



HOMEOWNER APPLICATION

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

AGENCY PREMIER GROUP INS INC 600 17TH ST STE 1425 N DENVER, CO 80202		CARRIER TRAVELERS PERSONAL INSURANCE COMPANY		NAIC CODE 38130	
CONTACT NAME: PHONE (A/C No, Ext): 1.720.457.1101 FAX (A/C No): (866) 948-8485 E-MAIL ADDRESS:		NAMED INSURED(S) JEFFERY SHERROD ROXAN POLLAK			
CODE: 0DKS65 SUBCODE: 562		POLICY NUMBER 607109165 633 1		PLAN QUANTUM 2.0	
AGENCY CUSTOMER ID:		FACILITY CODE		EFFECTIVE DATE 08/15/2020	
				EXPIRATION DATE 08/15/2021	

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE AGENT LAST INSPECTED PROPERTY	
<input type="checkbox"/> RENEW				HOW LONG HAVE YOU KNOWN THE APPLICANT	
<input type="checkbox"/> POLICY CHANGE					

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) JEFFERY SHERROD			APPLICANT'S MAILING ADDRESS 26107 TRAVIS BROOK DR RICHMOND, TX 77406-3990		
DATE OF BIRTH 06/23/1964	SOCIAL SECURITY # Not Required	MARITAL STATUS* / CIVIL UNION (if applicable)	PRIMARY E-MAIL ADDRESS: RWPollak@yahoo.com		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			SECONDARY E-MAIL ADDRESS:		
PRIMARY PHONE # 1.832.544.3928	<input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # (832) 849-7294	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years): _____			DATE AT CURRENT RESIDENCE:		
APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER: _____			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: _____		YEARS WITH PREVIOUS EMPLOYER: _____
CO-APPLICANT'S NAME (First, Middle, Last) ROXAN POLLAK			CO-APPLICANT'S ADDRESS <input checked="" type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH 02/14/1959	SOCIAL SECURITY # Not Required	MARITAL STATUS* / CIVIL UNION (if applicable)	* This field may not be utilized for policyholders applying for residential property insurance in CA.		
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER: _____			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: _____		YEARS WITH PREVIOUS EMPLOYER: _____

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$200,000	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$20,000	\$	REPL COST - DWELLING	X INCLUDED		\$
PERSONAL PROPERTY	\$120,000	\$	REPL COST - CONTENTS	X INCLUDED		\$
LOSS OF USE	ACTUAL LOSS SUSTAINED \$40,000	\$				
BLANKET*	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$300,000	\$	BASE	\$	1.0 %	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$2,000	\$	WIND / HAIL	\$	2.0 %	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	\$
HO FORM #: Homeowners				\$	%	\$

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

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina

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

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

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$ 112.37 - METHOD: EFT			EST TOTAL PREMIUM: \$ 1,349.00	
BILLING		PAYMENT PLAN			PAYMENT METHOD	
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> EFT	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED	
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION		
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)		
	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/>				
PAYOR <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>			PREMIUM FINANCED ? <input type="checkbox"/> Y/N		FINANCE COMPANY	

RATING / UNDERWRITING LOC #: 1

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE			DISTANCE TO		
<input type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG	FIRE HYDRANT	FIRE STATION	
<input checked="" type="checkbox"/> FRAME			<input type="checkbox"/> RENOVATION	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL				250 FT	1 MI	
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION	PLUMBING CONDITION		<input type="checkbox"/> DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV	
SIDING			%	<input checked="" type="checkbox"/> OWNER	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	DOOR LOCK		SPRINKLER		PROT CLASS	FIRE EXTINGUISHER
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> TENANT	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> ANY KNOWN LEAKS? (Y/N)	<input type="checkbox"/>	<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL	3	<input type="checkbox"/> Y/N	
<input type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED	ROOF CONDITION		ROOF MATERIAL		<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL	TERRITORY		
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	Architectural Shingle		FIRE DISTRICT NAME		FIRE DIST CODE		
<input type="checkbox"/> CEDAR, WOOD, SHINGLE			RESIDENCE TYPE	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	Distance to Tidal Water		FORT BEND CO ESD NO 04 FPSA				
<input type="checkbox"/> EIFSCB (on cinder block)			<input checked="" type="checkbox"/> DWELLING	ROOF MATERIAL		Miles <input type="checkbox"/> Feet <input type="checkbox"/>		Central - Electric				
<input type="checkbox"/> EIFSS (on studs)			<input type="checkbox"/> APARTMENT	ROOF MATERIAL		Architectural Shingle		PRIMARY HEAT		SECONDARY HEAT		
<input checked="" type="checkbox"/> Brick/Masonry Veneer			<input type="checkbox"/> CONDOMINIUM	ROOF MATERIAL		Architectural Shingle		NONE		NONE		
YEAR EIFS INSTALLED:			<input type="checkbox"/> TOWNHOUSE	ROOF MATERIAL		Architectural Shingle		DATE HEATING SYSTEM LAST SERVICED:				
USAGE TYPE			<input type="checkbox"/> ROWHOUSE	ROOF MATERIAL		Architectural Shingle		WIRING		ELECTRICAL SYSTEMS		
<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> FARM	<input type="checkbox"/> CO-OP	ROOF MATERIAL		Architectural Shingle		<input type="checkbox"/> COPPER	LAST INSPECTED DATE		<input type="checkbox"/> CIRCUIT BREAKERS	
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM	<input type="checkbox"/>		ROOF MATERIAL		Architectural Shingle		<input type="checkbox"/> ALUMINUM			<input type="checkbox"/> FUSES	
				ROOF MATERIAL		Architectural Shingle		<input type="checkbox"/> KNOB & TUBE			NUMBER OF AMPS	
				ROOF MATERIAL		Architectural Shingle		SECURITY				
				ROOF MATERIAL		Architectural Shingle		<input type="checkbox"/> VISIBLE FROM ROAD	<input type="checkbox"/> VISIBLE TO NEIGHBORS			
				ROOF MATERIAL		Architectural Shingle		<input type="checkbox"/> OCCUPIED DAILY				

YEAR BUILT 2006	# ROOMS	# FAMILIES 1	RATING CREDITS		DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR
			<input type="checkbox"/> NON-SMOKER	<input type="checkbox"/>	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	<input type="checkbox"/> WIRING			
MARKET VALUE \$	# APARTMENTS	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/>	<input type="checkbox"/> IN FIRE DISTRICT	<input type="checkbox"/> FOUNDATION NONE	<input type="checkbox"/> PLUMBING			
REPLACEMENT COST \$ 195,000	# WEEKS RENTED	TAX CODE	<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/>	<input type="checkbox"/> IN PROT SUBURB	<input checked="" type="checkbox"/> OPEN	<input type="checkbox"/> HEATING			
			<input type="checkbox"/> OFF PREMISE THEFT EXCL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CLOSED	<input type="checkbox"/> ROOFING			2019
TOTAL LIVING AREA SQ FT	BLDG CODE GRADE		<input type="checkbox"/>	<input type="checkbox"/>	FUEL STORAGE TANK LOCATION		EXTERIOR PAINT			
			<input type="checkbox"/>	<input type="checkbox"/>	NONE		WIND CLASS			
BASEMENT AREA SQ FT	INSPECTED (Y/N):	<input type="checkbox"/>	<input checked="" type="checkbox"/> SWIMMING POOL	<input type="checkbox"/>	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR	<input type="checkbox"/>	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE		
	FIREPLACES (Enter # or 0 for none)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR	<input type="checkbox"/>	WINDSTORM			
GARAGE AREA SQ FT	CHIMNEYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OUTDOORS ABOVE GROUND	<input type="checkbox"/>	STORM SHUTTERS			
	HEARTHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OUTDOORS BELOW GROUND	<input type="checkbox"/>	<input type="checkbox"/> A	<input type="checkbox"/> B		
BREEZEWAY AREA SQ FT	PRE-FAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUEL LINE LOCATION	<input checked="" type="checkbox"/>	NONE			
	WOOD STOVE INSERT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNDER GROUND	<input type="checkbox"/>	HURRICANE RESISTIVE GLASS			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> THROUGH FOUNDATION	<input type="checkbox"/>				

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	26107 TRAVIS BROOK DR	RICHMOND		TX	77406-3990

PRIOR COVERAGE **NO PRIOR COVERAGE**

PRIOR CARRIER All Other	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 7 YEARS, AT THIS OR ANY LOCATION? Y/N IF YES, INDICATE BELOW

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

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$	
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$	
	LOC #:	TERR:		\$	MINE SUBSIDENCE	LIMIT CONST MATERIAL:			\$	
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$		OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	PROP DESC:			\$
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	REQ INCR CONTENTS		\$ LIMIT		\$	
	TERR:			\$	INCR CONT NOT REQ		MED PAY (Y/N) :			
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	\$ OT. STRUCTS		TERR:			
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	OTHER STRUCTURES- INDIVIDUAL STRUC	\$ LIMIT			\$	
	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		STRUCTURE DESC:				
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		REFRIGERATED FOOD PRODUCTS		\$ LIMIT		
BUILDING ORD OR LAW COVERAGE	\$ AGG		\$ INCR	\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED		\$	\$	
	<input type="checkbox"/> INCLUDED		% REBUILD	\$		UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$
BUS PROP AT HOME	INCLUDED		\$ LIMIT	\$	UNSCHEMULATED JEWELRY, WATCHES, FURS		\$ AGG		\$ INCR	\$
BUSINESS PROP AWAY FROM HOME	INCLUDED		\$ LIMIT	\$		WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$
DEBRIS REMOVAL	INCLUDED		\$ LIMIT	\$	WATERCRAFT LIABILITY		\$ LIMIT			\$
EARTHQUAKE	% DED		TERR:	\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$	
	DED		RETROFIT TYPE:			\$	LIMIT			\$
	\$		MAS VENEER: %				\$	LIMIT		
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WORKERS COMPENSATION- FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			\$	
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC \$		DED	\$ LIMIT		\$	# OF EMPLOYEES:			
	FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	COVERAGE TYPE				PREMIUM
\$ BLDG		\$ CONTENTS	\$	CODE	\$	APPL TO		\$		
FUNGUS AND MOLD	EXCL LIABILITY		\$ PROPERTY	\$	DESCRIPTION	\$	DEDUCTIBLE		\$	
	EXCL PROP DAMAGE		\$ LIABILITY		\$	OPTS				\$
GOLF CARTS - LIABILITY	INCLUDED		# GOLF CARTS:	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)			\$	
	DESCRIPTION:			\$		WORKERS COMPENSATION- FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			\$
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT			\$	WORKERS COMPENSATION- FULL TIME INSERVANT		# OF EMPLOYEES:			
	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		COVERAGE TYPE				PREMIUM
IDENTITY FRAUD EXP	INCLUDED		\$ LIMIT	\$	CODE	\$	APPL TO		\$	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):			\$	DESCRIPTION	\$	DEDUCTIBLE		\$	
	MEDICAL PAYMENTS (Y/N):			\$	TERR:				Y / N:	
INCR COV C SPECIAL LIAB LIMIT	\$ TOTAL		\$ INCR	\$	CODE	\$	APPL TO		\$	
	\$ TOTAL		\$ INCR	\$	DESCRIPTION	\$	DEDUCTIBLE		\$	
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$ INCR	\$	TERR:				Y / N:	
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$ INCR	\$	CODE	\$	APPL TO		\$	
GUNS	\$ TOTAL		\$ INCR	\$	DESCRIPTION	\$	DEDUCTIBLE		\$	
MONEY	\$ TOTAL		\$ INCR	\$	TERR:				Y / N:	
SECURITIES	\$ TOTAL		\$ INCR	\$	CODE	\$	APPL TO		\$	
SILVERWARE	\$ TOTAL		\$ INCR	\$	DESCRIPTION	\$	DEDUCTIBLE		\$	
				\$	TERR:				Y / N:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N							
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	Y							
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td>Automobile - Personal</td> <td>999999999 203 1</td> <td></td> <td></td> </tr> </tbody> </table>		LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	Automobile - Personal	999999999 203 1	
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
Automobile - Personal	999999999 203 1							
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) Homeowners insurance has not been declined, canceled, or non-renewed in the last 3 years.	N							
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?								

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y / N	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?			
YEAR	MAKE	MODEL	BODY TYPE
8. 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 LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N							
1. ANY BUSINESS CONDUCTED ON PREMISES?	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER <input type="checkbox"/> DAY CARE # OF CHILDREN: ____							
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: _____ DESCRIPTION: _____	# PART TIME: _____ DESCRIPTION: _____	N							
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? Residence premises is not located in a high risk flood area.									
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?									
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	N			
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____									
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?									
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)									
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)									
9. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)									
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY: _____									
11. ANY LEAD PAINT?									
12. 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: _____				
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____									
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?									
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. 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)									
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)									
OWNER'S NAME: _____									

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: _____	PHONE (A/C,No): _____	
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

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	
<input type="checkbox"/>	ADDITIONAL INSURED	PNC BANK ISAOA ATIMA PO BOX 7433 SPRINGFIELD, OH 45501-7433				LOCATION:	BUILDING:
<input type="checkbox"/>	LENDER'S LOSS PAYABLE					VEHICLE:	BOAT:
<input type="checkbox"/>	LIENHOLDER					ITEM CLASS:	ITEM:
<input type="checkbox"/>	LOSS PAYEE					ITEM DESCRIPTION	
<input checked="" type="checkbox"/>	MORTGAGEE						
<input type="checkbox"/>	TRUSTEE						
		REFERENCE / LOAN #: 1000458562					

INTEREST		NAME AND ADDRESS RANK: _____	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/>	LENDER'S LOSS PAYABLE					VEHICLE:	BOAT:
<input type="checkbox"/>	LIENHOLDER					ITEM CLASS:	ITEM:
<input type="checkbox"/>	LOSS PAYEE					ITEM DESCRIPTION	
<input type="checkbox"/>	MORTGAGEE						
<input type="checkbox"/>	TRUSTEE						
		REFERENCE / LOAN #:					

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

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

SEE ADDITIONAL REMARKS SCHEDULE FOR MORE INFORMATION (ACORD 101)

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		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. <u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> 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. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> 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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		
<p>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): _____</p>		
<input type="checkbox"/> 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.)		

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  SIGN HERE →	DATE 	NATIONAL PRODUCER NUMBER



ADDITIONAL REMARKS SCHEDULE

AGENCY PREMIER GROUP INS INC		NAMED INSURED JEFFERY SHERROD ROXAN POLLAK	
POLICY NUMBER 607109165 633 1			
CARRIER TRAVELERS PERSONAL INSURANCE COMPANY	NAIC CODE 38130	EFFECTIVE DATE: 08/15/2020	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 80 FORM TITLE: Homeowner Application**

Coverage Level: Travelers Protect Premier®

Optional Coverages and Packages

Optional Coverages	Endorsement	Limit	Premium
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 25% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	\$50,000	Included*
Foundation Coverage	HQ-468 TX (05-17)		Included*
Optional Packages	Endorsement	Limit	Premium
Enhanced Water Package			Included*
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-18)	\$10,000	
Limited Hidden Water or Steam Seepage or Leakage Coverage	HQ-209 CW (08-18)	\$10,000	

***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 - 1778 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	None
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