

## ENCOMPASS TRAILING DOCUMENT CHECKLIST & FAX COVER SHEET

**Agency Name:** PREMIER INSURANCE GROUP, INC

**Agency Number:** 540118126

**Risk State:** PA

**Policy Effective Date:** 11/30/2022

**Insured Last Name:** Grohowski

**Policy Number:**

**Application Number:** 000186230622129

All documents listed below are required for this policy. The listed documents should be uploaded or faxed to Encompass or retained in your files as indicated below.

**NOTE: Required documents must be uploaded or faxed to Encompass within 72 hours of the act of binding coverage. If acceptable documentation is not received, the policy will be adjusted accordingly. This may result in a premium increase and/or cancellation of the policy.**

**STEPS:**

1. Print documents from InterLink using the "View/Print Forms" option
2. Make sure all documents are completed and signed by the insured where required
3. Submit the documents requested below by uploading them within Encompass Express or by faxing them to **1-888-211-5725** using this cover sheet. This cover sheet is bar-coded specifically for your agency.

**UPLOAD OR FAX** the following documents to Encompass:

**RETAIN** the following documents in your files (do not upload or fax):

- a signed copy of the Property Application.
- documentation of proof for automobile ownership

**Number of pages faxed (including this cover sheet):** \_\_\_\_\_



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)  
11/02/2022

AGENCY PREMIER INSURANCE GROUP, INC 8089 S LINCOLN ST STE 300 LITTLETON, CO 80122	PHONE (A/C, No, Ext): (720) 457-1101	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Kazmir Grohowski and Mandy Wagner 1112 W SPRUCE ST COAL TOWNSHIP, Pennsylvania 17866 NORTHUMBERLAND County			NAIC CODE 11252	FACILITY CODE
	FAX (A/C, No): (866) 948-8485	DATE AT CURR RES CO/PLAN Encompass Home and Auto Insurance Company/ Special			POLICY #	
E-MAIL ADDRESS:	CODE: 540118126	SUBCODE: 0000	EFFECTIVE DATE 11/30/2022	EXPIRATION DATE 11/30/2023	BUSINESS PHONE # (570) 495-3232	HOME PHONE # (570) 495-3232
AGENCY CUSTOMER ID:				DAY EVE	DAY EVE	DAY EVE

### APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC YEARS W/ PRIOR EMPL DATE OF BIRTH 09/14/1971 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/ PRIOR EMPL DATE OF BIRTH 12/13/1978 SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:

### COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	DEPOSIT	BALANCE
HO3	\$ 250,251	\$	\$	\$	\$ 300,000	\$ 5,000	\$ 711	\$	\$
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL NAMED HURRICANE *	2,500	WIND/HAIL ANNUAL HURRICANE *	THEFT	EARTHQUAKE				

\* Not Applicable in NC

### ENDORSEMENTS - See Page 4

### PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #: 000186230622129	MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	AGENT
<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY	<input checked="" type="checkbox"/> APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	Monthly	

### RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
MASONRY	VINYL SIDING	1920		\$	<input checked="" type="checkbox"/> DWELLING	<input checked="" type="checkbox"/> PRIMARY		1		11/30/2021	
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COC				
FIRE RES		1,152		\$	CONDO	SEASONAL	COMP. DATE:				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	RENOVATION TYPE	PART	COMP	YEAR
0314	04	04		<=1,000 FT	CENTRAL	PRIMARY:		WIRING			2018
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER	DIRECT	LOCAL			SECONDARY:		PLUMBING			2021
COAL TS						HOUSEKEEPING CONDITION		HEATING			2005
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	ROOFING			2012
		YES NO	YES NO	YES NO		YES NO	OPEN NONE	EXTERIOR PAINT			
DWELLING LOCATION	OCCUPANCY	DEADBOLT	FIRE EXT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
WITHIN CITY LIMITS	<input checked="" type="checkbox"/> OWNER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	INDOORS	<input type="checkbox"/> YES						
WITHIN FIRE DIST	TENANT	VISIBLE TO NEIGHBORS		ABOVE GROUND ON MASONRY FLOOR	APPROVED FENCE						
WITHIN PROT SUBURB	VACANT			ABOVE GROUND NOT ON MASONRY FLOOR	DIVING BOARD						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF		
	YES NO		CLASS SPEC	YES NO		RESISTIVE	OTHER	Asphalt/Fiberglass Shir			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:	RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)						
BASEMENT	GARAGE	BREEZEWAY		PARTIAL	CHIMNEYS	PRE-FAB					
SQ FT	SQ FT	SQ FT	NON-SMOKER	FULL	HEARTHES	WOOD STOVE INSERT					
			LIGHTNING PROTECTION								

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)	<input type="checkbox"/>	<input type="checkbox"/>	14. 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.)	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)	<input type="checkbox"/>	<input type="checkbox"/>			
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RENTERS AND CONDOS ONLY:		
			15. IS THERE A MANAGER ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
			16. IS THERE A SECURITY ATTENDANT?	<input type="checkbox"/>	<input type="checkbox"/>
			17. IS THE BUILDING ENTRANCE LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input type="checkbox"/>	<input type="checkbox"/>	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	<input type="checkbox"/>	<input type="checkbox"/>	19. IS HOUSE FOR SALE?	<input type="checkbox"/>	<input type="checkbox"/>
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>	20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>	21. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	<input type="checkbox"/>	<input type="checkbox"/>
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. ANY LEAD PAINT HAZARD?	<input type="checkbox"/>	<input type="checkbox"/>
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet			24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)	<input type="checkbox"/>	<input type="checkbox"/>
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)	<input type="checkbox"/>	<input type="checkbox"/>	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	<input type="checkbox"/>	<input type="checkbox"/>
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)	<input type="checkbox"/>	<input type="checkbox"/>	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	<input type="checkbox"/>	<input type="checkbox"/>
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>			

**PRIOR COVERAGE**

PRIOR CARRIER PROGRESSIVE	PRIOR POLICY NUMBER	EXPIRATION DATE 11/30/2022
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<b>LOSS HISTORY</b> ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INDICATE BELOW			APPLICANT'S INITIALS:	
DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

**ADDITIONAL INTEREST**

INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

**REMARKS (Attach Additional Sheets if More Space is Required)**

**ATTACHMENTS**

Any mandated home surcharges have been applied to each residence where applicable and are reflected in the EST TOTAL PREMIUM.  The Full term Premium for the Property is \$711  # of vehicles in the household: 2 # of at-fault accidents: 0 # of not at-fault accidents: 0 # of auto minor violations: 0 # of auto major violations: 0 # of auto comp claims: 0 # of Auto years with prior carrier or current agent: 5	STATE SUPPLEMENT(S) (If applicable)
	INLAND MARINE APPLICATION
	REPLACEMENT COST ESTIMATE
	PHOTOGRAPH
	SOLID FUEL SUPPLEMENT
	PROTECTION DEVICE CERTIFICATE
	PERS EXCESS/UMBRELLA APP
	WATERCRAFT APPLICATION
	LEAD FREE PAINT CERTIFICATION
	RESIDENCE BASED BUSINESS SUPPL

**BINDER/SIGNATURE**

INSURANCE BINDER EFFECTIVE DATE 11/30/2022      EXPIRATION DATE 11/30/2023 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.
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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.

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.

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

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**OPTIONAL COVERAGES - ENDORSEMENTS**

COVERAGE TYPE		COVERAGE INFORMATION							FORM NUMBER	FORM DATE	PREMIUM	
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		\$ LIMIT									\$	
ADDITIONAL PREMISES LIABILITY EXTENSION	LOC #	\$ CONTENTS		TERR:	# PREMISES:					\$		
		ADDRESS										
ADDITIONAL RESIDENCE RENTED TO OTHERS 1 OR 2 FAMILY	LOC #	\$ CONTENTS		TERR:	# FAMILIES:					\$		
		ADDRESS					MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO					
BUILDING ORDINANCE OR LAW COVERAGE		\$	\$	INCREASED		REBUILD PCT:				\$		
ELECTRONIC APPARATUS BUSINESS AND VEHICLE		\$	\$	INCREASED						\$		
ELECTRONIC APPARATUS IN VEHICLE		\$	\$	INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$	\$	INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$	\$	INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$	\$	INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$	\$	INCREASED						\$		
EARTHQUAKE		% DED	TERR:			MASONRY VENEER <input type="checkbox"/> YES <input type="checkbox"/> NO				\$		
			RETROFIT TYPE:									
IDENTITY FRAUD EXPENSE COV		<input checked="" type="checkbox"/> INCLUDED										
FULL VALUE REPLACEMENT COST		<input checked="" type="checkbox"/> INCLUDED										
REPLACEMENT COST - DWELLING		<input checked="" type="checkbox"/> INCLUDED										
REPLACEMENT COST - CONTENTS		<input checked="" type="checkbox"/> INCLUDED										
INCIDENTALS FARMING PERS LIAB		MEDICAL PAYMENTS		<input type="checkbox"/> YES	<input type="checkbox"/> NO					\$		
MINE SUBSIDENCE		LIMIT \$ 0	CONST MATERIAL	PROP DESC						\$		
MOLD		PROPERTY \$ 5,000	LIABILITY \$	EXCL LIABILITY <input type="checkbox"/>		EXCL PROP DAMAGE <input type="checkbox"/>				\$0		
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/> REQUIRES INCR CONTENTS <input type="checkbox"/> INCR CONT NOT REQUIRED		TERR:	BUS/STRUCT DESC		MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO			\$		
		\$ OT. STRUCTS		STRUCT TYPE								
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT	STRUCT DESC:						\$		
WATER BACKUP OF SEWERS & DRAINS		\$	LIMIT	<input type="checkbox"/> INCLUDED						\$115.00		
UNSCHEDULED JEWELRY, WATCHES, FURS		\$	AGGREGATE	\$ INCREASED						\$		
WORKERS COMPENSATION - FULL TIME INSERVANT		# OF EMPLOYEES:									\$	
WORKERS COMPENSATION - INCIDENTAL		# OF EMPLOYEES:									\$	
WORKERS COMPENSATION - PART TIME OUTSERVANT		# OF EMPLOYEES:									\$	
CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	TERR	OPTIONS	YES	NO	FORM NUMBER	FORM DATE	PREMIUM
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$

# Endorsement Attachment for the ACORD Application

		DATE (MM/DD/YYYY) 11/02/2022	
PRODUCER PREMIER INSURANCE GROUP, INC 8089 S LINCOLN ST STE 300 LITTLETON , CO 80122  CODE 540118126                      SUBCODE 0000 AGENCY CUSTOMER ID		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Kazmir Grohowski and Mandy Wagner 1112 W SPRUCE ST COAL TOWNSHIP, Pennsylvania 17866	
		NAIC CODE 11252  TELEPHONE NUMBER (570) 495-3232	
		CO/PLAN	POL#:
		ACCT#: Encompass Home and Auto Insurance Company/ Special	
EFFECTIVE DATE	EXPIRATION DATE	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	MAIL POLICY TO AGENT <input checked="" type="checkbox"/> MAIL POLICY TO APPL PAYMENT PLAN Monthly
11/30/2022	11/30/2023		

## ENDORSEMENTS

COVERAGE NAME	LIMIT	DEDUCTIBLE	PLAN
Residence Replacement Value	250251	2,500	
Personal Liability	300,000		
Medical Coverage	5,000		
Named Storm Deductible		Included w/All perils deductible	
Replacement Cost Contents	COVERAGE		
Backup of Sewers and Drains	COVERAGE/10,000		
Loss Assessment	Included/1,000		
Mold	5,000 Included		
Tangible Personal Property	Included		
Mine Subsidence	NO COVERAGE		

Applicant Signature	Date
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## Information Release Form

As part of the application process in obtaining the insurance coverage you are requesting from Encompass, Encompass and/or its agents may order one or more consumer reports. A consumer report may contain information on credit history, medical conditions, driving records, criminal activity and hazardous sports, among other things.

Under the Fair Credit Reporting Act, Encompass and/or its agents may review consumer reports to evaluate anyone who applies for insurance with Encompass. In the event that coverage is denied to you based wholly or partly on information in a consumer report you will be notified of this fact and given the name and address of the consumer reporting agency making the report.

In consideration of the above, your signature below acknowledges your release for Encompass and/or its agents to order one or more consumer reports in your name.

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Signature

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Date

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Signature

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Date

# It's Important for You to Know

## Important Notice

### *Privacy Policy Statement*

Thank you for choosing Encompass. We value you, respect your privacy and work hard to protect your personal information.

This statement is provided on behalf of Encompass Insurance Company and the affiliates ("Encompass") listed at the end of this notice. We would like to explain how we collect, use and share the information we obtain about you in the course of doing business.

### **Our Privacy Assurance**

- n We do not sell your personal or medical information to anyone.
- n We do not share your information with non-affiliate companies that would use it to contact you about their own products and services.
- n We require persons or organizations that represent or assist us in servicing your policy and claims to keep your information confidential.
- n We require employees to protect your personal information and keep it confidential.

As you can see, protecting your personal information is important to us. In addition to the practices described above, we use a variety of physical, technical and administrative security measures that help to safeguard your information. For Social Security Numbers (SSN), this includes restricting access to employees, agents and others who use your SSN only as permitted by law: to comply with the law, to provide you with products and services, and to handle your claims. Also, employees' and agents' access to and use of your SSN are limited by the law, our policies and standards, and our written agreements.

Our privacy practices continue to apply to your information even if you cease to be an Encompass customer.

### **What Personal Information Do We Have and Where Do We Get It**

We gather personal information from you and from outside sources for business purposes. Some examples of the information we collect from you may include your name, phone number, home and e-mail addresses, driver's license number, social security number, marital status, family member information and healthcare information. Also, we maintain records that include, but are not limited to, policy coverages, premiums, and payment history. We also collect information from outside sources that may include, but is not limited to, your driving record, claims history, medical information and credit information.

In addition, Encompass and its business partners gather information through Internet activity, which may include, for example, your operating system, links you used to visit *encompassinsurance.com*, web pages you viewed while visiting our site, and cookies. We use cookies and other web tools to track how visitors use our site in order to improve the customer experience. Also, our business partners assist us with



# It's Important for You to Know

monitoring information including, but not limited to, Internet Protocol (IP) addresses, domain names and browser data, which can help us to better understand how visitors use *encompassinsurance.com*.

## **How We Use and Share Your Personal Information**

In the course of normal business activities, we use and share your personal information. We may provide your information to persons or organizations within and outside of Encompass. This would be done as required or permitted by law. For example, we may do this to:

- n Fulfill a transaction you requested or service your policy
- n Market our products to you
- n Handle your claim
- n Prevent fraud
- n Comply with requests from regulatory and law enforcement authorities
- n Participate in insurance support organizations

The persons or organizations with whom we may share your personal information may include, among others:

- n Your agent, broker or Encompass-affiliated companies
- n Companies that perform services, such as marketing, credit card processing and performing communication services on our behalf
- n Business partners that assist us with tracking how visitors use *encompassinsurance.com*.
- n Other financial institutions with whom we have an agreement for the sale of financial products
- n Other insurance companies that play a role in an insurance transaction with you
- n Independent claims adjusters
- n A business or businesses that conduct actuarial or research studies
- n Those who request information pursuant to a subpoena or court order
- n Repair shops and recommended claims vendors

## **The Internet and Your Information Security**

As previously stated, we use cookies to enable smooth and consistent navigation on our website. Use of these cookies are not linked to personally identifiable information on our site. Additionally, our business partners use tracking services that utilize tags and third-party cookies to monitor visits to *encompassinsurance.com*. If you prefer, you can choose to not accept cookies by changing the settings on your web browser. Also, if you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement located at the bottom of the *encompassinsurance.com* homepage.

## **How You Can Review and Correct Your Personal Information**

You can request to review your personal information contained in our records at any time. To do this, please send a letter to the address below requesting to see your information for the previous two years. If you believe that our information is incomplete or inaccurate, you can request that we correct it. Please note we may not be able to

# It's Important for You to Know

provide information relating to investigations, claims, litigation, and other matters. We will be happy to make corrections whenever possible.

Please send requests to:

Encompass Insurance Company Customer Privacy Inquiries

P.O. Box 660598

Dallas, TX 75266-0598

## **Your Preference for Sharing Personal Information**

We would like to share your personal information with one or more Encompass affiliates in order to make you aware of different products, services and offers they can provide. However, you can request that Encompass and its affiliate companies not share your personal information with our affiliates for marketing products and services.

To request that we not allow other Encompass affiliates to use your personal information to market their products and services, you can contact us by calling 1-800-856-2518 twenty-four hours a day, seven days a week. Please keep in mind that it may take up to four weeks to process your request. If you previously contacted us and asked us not to allow other Encompass affiliates to use your personal information, your previous choice still applies and you do not need to contact us again. If you would like to change your previous choice, please call the number above at any time.

## **For Vermont residents:**

We won't share your personal information with Encompass companies for marketing purposes except as permitted by law.

## **We Appreciate Your Business**

Thank you for choosing Encompass. We understand your concerns about privacy and confidentiality, and we hope this notice has been helpful to you. We value our relationship with you. If you have any questions or would like more information, please don't hesitate to contact us as outlined above or visit [encompassinsurance.com](http://encompassinsurance.com).

We reserve the right to change our Privacy practices, procedures, and terms.

Encompass Insurance Company

## **Encompass affiliates to which this notice applies:**

Encompass Floridian Insurance Company, Encompass Floridian Indemnity Company, Encompass Home and Auto Insurance Company, Encompass Indemnity Company, Encompass Independent Insurance Company, Encompass Insurance Company of America, Encompass Insurance Company of Massachusetts, Encompass Insurance Company of New Jersey, Encompass Property and Casualty Company, Encompass Property and Casualty Insurance Company of New Jersey