOT	PAID	BY IN	SURA	NCE, DURING LOCATION?				Y/N		IF YES	, INDICA	TE BELOV	v	APPLICA INITIALS:				
				2,		5							•							FERED BY	IN	
LOSS DATE	LOSS T	YPE				DESCRIPTION OF LOSS						CAT # AMOUNT PAID				(c)	A)GENT OMPANY	DISPUTE (Y / N)				
																\$						
																\$						
																\$						
1																						

AGENCY CUSTOMER ID:

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE			COVERAGE INFORMATION		PREMIUM	COVERAGE TYPE			PREMIUM				
ADDITIONAL	# P	REMISES:				\$	INFLATION GUARD			% INCREA	SE		\$
PREMISES LIABILITY	LO	C #:	TERR:			\$	LOSS ASSESSMENT	\$		LIMIT			\$
EXTENSION	LO	C #:	TERR:			\$		\$		LIMIT	CONST MA	TERIAL:	
	# P	REMISES:			MED PAY (Y/N):	\$	MINE SUBSIDENCE	PRO	OP DES	C:			\$
ADDITIONAL	LO	C #:	MED PAY (Y	/N):	# FAMILIES:	\$		REQ INCR CONTENTS \$ LIMIT					
RESIDENCE RENTED TO	TEF	RR:				*	OFFICE, PROFESSIONAL			CONT NOT REQ	MED PAY (
OTHERS	LO	C #:	MED PAY (Y	/N):	# FAMILIES:	s	PRIVATE SCHOOL,	\$		OT. STRUCTS	TERR:	, .	\$
	TEF	RR:					STUDIO - RESIDENCE	STF	RUCT TY				
BUILDERS RISK THEFT BLDG		1		\$	LIMIT	\$	PREMISES	BUS	S/STRU	CT DESC:			
MATERIALS		INCLUDE	D				OTHER	\$		LIMIT			
COLLAPSE DUE TO HYDRO-STATIC		1	_	\$	LIMIT	\$	STRUCTURES - INDIVIDUAL STRUC	STF	RUCTUR	RE DESC:		\$	
PRESSURE		INCLUDE			11100		PLANTS, SHRUBS &]		\$	LIMIT	\$
BUILDING ORD OR LAW COVERAGE	\$	INCLUDE	AGG	\$	INCR	\$	TREES REFRIGERATED		INCLU	DED	<u> </u>		<u> </u>
BUSINESS		INCLUDE	טי		% REBUILD		FOOD PRODUCTS		INCLU	DED	\$	LIMIT	\$
PROPERTY AT		INCLUDE	:D	\$	LIMIT	\$	SINK HOLE COLLAPSE		INCLU	DED			\$
HOME BUS PROP AWAY		INCLUDE					UNIT-OWNERS		INCLU	שבט			
FROM HOME		INCLUDE	D	\$	LIMIT	\$	ADDITIONS & ALTERATIONS				\$	LIMIT	\$
DEBRIS REMOVAL		INCLUDE	D	\$	LIMIT	\$	SPECIAL COVERAGE		INCLU	DED			
			% DED	TERR:			UNSCHEDULED JEWELRY,	\$		AGG	\$	INCR	\$
EARTHQUAKE	_		250	RETRO	OFIT TYPE:	\$	WATCHES, FURS	_					<u> </u>
	\$		DED	MAS VENEER: %			WATER BACKUP OF SEWERS & DRAINS		INCLU	DED	\$	LIMIT	\$
EMPLOYERS LIAB	\$		LIMIT	# OF E	MPLOYEES:	\$	WATERCRAFT	\$		LIMIT			\$
FIRE DEPARTMENT SERVICE CHARGE		INCLUDE	D			\$	LIABILITY	\$ LIMIT					Ψ
FLOOD	\$		BLDG	\$	CONTENTS	\$	WATERCRAFT PHYSICAL DAMAGE	\$		LIMIT		\$	
FUNCUE AND MOUD		EXCL LIA	BILITY	\$	PROPERTY	•	WINDSTORM EXCL		YES (Not applicable in	Arkansas)		\$
FUNGUS AND MOLD		EXCL PR	OP DAMAGE	\$	LIABILITY	\$	WORKERS	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)				NY, ND, OH,	
GOLF CARTS -		INCLUDE	D	# GOL	F CARTS:	\$	COMPENSATION - FULL TIME			OYEES:			\$
LIABILITY	DE	SCRIPTION	l:			•	INSERVANT	" "		O1220.			Ψ
GOLF CARTS - PHYSICAL DAMAGE	\$		LIMIT			\$	COVERAGE TYPE		OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
IDENTITY FRAUD EXP		INCLUDE	:D	\$	LIMIT	\$	CODE			\$		\$	
INCIDENTAL						\$	DESCRIPTION			\$		TYPE:	\$
FARMING PERS LIAB	ME	DICAL PAY	MENTS (Y/N):	Ш		•				TERR:		Y / N:	
INCR COV C SPECIAL LIAB LIMIT							CODE			\$		\$	
ELECTRONIC APP							DESCRIPTION			\$		TYPE:	\$
IN AND OUT OF VEHICLE	\$		TOTAL	\$	INCR	\$	CODE		TERR: Y/N:				
ELECTRONIC	\$		TOTAL	\$	INCR	\$	DESCRIPTION			\$		\$ TVDE	•
APP IN VEHICLE GUNS	\$		TOTAL	\$	INCR	\$	DESCRIPTION			\$ TERR:		TYPE: Y/N:	\$
MONEY	\$		TOTAL	\$	INCR	\$	CODE			\$		\$ / N:	
SECURITIES	\$		TOTAL	\$	INCR	\$							\$
SILVERWARE	\$		TOTAL	\$	INCR	\$	DESCRIPTION		\$ TYPE:		Y/N:	*	
2.272.000	Ψ.			· *		INCR \$			1				

GENERAL INFORMATION

OL	OLINEIVAL INI ONIMATION											
EXP	AIN ALL "YES" RESPONSES					Y/N						
1.	ANY OTHER INSURANCE WITH	THIS COMPANY? (List policy numbers)										
	LINE OF BUSINESS	POLICY NUMBER		LINE OF BUSINESS	POLICY NUMBER							
	2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)											
3.	3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?											
4.	4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?											
5. /	ANY OTHER RESIDENCE, NOT L	ISTED ON ANY APPLICATION, OWNED, OC	CU	PIED OR RENTED?								

0.5	-NED AL		1 / a a m t i m v a d \		AGI	ENCY CUS	TOMER ID:			
		<u>L INFORMATION</u> . "YES" RESPONSES	(continuea)							Y/N
			RANSFERRED WITHIN A	AGENCV2						171
0.	11/10/1140	SOIV WOL BLEIV II	WINOI EIGILED WITTING	IOLIVOT:						
7	DOES A		NY RECREATIONAL VEI	HICLES (SNO)	V MORILES I	DLINE BLIGG	IES MINI RIKES AT	TVS etc) NOT	SCHEDI II ED ON TH	IIS POLICY?
٧.	YEAR		INT RECREATIONAL VEI	TICLES (SNO)	MODEL MODEL	DOINE BOOK	iiLO, MIINI BIKLO, A	BODY TYPE	SCHEDOLLD ON TH	IIS FOLICT!
	TEAR	WAKE			WODEL			BODTTTPE		
8.	OF THE	E CRIME OF FRAUI	(5) YEARS [TEN (10) YEA D, BRIBERY, ARSON OR e existence of an arson co	R ANY OTHER	ARSON-RELA	ATED CRIME	IN CONNECTION \	NITH THIS OR	ANY OTHER PROPE	
GE	NERAL	LINFORMATION	I - RESIDENTIAL							
EXP	PLAIN ALL	"YES" RESPONSES U	INLESS STATED OTHERWISE	E						Y/N
1.	ANY BU	JSINESS CONDUC	TED ON PREMISES?	FARMING	i		TELECOMMUTER	D	AY CARE # OF CHILD	DREN:
				HOME OF	FICE/BUSINE	ss 🗔				
2.	ANY RE	ESIDENCE EMPLO	YEES? # FULL TIME:	DESCRIP			# PART TIM	E: DESCR	RIPTION:	
3	ANY FI	OODING BRUSH	FOREST FIRE OR LAND	OSLIDE HAZAF	2D2					
0.	7		TOREOTT INCE ON EXAMPLE	3021B2 11712711						
4	ADE TI	JEDE ANY ANIMAL	C OD EVOTIC DETC KEI	DT ON DDEM!	2502					
4.	AREIF		S OR EXOTIC PETS KEI							
		ANIMAL TYPE	BREED	BITE HI	STORY (Y/N)	_ A	NIMAL TYPE	BRE	ED BITE HIS	STORY (Y/N)
5.	IS PROF	PERTY SITUATED	ON MORE THAN ONE A	CRE? # OF	ACRES:	LAND USE	D FOR:			
6.	ANY U	NCORRECTED FIR	E OR BUILDING CODE \	VIOLATIONS?						
7.	IS THE [DWELLING / HOME	FOR SALE? (no explana	ation required)						
			0 FEET OF A COMMERC	. ,	RESIDENTIAL	PROPERT	Y? (If "YES" describ	e in detail)		
0.			0 · 22 · 0 · / · 00 · · · · · · · · · · · · ·	5 · L			(120 ; 4000	o III dotaii,		
_	IC THEE		ON THE DDEMICECS							
9.			ON THE PREMISES?							<u> </u>
			SAFETY NET? (no explai							
10.	WAS TH	HE STRUCTURE OF	RIGINALLY BUILT FOR C	OTHER THAN	A PRIVATE RI	ESIDENCE A	AND THEN CONVER	RTED?		
	ORIGIN	IAL OCCUPANCY:								
11.	ANY LE	AD PAINT?								
12	IF Δ FI	IEL TANK IS ON PI	REMISES, HAS OTHER I	INSURANCE E	EEN ORTAIN	IED FOR TH	E TANK?			
			of the insurance compan							
	INSLID	ANCE COMPANY:					LIMIT:	(CLEANUP/SUBLIMIT:	
12			CATED COMMUNITYS	NAME OF CO	NANALINITY.		LIIVII I .		DELANOI /OODEINIIT.	
			GATED COMMUNITY?	NAME OF CO						
14.			ONSTRUCTION, IS THE							
	STAF	RT DATE COMP	DATE INT EXT A	ADDITION ADD	LEVEL STRU	JC CHANGES	MATERIALS UNATTA	CHED OCC DU	RING REN COST OF	PROJECT
			% %	sq. ft.	sq. ft.	Y/N	INCL E	XCL	Y/N \$	
15.			CARBON MONOXIDE AL				HIN THE MANDATE	O NUMBER OF	FEET OF EVERY	
	ROOM	USED FOR SLEEP	'ING PURPOSES? (IL - 1	is Fi) (no exp	anation need	ea) 				
16.	IS THE I	NAMED INSURED	THE OWNER OF THE PF	ROPERTY? (If	"NO", provide	the name of	the owner)			
	OWNER	R'S NAME:								
GE	NERAL	INFORMATION	I - RENTERS AND CO	ONDOS ONL	Y					'
		"NO" RESPONSES	· ····································	<u> </u>	•					Y/N
			N THE PREMISES? MA	NAGER'S NAM	ΛΕ·			PH∩I	NE (A/C,No):	
				CLICO IVAI				11101	(/ 1/0,140).	
2.	IS THE	RE A SECURITY A	HENDANI?							
3.	IS THE	BUILDING ENTRA	NCE LOCKED?							
ΑD	DITION	NAL INTEREST (Attach ACORD 45, A	dditional In	erest Sche	dule, if mo	re space is requ	ired)		
	EREST		NAME AND ADDRESS RA			CERTIFICATE	SEND BILL		INTEREST IN	I ITEM NUMBER
	1	NAL INSURED							LOCATION:	BUILDING:
			i .							A Committee of the Comm

ACORD 80 (2009/10)

REFERENCE / LOAN #:

LIENHOLDER

LOSS PAYEE

MORTGAGEE

VEHICLE:
ITEM
CLASS:
ITEM DESCRIPTION

BOAT:

ITEM:

AGENCY CUSTOMER ID:

ATTACHMENTS

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

BINDER / SIGNATURE

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 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 ELIGIBLITY FOR COVERAGE UNDER 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.

(Applicant's Initials)

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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

ACORD 80 (2009/10)

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AGENCY CUSTOMER ID: RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators] NAME (AS IT APPEARS ON LICENSE) DATE OF BIRTH **FIRST NAME** MIDDLE NAME LAST NAME STDT GOOD DRV >100 STDT TRAIN ACC PREV # OCCUPATION **DRIVERS LICENSE #** DATE LIC SOCIAL SECURITY # ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers) Attach ACORD 99, Accidents / Convictions Schedule, if more space is required HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST DRV ACCIDENT/CONVICTION DESCRIPTION YEARS Y/N IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES. PLACE OF ACCIDENT / CONVICTION BI OR DEATH Y/N AMOUNT OF PROPERTY DAMAGE DESCRIPTION OF ACCIDENT OR CONVICTION ADDITIONAL INTEREST NAME AND ADDRESS ADDL INS LOSS PAYEE LOAN NUMBER LENDER'S LOSS PAYABLE ADDL INS NAME AND ADDRESS VEH #: LOSS PAYEE LOAN NUMBER LENDER'S LOSS PAYABLE 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* 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 # OF YEARS WITH COMPANY PRIOR CARRIER PRIOR PRODUCER PRIOR POLICY NUMBER **EXPIRATION DATE GENERAL INFORMATION** Y / N **EXPLAIN ALL "YES" RESPONSES** WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? VEH # NAME OF OTHER OWNER VEH # NAME OF OTHER OWNER ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) VEH# DESCRIPTION COST VEH # DESCRIPTION COST \$ 3 ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)

NAMED INSURED

VEH # DESCRIPTION

THAT SECTION?

DRV # DESCRIPTION

ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN

COST

MODEL

5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)

YEAR

MAKE

VEH # DESCRIPTION

DRV # DESCRIPTION

CARRIER

COST \$

POLICY NUMBER

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ENERAL INFORMATION (continued)	AGENCY CUSTOMER ID:
ENERAL INFORMATION (CONTINUED)	

FYPI AIN ALL "YES" PESPONSES Y/N											
EXPLAIN ALL "YES" RESPONSES 6. ANY OTHER INSURANCE WITH THIS COMPANY?											
٥.	_		WITH THIS COMPANY:	1	POLICY NUMBER	TV0=	INOUDATION				
	POLIC	POLICY NUMBER		TYPE OF INSURANCE POLICY NUMBER		TYPE OF INSURANCE					
7.		/ HOUSEHOLD MEMBER IN MILITARY SERVICE?									
	DRV#	DRV# BRANCH RANK BASE LOCATION VEH AT BASE (Y/N									
8.	ANY D	RIVERS LICENSE E	BEEN SUSPENDED / RE	:VOKED?							
	DRV # SUSPENSION PERIOD EXPLANATION REINSTATE DATE										
		Start Date:	End Date:								
9.	ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?										
	DRV # DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE										
10.	ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?										
	DRV# EXPLANATION										
11.	ANY FI	NANCIAL RESPON	SIBILITY FILING?								
	DRV#	REASON FOR FILING	G				FILING DATE				
12.	HAS IN	SURANCE BEEN T	RANSFERRED WITHIN	THE AGENCY?							
13.	ANY C	OVERAGE DECLIN	ED. CANCELLED. OR N	ON-RENEWED DURING THE L	AST THREE (3) YEARS?						
	DRV#	REASON DECLINED	, CANCELLED, OR NON-RE	NEWED	. ,						
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14	IS THIS	L S BROKERED BUSI	NESS TO THE AGENT?								
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					dule, may be attached if more space is req	uirea)					
Х		SUPPLEMENT		D STUDENT CERTIFICATE	MOTOR VEHICLE REPORT						
		DRIVER QUESTIONN		THEFT DEVICE CERTIFICATE	PHOTOGRAPH						
	DRIVER	R TRAINING CERTIFICA	ATE MEDI	CAL STATEMENT	BILL OF SALE						

AGENCY CUSTOMER ID:							
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
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COMPANY. THE QUOTED PRI	EMIUM IS SUBJECT TO VERIFICA	TION AND ADJUSTMENT, WHEN I	NECESSARY,	BY THE COMPANY.			
PERSONAL INFORMATION AS	BOUT YOU. INCLUDING INFORMA	TION FROM A CREDIT OR OTHER	R INVESTIGAT	IVE REPORT. MAY BE			
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AMENDMENTS AND RENEW	ALS. SUCH INFORMATION AS	S WELL AS OTHER PERSONAL	AND PRIVIL	EGED INFORMATION			
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REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT I							
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							
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APPLICANT'S STATEMENT:							
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MY KNOWLEDGE AND BELIE	F ALL OF THE FOREGOING -	APPLICANT'S	SIGNATURE				
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I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.							
POLICY SERVICE FEE	•						
I UNDERSTAND THAT I MAY ELECT TO PAY MY PREMIUM FOR THIS POLICY IN INSTALLMENTS THROUGH A PAYMENT PLAN							
SPONSORED BY YOU. HOWEVER, IF MY PAYMENT IS RECEIVED AFTER THE DUE DATE, A POLICY SERVICE FEE OF \$							
	•	SUCH A FEE WILL APPLY TO TH					
TERMS.				··· · · · · · · · · · · · · · · ·			
	APPLICANT'S SIGNATU	JRE		1			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE		NATIONAL PRODUCER NUMBER			

CONSENT TO OBTAIN A CREDIT REPORT OR INVESTIGATIVE CONSUMER REPORT

In connection with my application for insurance to the company shown on Page 1 of 4 of this application ("You"), I hereby consent to your obtaining a credit report or investigative consumer report about me.

Such reports may contain information about my:

- 1. credit standing;
- 2. credit worthiness;
- 3. credit capacity;
- 4. personal characteristics; or
- 5. mode of living.

The authorization to obtain these reports extends to:

- 1. companies affiliated with You.
- 2. Consumer reporting agencies; and
- 3. insurance support organizations representing You.

The authorization also extends to subsequent reports in connection with the same transactions. I understand that I am entitled to receive:

- 1. a copy of this form; and
- 2. copies of any credit report about me.

I also understand that I may request to be interviewed in connection with the preparation of reports about me.

APPLICANT / NAMED INSURED'S SIGNATURE	DATE *

* THIS AUTHORIZATION EXPIRES ONE YEAR FROM THIS DATE