



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY) 05/17/2019

AGENCY PREMIER GROUP INS INC 600 17TH ST STE 1425 N DENVER, CO 80202		CARRIER ST. PAUL PROTECTIVE INSURANCE COMPANY		NAIC CODE 19224
CONTACT NAME: PHONE (A/C No. Ext): 1.720.457.1101 FAX (A/C No.): (866) 948-8485 E-MAIL ADDRESS:		NAMED INSURED(S) STEPHEN CUCCUINI JOY CUCCUINI		
CODE: 0DKS65 SUBCODE:		POLICY NUMBER 604464379 633 1		PLAN QUANTUM 2.0
AGENCY CUSTOMER ID: STEPHEN AND JOY CUCCUINI		FACILITY CODE	EFFECTIVE DATE 05/24/2019	EXPIRATION DATE 05/24/2020

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) STEPHEN CUCCUINI			APPLICANT'S MAILING ADDRESS 49 POWELL PLACE RD TABERNACLE, NJ 08088-9223		
DATE OF BIRTH 03/23/1983	SOCIAL SECURITY # Not Required	MARITAL STATUS* / CIVIL UNION (if applicable)	PRIMARY E-MAIL ADDRESS: joyburgers@aol.com		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			SECONDARY E-MAIL ADDRESS:		
PRIMARY PHONE # 1.609.502.5465	<input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # (609) 502-5465	<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)		
CO-APPLICANT'S NAME (First, Middle, Last) JOY CUCCUINI			YEARS IN CURRENT OCCUPATION: _____ YEARS WITH PREVIOUS EMPLOYER: _____		
DATE OF BIRTH 03/22/1983	SOCIAL SECURITY # Not Required	MARITAL STATUS* / CIVIL UNION (if applicable)	CO-APPLICANT'S ADDRESS <input checked="" type="checkbox"/> Check if same as Applicant		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
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	SECONDARY 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	\$371,000	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$20,000	\$	REPL COST - DWELLING	X INCLUDED		\$
PERSONAL PROPERTY	\$110,000	\$	REPL COST - CONTENTS	X INCLUDED		\$
LOSS OF USE	ACTUAL LOSS SUSTAINED	\$75,000				
BLANKET*	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$300,000	\$	BASE	\$1,000	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$5,000	\$	WIND / HAIL	\$	%	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: \$ -		EST TOTAL PREMIUM: \$ 980.00	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY	<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input 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 type="checkbox"/> MONTHLY	<input checked="" 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 type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/>			PREMIUM FINANCED ? <input type="checkbox"/> Y/N <input type="checkbox"/>		
			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	<input type="checkbox"/> FIRE HYDRANT	<input type="checkbox"/> FIRE STATION	
<input checked="" type="checkbox"/> FRAME			<input type="checkbox"/> RENOVATION	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL				1050 FT	3 MI	
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION	PLUMBING CONDITION		<input type="checkbox"/> DIRECT				<input type="checkbox"/> # FIRE DIVISIONS	<input type="checkbox"/> # UNITS FIRE DIV	
SIDING			%	<input checked="" type="checkbox"/> OWNER	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL			<input type="checkbox"/> PROT CLASS	<input type="checkbox"/> 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"/> DOOR LOCK	<input type="checkbox"/> SPRINKLER	<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL	4	<input type="checkbox"/> Y/N
<input type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED	ROOF CONDITION		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SPRING		<input type="checkbox"/> FULL	TERRITORY NJ00358	
<input checked="" type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	FIRE DISTRICT NAME		FIRE DIST CODE		
<input type="checkbox"/> CEDAR, WOOD, SHINGLE				<input type="checkbox"/> ROOF MATERIAL	Architectural Shingle			TABERNACLE TS				
<input type="checkbox"/> EIFSCB (on cinder block)			RESIDENCE TYPE	<input checked="" type="checkbox"/> DWELLING	DISTANCE TO TIDAL WATER		<input type="checkbox"/> Miles <input type="checkbox"/> Feet	PRIMARY HEAT		<input type="checkbox"/> NONE	SECONDARY HEAT	
<input type="checkbox"/> EIFSS (on studs)			<input type="checkbox"/> APARTMENT	<input type="checkbox"/> CONDOMINIUM				DATE HEATING SYSTEM LAST SERVICED:				
<input type="checkbox"/> YEAR EIFS INSTALLED:			<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> CO-OP	PURCHASE PRICE	PURCHASE DATE	WIRING		ELECTRICAL SYSTEMS		
<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> CO-OP	<input type="checkbox"/> PURCHASE PRICE	\$	10/2010	<input type="checkbox"/> COPPER	LAST INSPECTED DATE		<input type="checkbox"/> CIRCUIT BREAKERS		
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM			<input type="checkbox"/> SECURITY	<input type="checkbox"/> VISIBLE FROM ROAD	<input type="checkbox"/> VISIBLE TO NEIGHBORS	<input type="checkbox"/> ALUMINUM			<input type="checkbox"/> FUSES		
				<input type="checkbox"/> OCCUPIED DAILY			<input type="checkbox"/> KNOB & TUBE			<input type="checkbox"/> NUMBER OF AMPS		

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	49 POWELL PLACE RD	TABERNACLE		NJ	08088-9223

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

APPLICANT'S INITIALS:

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)									
<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></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					N
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) 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)

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"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: ____							
<input type="checkbox"/> HOME OFFICE/BUSINESS									
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:									
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						
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	LOAN CARE ISAOA/ATIMA PO BOX 202049 FLORENCE, SC 29502 REFERENCE / LOAN #: 0013427869				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						

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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

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 ARIZONA: Binders are effective for no more than 90 days. 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 eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: 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. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: 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.

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): _____

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 STEPHEN CUCCUINI JOY CUCCUINI	
POLICY NUMBER 604464379 633 1			
CARRIER ST. PAUL PROTECTIVE INSURANCE COMPANY	NAIC CODE 19224	EFFECTIVE DATE: 05/24/2019	

ADDITIONAL REMARKS

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

Taxes and Fees

Your policy premium shown on the application does include the New Jersey Property Liability Insurance Guaranty Association Surcharge amount of \$6.00. Amount(s) will be calculated into your policy billing.

Coverage Level: Travelers Protect®

Optional Coverages

Optional Coverages	Endorsement	Limit	Premium
Workers' Compensation and Employers' Liability Residence Employees Bodily Injury Limits \$500,000/\$500,000	HQ-090 NJ (05-17)		\$2.00
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (05-17)		Included*
Additional Replacement Cost Protection Coverage 50% of Coverage A - Dwelling Limit	HQ-420 CW (08-18)	\$185,500	Included*

***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 - 2020 SQFT
Garage Type - Attached
Roof Shape - Gable
Number of Stories - 2
Number of Bathrooms - 3

Rating/Underwriting: Protection Device Type

Protective Device	Type
Burglar Alarm	Local
Fire Alarm	None
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? No
2. Is your entire home or any part of it available for rent, including short-term vacation rental or home sharing/swapping? No



INSURANCE BINDER

DATE (MM/DD/YYYY) 05/17/2019

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY PREMIER GROUP INS INC 600 17TH ST STE 1425 N DENVER, CO 80202		COMPANY ST. PAUL PROTECTIVE INSURANCE COMPANY		BINDER #	
		DATE EFFECTIVE		EXPIRATION	
		05/24/2019		06/23/2019	
		TIME		TIME	
		AM		12:01 AM	
		PM		NOON	
PHONE (A/C, No, Ext): 1.720.457.1101		FAX (A/C, No): (866) 948-8485		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: 0DKS65		SUB CODE:			
AGENCY CUSTOMER ID: STEPHEN AND JOY CUCCUINI		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED AND MAILING ADDRESS STEPHEN CUCCUINI JOY CUCCUINI 49 POWELL PLACE RD TABERNACLE, NJ 08088-9223		49 POWELL PLACE RD TABERNACLE, NJ 08088-9223			

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC	Coverage A - Dwelling Coverage B - Other Structures Coverage C - Personal Property Coverage D - Loss of Use Refer to Other Coverages section below for additional coverages.			\$ 371,000 \$ 20,000 \$ 110,000 \$ 75,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
				\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
VEHICLE PHYSICAL DAMAGE DED	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		\$
<input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:		STATED AMOUNT		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
				\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
				\$
SPECIAL Coverage	Limit	FEES		\$
CONDITIONS/ Coverage E - Personal Liability - Bodily Injury and Proper	\$ 300,000	TAXES		\$
OTHER Coverage F - Medical Payments to Others (each person)	\$ 5,000	ESTIMATED TOTAL PREMIUM		\$
COVERAGES Property Coverage Deductible (All Perils)	\$ 1,000			

NAME & ADDRESS

LOAN CARE ISAOA/ATIMA PO BOX 202049 FLORENCE, SC 29502	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	<input checked="" type="checkbox"/> MORTGAGEE
	<input type="checkbox"/> LENDER'S LOSS PAYABLE		
	LOAN #: 0013427869		
	AUTHORIZED REPRESENTATIVE		

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The 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.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Montana

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.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

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.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.