R	
ACORD	

HOMEOWNER APPLICATION

DATE (MM/DD/YYYY) 07/17/2020

		Г	IOIVIE	OVVIV	NED	APPI	LICATI	UIN	ı				07/17/	2020
AGENCY PREMIER GROUP II	NS TNC					CARRIE		ONAL	INSU	RANCE COM	PANY			NAIC CODE
600 17TH ST STE								01111111	111001				30	3130
							NSURED(S)	N N.T						
DENVER, CO 8020	4					CADMI	HOFFMA	AIN						
CONTACT						4								
CONTACT NAME:						4								
PHONE (A/C. No. Ext): 1.720.45														
FAX (A/C. No): (866) 948-8	8485					POLICY N								
E-MAIL ADDRESS:						60710	7519 63	33 1	L		-			
CODE: 0DKS65		SUBCODE: 562				PLAN	TTM 0 0		FA	ACILITY CODE	l l	O / O		ATION DATE
AGENCY CUSTOMER ID:						QUANI	'UM 2.0				0 // 3	0/20	12007/3	30/2021
STATUS OF TRANSACT			T	T		1								
X NEW		POLICY CHANGE EFFECTIVE DATE	TIME	· _	AM	DATE AG	ENT LAST INS	PECTE	D PROPE	ERTY				
RENEW					PM	1								
POLICY CHANGE						HOW LON	G HAVE YOU	KNOWI	N THE AF	PPLICANT				
APPLICANT INFORMAT	ΓΙΟΝ					•								
APPLICANT'S NAME (First, Midd	lle, Last)						IT'S MAILING							
CYDNI HOFFMAN DATE OF BIRTH	SOCIAL SI	CURITY #	MARITA	AL STATU	IS* /	7	AND GRA IOND, TX			2140				
			CIVIL UNIO			KI CHI	IOND, 12	2 //	7400-	2140				
01/07/1985	NOT R	equired												
* This field may not be utilized f	or policyholders a		al property ins	surance in	CA.	PRIMARY	E-MAIL ADDR	ESS: C	CydniH	off@gmail	.com			
PRIMARY NOME BUT	US CELL	SECONDARY PHONE #	HOME B	sus X c	ELL	SECONDA	RY E-MAIL AI	DDRES	S:					
1.832.844.9267		(832) 844	-9267			CURRENT	RESIDENCE		Check if	f same as maili	ng address		OWNED	RENTED
PREVIOUS ADDRESS	YEARS AT PRE	VIOUS ADDRESS (if	less than thr	ree years):										
														
APPLICANT'S EMPLOYER NAME	AND ADDRESS	YRS WITH (CURRENT EM	IPI OYFR:			CURRENT RES			ure of Business	if Self-Emn	loved)		
ATTEIOART O EMITEOTER RAME	AND ADDITESS	THO WITH	JOHNEINT EIN	II LOTEII.		ALLEGAN	11 5 00001 A	11011 (0	otate Hat	uie oi busilless	ii Gen-Linp	ioyeu,		
CO-APPLICANT'S NAME (First, N	Middle Last)						CURRENT OC CANT'S ADDR			eck if same as		REVIOL	IS EMPLOYE	K:
OO ATTEIOART O HAME (Filot, F	viidaio, Last,					OO AITE	OAIT O ADDI		o	cok ii suille us	Арриосии			
DATE OF BIRTH	SOCIAL SI	CURITY #	MARITA	AL STATU	JS* /	+								
			CIVIL UNIO	ON (if appl	icable)									
* This field may not be utilized f		equired	al proporty inc	curanaa in	CA	+								
PRIMARY HOME BUT		SECONDARY PHONE #												
PHONE # I HOME I BO	OG CLLL	PHONE #	HOWLE D	.00 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E-MAIL ADDR		_					
CO-APPLICANT'S EMPLOYER NA	AME AND ADDRE	SS VRS WITH (CURRENT EM	IPI OVER:			RY E-MAIL AL			Nature of Busin	ness if Self-	Employe	ıd)	
CO-ATTEIOART S EMITEOTER RA	ANIE AND ADDITE	.55 1115 W1111 V	JOHNEINT EIN	II LOTEII.		CO-AITE	CANT 5 OCC	,, ,,,,,	or (State	Nature of Busin	less ii Seii-	Linploye	u,	
COVERAGES / LIMITS (OE LIABILITY	/ LOC #:				YEARS IN	CURRENT OC	CUPAT	TION:	YEA	ARS WITH F	PREVIOL	IS EMPLOYE	R:
COVERAGES / LIWITS (LIMIT	PREMI	UM COV	VERAGE			OPTION			LIMIT			PREMIUN	Л
DWELLING	\$180,000			L COST -	FULL \	/ΔI I I F	INCLUD	ED			% MAX	\$		<u>. </u>
OTHER STRUCTURES		\$		L COST -			X INCLUD	_			70 1817 151	\$		
PERSONAL PROPERTY	\$20,000			L COST -			X INCLUD	_				\$		
LOSS ACTUAL LOSS OF USE SUSTAINED	\$100,000	_	THE !	_ 0001 -	JOINTI		A INCLUD					Ť		
OF USE SUSTAINED BLANKET *	\$100,000	\$	DED	UCTIBLE		MOUNT	PERCENT	τv	/PE I	DEDUCTIBLE	AMOU	NT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	1		BAS		\$	OUN I		1 7		NAMED HURRICANE*	\$		%	1175
MEDICAL PAYMENTS EA PER	\$300,000	\$		ID / HAIL	\$		1.0%			<u>HURRICANE*</u> ANNUAL HURRICANE**	\$		%	
WILDIOAL I ATIVILINTO EA FER	\$2,000	\$	THE		\$		2.0%			HURRICANE**	\$		%	
	1	*	1	•	1 *		/0		1		ı *		/0	

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

TORING AND ENDORGENIENTS (Attach Acond 625, Forms and Endorsements Schedule, if Thore space is required)											
FORM NAME EDITION DATE COPYRIGHT OWNER CODE	FORM NUMBER	BOAT # ITEM #	VEH#	LOC#							
TOTAL CONTENT OF THE	TOTAL ROMBER	BOAT # ITEM#	V LII //	200 #							

ACORD 80 (2016/11)

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HO FORM #: Homeowners
* Includes Dwelling, Other Structures, Personal Property, Loss of Use

^{*} Named Storm Percentage Deductible in North Carolina ** Not Applicable in North Carolina pace is required)

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

BILLIN	IG ACCOUNT	#:						DI	EPOSIT AMOUNT	T: \$	-						EST T	OTAL	L PREMIL	JM: \$	2,0	33.0	0
BILLIN	IG		PAYM	IENT PL	AN			P/	AYMENT METHO	D _									MAIL PO	DLICY T	0:		
Х	DIRECT BILL -	POLICY	X	FULL PA	Y	ВІ	-MONTHL	Y	CASH		El	FT							AG	SENT			
	DIRECT BILL -	ACCT	A	ANNUAL		М	ONTHLY	Х	CHECK		P	AYROLL D	DEDUC.	TION					INS	SURED			
	AGENCY BILL		5	SEMI-AN	INUAL				CREDIT CARE)	PI	RE-AUTHO	RIZED	DRAF	T/CHEC	K (PAC)							
			(QUARTE	RLY				_														
PAYO	R							PF	REMIUM FINANC	ED ?	FINA	NCE COMP	PANY										
	INSURED	X MOR	TGAGE	E	1				Y/N														
RAT	ING / UNI	DERWR	TING	i LO	C #:	1		ı	J.														
	TRUCTION T		%		URSE C	OF CONS	TRUCTION	и но	USEKEEPING CO	ONDI	TION			PROTE	CTION	DEVICE T	YPF	DIS	TANCE	го			
	MASONRY V	ENIEER			BUILE	DERS RIS	ĸ		EXCELLENT		AV/FR	RAGE		TEM	SMOKE		BURG	FI	IRE HYD	RANT	1	FIRE ST	ATION
37	RAME	LIVELIT			1	OVATION			GOOD		1	W AVG		TRAL	OWIGINE	12.00	20110	2	250	F	-	1	MI
	MASONRY					NSTRUC	TION	PLU	JMBING CONDIT	ION	DLLO	WAVG	DIRE						FIRE DIV			UNITS	FIRE DIV
	VIAGOIVITI			oco	CUPAN		HON		EXCELLENT		AVER	RAGE	LOC			Х							
SIDIN	G		%	Х	OWN	ED			GOOD		BELO'	W AVG		OR LOC	К	SPRINKL	ER.		PROT C	LASS	FIR	E EXTIN	IGUISHER
	ALUMINUM SI	DINC			TENA			AN	J Y KNOWN LEAKS	S? (Y.	'			DEAD			RTIAL		2				Y/N
		DING						-	OF CONDITION									TEF	RRITORY		_ l		1
	STUCCO	/ DI A CTIC	,			CCUPIED		-	1		1	RAGE		SPRIN	G	FUI	.L		0090				
	/INYL SIDING CEDAR, WOO SHINGLE	D,	,		VACA	AN I		-	EXCELLENT		1		FIRE	DISTR	ICT NA	ME				FIE	E DIS	T CODE	
				RES	IDENC	E TYPE		BO	GOOD OF MATERIAL	<u> </u>	BELO	W AVG			GROVE								
	EIFSCB (on cir			-	1				chitectura	1 S	hing	le	PRIN	/IARY I	JEAT		1		SECONE	DARV E	FΛT		
	EIFSS (on stud rick/Mason		r	X	DWEI			DIS	TANCE TO TIDA	11 \	\TFR		-			L lectri	NONE	•	SECON	-AIII I	LAI	Ш	NONE
	EIFS INSTAL		-			RTMENT		Dio	_	_		Feet											
-	E TYPE	LLD.				IUINIMOC	Л	DII	IRCHASE PRICE			SE DATE	WIR		TING SY	STEM LA	ST SERV	/ICED) <u>:</u>	ELEC	TDIC A	L SYST	EMC
37						NHOUSE		\$	MONAGE FRICE		1/20		VVIN										
Н.	PRIMARY		ASONA	AL		HOUSE			CURITY	1 +	1/20	009		COPPI		LAS	Γ INSPEC	CTED	DATE			IT BREA	AKERS
	SECONDARY	FA	RM		CO-0	P		SEC	VISIBLE FROM		VISI	IBLE TO		ALUM							FUSES		
Н					j			-	ROAD		NEIC	GHBORS		KNOB	& TUBE					NUM	BER O	AMPS	
VEAD	DI III T	# D4	20110		1			NO 00	OCCUPIED DA	IL Y	DIAGE		247101							<u> </u>	-		
198	BUILT 3 ()	# KC	OOMS		# F#	AMILIES 1		NG CR				LLING LOC		N KA	TING 1				NOVATIO	ONS	PART	COMP	YEAR
-					# H	OUSEHOL	<u> </u>		MOKER		Ш'	IN CITY LIN	MITS		CLASS		PECIFIC		RING				
MARK	CET VALUE	# A	PARTM	IENIS	RE	SIDENTS	<u> </u>		ED SECURITY		<u> </u>	IN FIRE DI	STRIC	T	JNDATIO 1	ON NO	NE	PLU	JMBING				
\$					+				NING PROTECTION		<u> </u>	IN PROT S	SUBURI		OPEN			HEA	ATING				
	ACEMENT CO	JSI # W	EEKS	RENTED	IAX	CODE	Ш'	OFF PF	REMISE THEFT E	XCL				X	CLOSE			RO	OFING				2015
	5,000						+				FUEL	STORAGE	: IANI	K LOC	ATION	NO	NE		TERIOR I				
IOIA	L LIVING AR	EA BLD	G COL	DE GRAI	DE					177		INDOORS							ND CLAS	is I			
		2 FT				٦	SWIN	IMING	POOL NONE	Χ	Ш'	INDOORS	ABOVE	E GROL	JND NO	MASONF	Y FLOOI	_	RESIST	ΓIVE		SEMI-RE	SISTIVE
BASE	MENT AREA	-) (Y/N):				ABOVE	GROUND		Ш	OUTDOOR	S ABO	VE GR	OUND								
		<u> </u>	PLACE	S (Enter	# or C) for none	•)	IN GRO	DUND		(OUTDOOR	S BEL	OW GF	ROUND				NDSTOR				
GARA	GE AREA	CHI	MNEYS	6		-		APPRO	VED FENCE									STO	ORM SH 1	UTTERS			
) FT HEA	RTHS			-		DIVING	BOARD		FUEL	LINE LOC	ATION						Α		В		
BREEZ	ZEWAY ARE	A PRE	-FAB					SLIDE			'	UNDER G	ROUNE)				X	NONE				
		2 FT WO		OVE INS	SERT							THROUGH	FOUN	IDATIO	N				HURRI	CANE F	ESIST	IVE GLA	ASS
LOC	ATION S	CHEDUI	.E					-							1				-				
LOC	# STREET							CI	TY						COUN	TY				STATE	ZIP	+ 4	
1	315 I	LAND GI	TINAS	DR				R	ICHMOND											TX	774	106-2	140
PRIC	OR COVER	RAGE			N	IO PRI	OR CO	VER/	AGE														
PRIOR	CARRIER											PRIC	OR POL	ICY N	UMBER						EX	PIRATIO	N DATE
All	state																						
									A						-				1				
LOS	s ні зт оғ								CE, DURING N?				Y / N	Y	IF YES	, INDICAT	E BELOV	V		LICANT IALS:	·S		
										o	200					2					ENTE	RED BY GENT	IN DISPUTE
	SS DATE	LOSS		-					DESCRIPTION (UF L	J55					CAT	_	AMC	DUNT PA		(C)OI	MPANY	(Y / N)
04/	19/2015	Insur	ed	Ha	il											73	\$		5,7	772			
-																	\$						
																	\$						

ACORD 80 (2016/11)

OPTIONAL	COVERAGES -	- ENDORSEMENTS	LOC #:	

AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	PE COVERAGE INFORMATION					PR	EMIUM		
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	PRC	P DES	C:			\$	
ADDITIONAL	LO	C#:	MED PAY (Y/	N):	#FAMILIES:	\$			REO II	NCR CONTENTS	\$	LIMIT		
RESIDENCE RENTED TO	TEF	R:				*	OFFICE, PROFESSIONAL			CONT NOT REQ	MED PAY ()			
OTHERS	LO	C#:	MED PAY (Y/	N):	#FAMILIES:	\$	PRIVATE SCHOOL,	\$	II VOIT V	OT. STRUCTS	TERR:	7147 .	\$	
	TEF	R:				*	STUDIO - RESIDENCE		RUCT TY		TETU.		•	
BUILDERS RISK THEFT BLDG		•		\$	LIMIT	\$	PREMISES			CT DESC:				
MATERIALS		INCLUDE	D				OTHER	\$.,	LIMIT				
COLLAPSE DUE TO HYDRO-STATIC		Ī		\$	LIMIT	\$	STRUCTURES- INDIVIDUAL STRUC		UCTUR	E DESC:			\$	
PRESSURE		INCLUDE	D			•	PLANTS, SHRUBS &					LINAIT		
BUILDING ORD OR	\$		AGG	\$	INCR	\$	TREES		INCLU	DED	\$	LIMIT	\$	
LAW COVERAGE		INCLUDE	D		% REBUILD	•	REFRIGERATED FOOD PRODUCTS		INCLU	DED	\$	LIMIT	\$	
BUS PROP AT HOME		INCLUDE	D	\$	LIMIT	\$	SINK HOLE							
BUSINESS PROP AWAY FROM HOME		INCLUDE	D	\$	LIMIT	\$	COLLAPSE		INCLU	DED			\$	
DEBRIS REMOVAL		INCLUDE	D	\$	LIMIT	\$	UNIT-OWNERS - ADDITIONS &					LINAIT		
			% DED	TERR:			ALTERATIONS SPECIAL COVERAGE		INCLU	DED	\$	LIMIT	\$	
EARTHQUAKE	_		DED	RETRO	OFIT TYPE:	\$	UNSCHEDULED							
	\$		DED	MAS \	VENEER: %		JEWELRY, WATCHES, FURS	\$		AGG	\$	INCR	\$	
EMPLOYERS LIAB	\$		LIMIT	# OF I	EMPLOYEES:	\$	WATER BACKUP OF		1		ė	LIMIT	\$	
EQUIP BREAKDOWN (Not applicable in NC)		INC \$	DED	\$	LIMIT	\$	SEWERS & DRAINS	INCLUDED \$ LIMIT		*				
FIRE DEPARTMENT				\$	LIMIT	\$	WATERCRAFT LIABILITY	\$ LIMIT		\$				
SERVICE CHARGE		INCLUDE					WATERCRAFT	\$		LIMIT			\$	
FLOOD	\$		BLDG	\$	CONTENTS	\$	PHYSICAL DAMAGE	<u> </u>						
FUNGUS AND MOLD		EXCL LIA		\$	PROPERTY	\$	WINDSTORM EXCL			(Not applicable i		IV ND 011	\$	
			ROP DAMAGE	\$	LIABILITY		WORKERS COMPENSATION-			only in CA, MT, N V and WY)	IV, NH, NJ, I	NY, ND, OH,		
GOLF CARTS - LIABILITY		INCLUDE		# GOL	F CARTS:	\$	FULL TIME INSERVANT	# 0	F EMPL	OYEES:			\$	
GOLF CARTS -	DES	SCRIPTION	l:						OPTC	LINALT	ADDI TO	DEDUCTION	DD	ENALLINA.
PHYSICAL DAMAGE	\$		LIMIT			\$	COVERAGE TYPE		OPTS	LIMIT \$	APPL TO	DEDUCTIBLE \$	PK	EMIUM
IDENTITY FRAUD EXP		INCLUDE	ED	\$	LIMIT	\$	DESCRIPTION			\$ \$		TYPE:	\$	
INCIDENTAL	ME	DICAL BAY	YMENTS (Y/N):			\$	DESCRIPTION			TERR:		Y / N:	*	
FARMING PERS LIAB INCR COV C	IVIL	DICALFA	TIVILIVI 3 (1/N).				CODE			s s		\$		
SPECIAL LIAB LIMIT							DESCRIPTION			\$		TYPE:	\$	
ELECTRONIC APP IN AND OUT OF	\$		TOTAL	Ś	INCR	\$	DECOMM FICH			TERR:		Y / N:	•	
VEHICLE			TOTAL	*		*	CODE			\$		\$		
ELECTRONIC APP IN VEHICLE	\$		TOTAL	\$	INCR	\$	DESCRIPTION			\$		TYPE:	\$	
GUNS	\$		TOTAL	\$	INCR	\$	1			TERR:		Y / N:	,	
MONEY	\$		TOTAL	\$	INCR		CODE			\$		\$		
SECURITIES	\$		TOTAL	\$	INCR		DESCRIPTION			\$		TYPE:	\$	
SILVERWARE	\$		TOTAL	\$	INCR		1			TERR:		Y / N:	-	
GENERAL INFO		ATION							1					
EXPLAIN ALL "YES" R														Y/N
1. ANY OTHER IN	SUF	ANCE W	/ITH THIS CC	MPAN	NY? (List policy nu	mbers)								

EXPL	EXPLAIN ALL "YES" RESPONSES Y/N								
1.	ANY OTHER INSURANCE WITH	THIS COMPANY? (List policy numbers)							
	LINE OF BUSINESS Automobile - Personal	POLICY NUMBER 999999999 203 1		LINE OF BUSINESS	POLICY NUMBER	Y			
	(Missouri Applicants - Do not a	ECLINED, CANCELLED OR NON-RENEWED answer this question) ce has not been declined,			enewed in the last 3 years.	N			
3.	HAS APPLICANT HAD A FORE	CLOSURE, REPOSSESSION, BANKRUPTCY	OR	FILED FOR BANKRUPTCY DUR	ING THE PAST FIVE (5) YEARS?				
4.	HAS APPLICANT HAD A JUDGI	EMENT OR LIEN DURING THE PAST FIVE (5	i) YI	EARS?					
5.	ANY OTHER RESIDENCE, NOT	LISTED ON ANY APPLICATION, OWNED, C	CCC	CUPIED OR RENTED?					

GE	NERAL	INFORM	MATION (c	continued)	j			F	AGE	NCY	CUS	TOMER	iD: _								
		"YES" RES		Withings.,																	Y/N
				ANSFERRED	WITHIN	AGENC	CY?														+
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																				1	
7	DOES /	L DDI ICΔN	Τ Ο\Λ/Ν ΔΝ'	V DECREAT	TONAL V	/EHICLE	C (SNIOW)	MORIL F	<u>-6 [</u>	OLINE	PLIGO	CIES MIN	II RIK		T\/\$ 6	+a\ N/	OT SCHED	ııı ED	ON THIS POLICY		+-
7.			I UVVIV AIV	REUNLAIN	UNAL VI	ETICLL		NODEL	:S, D	/UNL I	ВООО	JIEO, IVIII V	I DIIVL	E3, A1	BODY		JI SCLIFF	JLED	UN THIS FULIC	Υ]	1
ļ	YEAR	MAKE					- IVI	ODEL	—						RODI	IYPE				-	
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																			of any degree Property ?	. 1	1
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GEI	NERAL	INFORM	ATION - I	RESIDENTI	IAL L	LOC #:											-		•		
				ESS STATED (Y/N
				D ON PREM					—		\prod					П.					1 ,
١.	AINI DO	/SIINLUU (JOINDOO! E.	D OIN I ILL.	IIOLO:		ARMING			- 1	\vdash	TELECON	IMU I	/ER	I	ا لــــا	JAY CARE	# UF (CHILDREN:	_ '	N
<u> </u>	ANV D	COLDENIC	- EMBLOVE	ES? # FULL			IOME OFFICE SCRIPTION		JINES	3S	$\perp \perp \perp$		4 D V D.	RT TIME	-,	DESC	RIPTION:				NT.
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				OREST FIRE					~h	~i.c	~1- f	57.004	226							1	N
	Kesı	Jence	premis	ses is n	101 10	JCale	3CI III 6	3 11T	311	LIP	3K T	.100u	are	₃a.						1	1
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4.	ARE TH	ERE ANY	ANIMALS	OR EXOTIC	PETS K	EPT ON	PREMISES	3?	_											_ '	Ţ
ı		ANIMAL T	YPE	r	BREED		BITE HISTO	JRY (Y/N	1)		Α	NIMAL TY	PE			BR	REED	В	BITE HISTORY (Y/N)] '	N
ļ	1		ļ			ļ	1												!	'	1
5.	IS PRO	PERTY SIT	TUATED ON	N MORE THA	AN ONE	ACRE?	# OF AC	RES:		LAND	D USE	ED FOR:								<u> </u>	\vdash
				OR BUILDING																	
-	,		· - -	= -	,	•	10													I	
																				I	
7.	IS THE	DWELLING	G / HOME F	OR SALE? (I	no expla	anation r	required)		_												+
				EET OF A C				SIDENT	ΊΔL '	PROP'	FRTY	? (If "YE	S" dr	lescribe	n in det	tail)			-		+
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Q.	ie THF	DE A TRA	ANDOLINE C	ON THE PREI	-MICES?														-		+
				FETY NET? (acaded)													I	-
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		AL OCCUP							—												
11.	ANY LE	AD PAINT	?																	I	
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				MISES, HAS the insurance																1	
		•		li le ii ioui ui io	e compa	ily, thou	ррисаыс	IIII and	THICK	Dicario	Jh ann									1	
		ANCE COM										LIMIT:					CLEANUP/	SUBL	.IMIT:	'	<u> </u>
				TED COMMU			IE OF COMM														
14.	IF BUIL	JING IS U	JNDER CON	ISTRUCTION	, , , , , , , , , , , , , , , , , , , 							1								ا ا	
ļ	STAR	RT DATE	COMP DA	ATE INT	EXT A	ADDITION	N ADD LE	EVEL S	TRUC	CHA	NGES	MATERIA	LS UN	NATTAC	CHED	OCC D	OURING REN	co	OST OF PROJECT	'	
			1	%	%	sq. ft	t. sr	q. ft.	\perp	Υ	Y / N	INCL		EX	(CL		Y / N	\$			
				ARBON MON PURPOSES							N WIT	HIN THE	MAN	NDATE	D NUN	VIBER	OF FEET O	F EVE	ERY		
				IE OWNER OF	F THE PF	ROPERT	Y? (If "NC)", prov	vide 1	the na	ame of	f the own	ier)					-			
	OWNER	R'S NAME:																			
<u>GE</u> l	<u>NERAL</u>	INFORM	IATION - F	RENTERS A	AND CO	<u>ONDO</u> 5	3 ONLY	LOC	#:												
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or broker for your state's requirements.)

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FRAUD STATEMENTS / SIGNATURE

AGENCY CUSTOMER ID: _

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
SIGN HERE →	←		

ACORD 80 (2016/11) Page 6 of 6 607107519 633 1

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page	1	of	1
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AGENCY PREMIER GROUP INS INC	NAMED INSURED CYDNI HOFFMAN	
POLICY NUMBER		
607107519 633 1		
CARRIER	NAIC CODE	
TRAVELERS PERSONAL INSURANCE COMPANY	38130	EFFECTIVE DATE : 07/30/2020

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 80 FORM TITLE: Homeowner Application

Coverage Level: Travelers Protect PLUS®

Optional Coverages

Optional Coverages	Endorsement	Limit	Premium		
Water Back Up and Sump Discharge or Overflow	HQ-208 CW (08-18)	\$5,000	Included*		
Coverage					
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (05-17)		Included*		
Windstorm or Hail Percentage Deductible	HQ-312 CW (05-17)		Included*		
Additional Replacement Cost Protection Coverage	HQ-420 CW (11-18)	\$45,000	Included*		
25% of Coverage A - Dwelling Limit					

*Note: The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.

Rating/Underwriting:

Months Unoccupied Total Finished Living Area - 1590 SQFT
Garage Type - Attached
Roof Shape - Hip
Number of Stories - 1
Number of Bathrooms - 2

Rating/Underwriting: Protection Device Type

Protective Device	Type
Burglar Alarm	Central
Fire Alarm	Local
Smoke Detector	Regular
Sprinkler System	No
Water Sensor	None
Automatic Water Shutoff	None
Low Temperature Sensor	None

General Information:

- 1. Was this property purchased as a foreclosure or short sale in the last 6 months?
- 2. Is your entire home or any part of it available for rent, including short-term vacation rental or home sharing/swapping? No

ACORD 101 (2008/01)

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PREMIER GROUP INS INC 600 17TH ST STE 1425 N DENVER, CO 80202

Phone: 1.720.457.1101 | Fax: (866) 948-8485

Name and Mailing Address CYDNI HOFFMAN 315 LAND GRANT DR RICHMOND, TX 77406-2140

07/17/2020

FREEDOM MORTGAGE CORPORATION ITS SCRS &/OR ASSIGNS ATIMA P O BOX 100562 FLORENCE, SC 29502-0562

Mortgage Invoice

Policy Details

Policyholder: CYDNI HOFFMAN

Loan Number: 0108615717

Residence Premises: 315 LAND GRANT DR

RICHMOND, TX 77406-2140

Insurer: TRAVELERS PERSONAL INSURANCE COMPANY

Policy Period: 07/30/2020 to 07/30/2021

Policy Number: 607107519 633 1

Premium: \$2,033.00

Please cut along the line and mail the lower portion with your payment to TRAVELERS, PO BOX 660307, DALLAS, TX 75266-0307. Thank you.

Make checks payable to Travelers Indemnity Company and affiliates

CYDNI HOFFMAN

Policy Number 607107519 633 1
FREEDOM MORTGAGE CORPORATION
TRAVELERS PERSONAL INSURANCE
PO BOX 660307
DALLAS, TX 75266-0307

AMOUNT ENCLOSED

TOTAL DUE \$2,033.00

Please pay the total due upon receipt to allow for continuation of coverage.

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ACORD

TEXAS PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY) 07/17/2020

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NAMED INSURED

DRV # DESCRIPTION

All claims other than Comprehe

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

YEAR MAKE

DRV# DESCRIPTION

CARRIER

COST

NAIC# POLICY NUMBER

Υ

COST

\$778

MODEL

	ACENCY CUSTOMED ID.											
GENERAL INFORMATION (continued) AGENCY CUSTOMER ID:												
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8.	ANY [NY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?										
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		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											
											N	
10.	10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?											
	DRV #	EXPLANATION										
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13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?												
	DRV # REASON DECLINED, CANCELLED, OR NON-RENEWED											
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14.	IS THI	S BROKERED BUS	INESS TO THE AGI	ENT?								
15.	HAS A	AGENT INSPECTED	VEHICLE?									
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16.	HAS A	NY APPLICANT O	R DRIVER HAD A F	ORECLOSURE, REPOSSES	SION. F	BANKRUPT	CYJUDGEMENT OR	LIEN DURING THE	LAST FI	/F (5) YEARS?		
	DRV#	1		511252555112, 1121 55525	0.0.1, 1		3., 333 d2			. 2 (6) . 2		
17.	HAS A	NY NAMED INSUR	ED DRIVEN WITHO	UT LIABILITY INSURANCE [DURING	G ANY PAR	T OF THE LAST SIX (6) MONTHS?		1		
	DRV#	EXPLANATION										
											N	
RE	MARK	S / ATTACHME	NTS (ACORD 1	01, Additional Remarks	Sche	edule, ma	y be attached if n	nore space is red	quired)			
	STATE	SUPPLEMENT		DRIVER TRAINING CERTIFICAT	Έ		MEDICAL STATEMENT		BILL O	F SALE		
	NO-FAU	JLT APPLICATION		GOOD STUDENT CERTIFICATE			MOTOR VEHICLE REPORT	-				
		DRIVER QUESTIONN		ANTI-THEFT DEVICE CERTIFICA			PHOTOGRAPH					
Your policy premium shown on this application does include the Anti-Theft Fee amount of \$4.00										.00.		
Αm	Amount(s) will be calculated into your policy billing.											

				AGENCY CUSTOMER	R ID:			
REMARKS (ACO	RD 101, Additio	nal Remarks Sch	edule, may be atta	ched if more space is requi	red)			
BINDER / SIGNA	ATURE	1						
INSURANC EFFECTIVE DATE	E BINDER EXPIRATION DATE	THIS COMPA	NY BINDS THE S SUBJECT TO	LEFT IS COMPLETED, THE KIND(S) OF INSURANCE THE TERMS, CONDITIONS	STIPULA	TED ON THI	S APPLICA	TION. THIS
TIME	12:01 AM		E BY THE COMPA					
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APPLICANT'S SIGNAT	URE		DATE	PRODUCER'S SIGNATURE			NATIONAL PRO	ODUCER NUMBER



Electronic Funds Transfer Authorization

You have elected to enroll in the Electronic Funds Transfer (EFT) payment plan.

In order to complete your enrollment in the EFT payment plan so that your insurance premium is automatically deducted from your bank account, please complete this authorization form.

With EFT, your bank account will be debited once per month if you selected "monthly"* or once per policy term if you selected "pay in full"**. We will send you a notice before we make the first deduction from your bank account. We will also send you advanced notification if the amount to be deducted changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

*Monthly deductions will include premium payments and applicable service charges. The service charge for the monthly EFT payment plan is \$2.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

**Please note that your bank account will be debited once per policy term unless you make changes to your policy that causes an increase in your premium. We will debit your bank account for those charges after providing you with advanced notification.

Authorization Agreement for Travelers Electronic Funds Transfer Payment Plan

Name:	CYDNI HOFFMAN	·	607107520 222 1									
Address:	315 LAND GRANT DR	Policy Number:										
	RICHMOND, TX 77406-2140	Policy Number:										
Funds Tra provided f authorizati enroll. In th notice. The applies. I u that Trave	authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Electronic funds Transfer Payment Plan. I understand that this authorization allows Travelers to electronically debit the account I have rovided for all policy premium and charges, and if necessary credit the account. I understand that this is a recurring uthorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently nroll. In the event of a deduction amount or a policy number change, or if policies are added, Travelers will provide advance otice. The advance notice will identify these changes and be sent prior to the scheduled deduction to which the change pplies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or uthorized signer on the account.											
Select Pa	yment Frequency: Monthly Pay in Full Indicate	Day of Month (1st -	- 28th) to Make Payment:									
Check	king Savings Bank Routing #:	Bank Accoun	it #:									
Signature	ə:		:									
	(must be a person authorized to sign on this account)										

When your signed agreement is received, we will mail you a notice showing a schedule of your future deductions, including the amounts and dates when your payments will be deducted. Please continue to make your payment until you receive the

notice.