	P	ERSONA	L INLA		1A	R	11	NE AF	PL			N			DATE (M	M/DD/YYY	Y)	
AGENCY	PHONE (A/C, No, Ext):			APPLICAN	T'S N	AME	AN	ND MAILING AD	DRESS (In	clude c	ounty & ZI	P+4)		I				
FAX (A/C, No):				1									NA	C CODE				
													TEL	TELEPHONE NUMBER				
					CO/PLAN POL#:						ŧ <u>:</u>							
CODE: SUBCODE:					ACC													
AGENCY CU	ISTOMER ID			EFFECTI	VE DA	TE		EXPIRATION D		-	CT BILL	FAU		AN				
										AGEN	NCY BILL							
				SPOUSE'S	000			NI		TFRR	PROTE	Т со		CT/CODE NU				
DATE	ARITAL STATUS			3-0032 3	0000	UFA		//	0		PROTE		LDISTRI					
	DF PROPERTY (If Diff	ferent From Above)	ADDITIONAL LOCATION	DWELLING		E(S)				cc	NSTRUCT		E(S)			# FAMII (In Ead	LIES	
			LOCATION			_(0)											ch)	
				OTHER														
				-														
COVERA	GES																	
	PROPERTY	AMOUNT OF INS	RATE	PREMIL	ЛМ		#	PRO	PERTY		AMOL	NT OF IN	IS	RATE		PREMIUM		
1 JEWELR	۲Y						8	0.000										
2 FURS							9	GOLFER'S E	QUIPMENT	г								
3 FINE AR	TS						10	PERSONAL	COMPUTE	RS								
4 CAMERA	AS						11											
5 MUSICA	LINSTRUMENTS						12	2										
6 SILVERV	WARE						13	•										
7 STAMPS	5						14	L I										
UNAT	TENDED CAR COVE	RAGE (Stamps/Coins)	SAFE CRED	IT (Identify Pro	perty,	Safe	e Cl	lass, Etc)	BREAK	AGE CO	VERAGE (ERAGE (*On Schedule) TOTAL: \$						
								ET COVE	ERAGE									
NON-I	MOBILE ORGAN CO	/ERAGE	REPLACEME	ENT COST LO	SS SE	TTL	EM	1ENT	_									
ADDITIONAL	RATING INFORMAT	ION																
GENERA		ON																
EXPLAIN AL	L "YES" RESPONSE	S IN REMARKS			YES	NO					ES IN REMARKS YES I							
1. ANY PROTECTIVE DEVICES/SYSTEMS IN USE?							7. DID ANY LOSS OCCUR DURING THE LAST 3 YEARS?											
2. WILL ANY PROPERTY BE EXHIBITED?							8. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO											
		TRICTION/ENDORSEM	IENTS APPLY?				+											
		UCTIBLE APPLY?						PRIOR INSUREI	R & POLIC	TNUME								
		D PROFESSIONALLY/C		Y?			-											
6. ANY OI REMARKS	HER INSURANCE	E WITH THIS COMPAN	Y?															
REMARNS																		
	ILE OF PROPE	DTV																
			, FROM WHOM PU	RCHASED ET	C. IF A		тю	ONAL SPACE IS	;		ACC	RD	PURC	HASE/				
PROVIDE A DETAILED DESCRIPTION OF EACH ITEM, FROM WHOM PURCHASED ETC. IF ADDITIONAL SPACE IS REQUIRED, USE THE SCHEDULE ON THE REVERSE SIDE. BE SURE TO ATTACH ALL REQUIRED APPRAISALS/BILLS.								APPR YES	NO	APPR	AISAL	AN INS	OUNT OF					
	AIGAEO/DIEEO.																	

SCHEDULE OF PROPERTY (Continued)

				PUR	CHASE/			
#	DESCRIPTION	YES	RD NSAL NO	APPI D	CHASE/ RAISAL ATE	AMOUNT OF INSURANCE		
FOR COMPANY USE ONLY ATTACHMENTS								
. 01								
			STATE SUPPLEMENT(S) (If applicable PHOTOGRAPH					
			APPRAISAL					
					AFERAISAI	-		

BINDER/SIGNATURE

BINDER/SIGNAT									
INSURANCE BINDER		IF THE "BINDER" BO	DX TO THE LEFT IS C	COMPLETED, THE FOLLOWING CONDITIONS APPLY:					
EFFECTIVE DATE EXPIRATION DATE		THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJ TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.							
TIME	12:01 AM	COMPANY STATINO BY NOTICE TO TH REPLACED BY A P	G WHEN CANCELLA E INSURED IN ACC OLICY. IF THIS BINI	THE INSURED BY SURRENDER OF THIS BINDER OR BY TION WILL BE EFFECTIVE. THIS BINDER MAY BE CANC CORDANCE WITH THE POLICY CONDITIONS. THIS BIND DER IS NOT REPLACED BY A POLICY, THE COMPANY IS	ELLED BY THE COMPANY ER IS CANCELLED WHEN ENTITLED TO CHARGE A				
COVERAGE IS NOT BOUND		PREMIUM FOR THE SUBJECT TO VERIF	THE QUOTED PREMIUM IS						
THIS APPLICATION AGENTS MAY IN CE INFORMATION IN O	ATION ABOUT YOU, AND SUBSEQUENT RTAIN CIRCUMSTA UR FILES AND CA	INCLUDING INFORMA RENEWALS. SUCH I NCES BE DISCLOSED N REQUEST CORREC	NFORMATION AS WE TO THIRD PARTIES TION OF ANY INACC	REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAT ELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION (WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO FURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIC AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT	COLLECTED BY US OR OUR O REVIEW YOUR PERSONAL GHTS AND OUR PRACTICES				
Copy of the not	tice of information pr	actices (privacy) has b	een given to the appli	cant. (Not applicable in all states. Consult your agent or broker	for your state's requirements.)				
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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, OH, OK, OR or VT; in DC, LA, ME, TN and VA, 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 SIGNATU	JRE		DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER				

BILL OF SALE

PROTECTIVE DEVICE CERTIFICATE