<i>ACORD</i> _™ P	ERSONAL	_ INLA	ND M	Α	R	IN	NE APP	LI	CA	OIT/	N		DATE (M	IM/DD/	YYY'	Y)
PRODUCER PHONE (A/C, No, Ext);	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)															
(A/C, No, Ext): FAX (A/C, No):			NAIC CODE									:]				
			7													
												TELEPHONE NUMBER				
	CO/PLAN POL #															
CODE	POL#: ACCT#:															
CODE: AGENCY CUSTOMER ID	EFFECTIVE	EFFECTIVE DATE EXPIRATION DATE			1	+	CT BILL	PAYMEN	IT PLAN	T						
								4	NCY BILL							
APPLICANT & LOCATIO																
AGE MARITAL STATUS OCCUPATION S				SPOUSE'S OCCUPATION T					ERR	PROTECT FIRE DISTRICT/CODE NUMBER						
LOCATION OF PROPERTY (If Different From Above) ADDITIONAL LOCATION LOCATION				DWELLING TYPE(S) COI				ONSTRUCTI		# F	AMIL	UES				
LOCATION OF PROPERTY (II DIM	DWELLING TYPE(3)				JNSTRUCTI		(1)	n Ead	:h)							
			OTHER				.,							1		
COVERAGES																
# PROPERTY				MIUM # PROPERT			ŢΥ	AMOUNT OF INS			RAT	E	PREMIUM			
1 JEWELRY 2 FURS						∸	COINS		_							
2 FURS 3 FINE ARTS						-	n=naa aa		es.							
4 CAMERAS									13							
5 MUSICAL INSTRUMENTS						2			-+							
6 SILVERWARE						3	<u> </u>				··· ·· · · · · · · · · · · · · · · · ·					
7 STAMPS						4										
UNATTENDED CAR COVER	RAGE (Stamps/Coins)	SAFE CREDIT	T (Identify Proper	rty,	Safe C	Clas	ss, Etc) BR	EAKA	GE CO	VERAGE (*0	On Schedule) TOTA	\L: \$			
BROAD FORM PAIR & SET	COVERAGE	ACV LOSS SE	ETTLEMENT				BL	ANKE	TCOVE	ERAGE						
NON-MOBILE ORGAN COV	ERAGE	REPLACEME	NT COST LOSS	SE	TTLE	MEI	NT									
ADDITIONAL RATING INFORMATI	ION															
CENEDAL INFORMATIO	``````````````````````````````````````			_												
GENERAL INFORMATION				EC	NO	EVDI AINI AI I "VEC" DECRONCEC IN DEMARKO										T
EXPLAIN ALL "YES" RESPONSES IN REMARKS 1. ANY PROTECTIVE DEVICES/SYSTEMS IN USE?				E3	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS 7. DID ANY LOSS OCCUR DURING THE LAST 3 YEARS?									YES	NO
2. WILL ANY PROPERTY BE EXHIBITED?													IEMED	-	-	
3. WILL ANY SPECIAL RESTRICTION/ENDORSEMENTS APPLY?					\Box	8. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO							EWED			
4. WILL ANY TYPE OF DEDUCTIBLE APPLY?					П	PR	RIOR INSURER & PO	DLICY	NUMB	ER				L		
5. IS ANY PROPERTY USED PROFESSIONALLY/COMMERCIALLY?																
6. ANY OTHER INSURANCE WITH THIS COMPANY?																
REMARKS																
COUEDINE OF BRODE																
SCHEDULE OF PROPER										ACOF APPRAI	ID I	UDQUARE!				
# REQUIRED, USE THE SCHE	CRIPTION OF EACH ITEM, FF DULE ON THE REVERSE SID	E. BE SURE TO A	TTACH ALL RE	AD QUI	RED /	NA APP	NL SPACE IS PRAISALS/BILLS.				SAL A	URCHASE/ PPRAISAL DATE	AM INS	OUNT	OF	
												DATE				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					***************************************									
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sc	SCHEDULE OF PROPERTY (Continued)											
#			DESCRIPTION	4		AC APPE YES	ORD RAISAL NO	AP	RCHASE/ PRAISAL DATE	AMOUNT OF INSURANCE		
-					**************************************							
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-												

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FOI	R COMPAN	Y USE ONLY						Α	TTACHME	NTS		
									T	PLEMENT(S) (If applicable		
									PHOTOGRA			
									APPRAISAL			
									BILL OF SAL			
										/E DEVICE CERTIFICATE		
								-	PROTECTIV	VE DEVICE CERTIFICATE		
RIN	DER/SIGNA	TIIDE										
D			IF THE "BINDER" BOX TO THE LE	ET IS COMPLETED TH	E EOU OWING	CONDITIONS	ADDI	V.				
EFI	FECTIVE DATE	CE BINDER EXPIRATION DATE	THIS COMPANY BINDS THE KIN TO THE TERMS, CONDITIONS AN THIS BINDER MAY BE CANCELL	ND(S) OF INSURANCE ND LIMITATIONS OF THE LED BY THE INSURED	STIPULATED	ON THIS API	PLICA USE E	TION. THE	COMPANY.	EN NOTICE TO THE		
	TIME	12:01 AM	COMPANY STATING WHEN CAN BY NOTICE TO THE INSURED	NCELLATION WILL BE	EFFECTIVE. 1	THIS BINDER	MAY	BE CA	NCELLED	BY THE COMPANY		
		NOON	REPLACED BY A POLICY. IF THE PREMIUM FOR THE BINDER ACC	IN ACCORDANCE W	EPLACED BY A	A POLICY, TH	JNS. IE CC	MPAN,	INDER IS (Y IS ENTITI	CANCELLED WHEN		
	COVERAGEIS		PREMIUM FOR THE BINDER ACC SUBJECT TO VERIFICATION AND	CORDING TO THE RUI	LES AND RATES	S IN USE BY	THE C	OMPA	NY. THE QL	JOTED PREMIUM IS		
APPI CER	SONAL INFORM LICATION AND TAIN CIRCUMS	SUBSEQUENT HENEV STANCES BE DISCLO	CITICES INCLUDING INFORMATION FROM A C WALS. SUCH INFORMATION AS WELL SED TO THIRD PARTIES. YOU HA A MORE DETAILED DESCRIPTION	REDIT REPORT, MAY BE AS OTHER PERSONAL	COLLECTED FR	ROM PERSONS D INFORMATIO	OTHE ON COL	R THAN	D BY US OR	OUR AGENTS MAY IN		
REQ	UEST. CONTA	JI YOUR AGENT OR E	BROKER FOR INSTRUCTION ON HOW	TO SUBMIT A REQUEST	TOUS.							
	Copy of the	e notice of infor	rmation practices (privacy)	has been given to	o the applica	ant. (Not a	oplic	able i	n all state	es)		
FACT CIVIL	T MATERIAL T PENALTIES.	THERETO, COMMITS (Not applicable in CC	D WITH INTENT TO DEFRAUD ANY I ANY MATERIALLY FALSE INFORMA S A FRAUDULENT INSURANCE AC D, HI, OH, OK, OR OT VT; IN DC, LA, N	ATION, OR CONCEALS CT, WHICH IS A CRIME ME, and VA, insurance b	FOR THE PURP AND SUBJECT enefits may also	POSE OF MISI IS THE PERS be denied.)	EADII SON T	NG INFO	ORMATION IINAL AND [CONCERNING ANY [NY: SUBSTANTIAL]		
APPL	LICANT'S STA	TEMENT: I HAVE AND C	EREAD THE ABOVE APPLICATION OF THE BEST OF MY KNOCHEST TO ISSUE THE POLICY FO	AND ANY ATTACHMEN	NTS. I DECLARI	E THAT THE I	NFOR BEING	MATIO 3 OFFE	N IN THEM I RED TO TH	STRUE, COMPLETE IE COMPANY AS AN		
APPL SIGN	ICANT'S ATURE			DATE	PRODUCER'S SIGNATURE	***************************************						