

NEW BUSINESS INSURANCE QUOTE



Johnson & Johnson
The Experience of the Past with a Vision for the Future

NAMED INSURED & MAILING ADDRESS

SIERRA HASKINS

 2865 PENNYROYAL DR
 Chico, CA 95928

AGENCY NAME & ADDRESS

949269 - GOOSEHEAD INSURANCE –
 MIKE LITTAU
 1500 SOLANA BLVD
 BLDG 4, STE 4500
 WESTLAKE, TX 76262

PHONE: (530) 223-5600

QUOTE #:31820258 REVISION ID: 5378312

FILE #: 11531717
DATE QUOTED: 05/29/2026
HOMEOWNERS
MINIMUM EARNED PREMIUM: 25%
POLICY TERM: 12 MONTHS

NO FLAT CANCELLATIONS

GREAT LAKES INSURANCE SE CO #: 740

LINE OF BUSINESS	PREMIUM
HOMEOWNERS	\$1,792.00
POLICY FEE	\$100.00
STAMPING FEE	\$3.23
STATE TAX	\$53.76
TOTAL PREMIUM	\$1,948.99

This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780, and is placed in an insurer or insurers not holding a Certificate of Authority form or regulated by the California Insurance Commissioner. Doing business in CA as: JJINS Insurance Services, License #0F74450.

The terms and conditions of this quotation may not comply with the specifications submitted for consideration. Please read this quote carefully and compare it against your specifications.

CONDITIONS	BINDING INSTRUCTIONS
RECEIPT OF APPLICATION PACKET INCLUDING:	Enter your Quote # online at www.jjins.com in Homeowner Program and choose the 'COMPLETE APPLICATION' or 'BIND' option:

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LOCATION # 1- 2865 PENNYROYAL DR CHICO, CA 95928 - BUTTE COUNTY

COVERAGE

LIMIT PREMIUM

HOMEOWNERS

COVERAGE A - ADDITIONS & ALTERATIONS (RCV)	\$175,000	\$1,631.00
COVERAGE C - PERSONAL PROPERTY (RCV)	\$125,000	INCL
COVERAGE D - LOSS OF USE	\$50,000	INCL
PERSONAL LIABILITY	\$500,000	\$161.00
MEDICAL PAYMENTS TO OTHERS	\$5,000	INCL
LOSS ASSESSMENT	\$1,000	INCL
ORDINANCE OR LAW - 10%		INCL
WATER BACKUP	\$10,000	INCL
PERSONAL INJURY	INCL	INCL

DEDUCTIBLES

AOP DEDUCTIBLE: \$5,000

TOTAL BASE PREMIUM: \$1,792.00

RATING FACTORS & UNDERWRITING INFORMATION:

POLICY FORM: HO6	NUMBER OF STORIES: 2
OCCUPANCY: PRIMARY - OWNER OCCUPIED	SQUARE FOOTAGE: 1,342
DISTANCE TO COAST: 31 MILES	FOR SALE: NO
TERRITORY:	ON HISTORICAL REGISTRY: NO
PROTECTION CLASS: 2	IN GATED COMMUNITY: NO
CONSTRUCTION TYPE: FRAME	RENTAL TERM: NONE
YEAR OF CONSTRUCTION: 1985	PRIOR INSURANCE: OTHER
YEAR OF WIRING UPDATES: 2020	PRIMARY FLOOD EXISTS: NO
YEAR OF PLUMBING UPDATES: 2020	
YEAR OF HEATING UPDATES: 2020	
# OF NON-WIND LOSSES: 0	
# OF WIND LOSSES: 0	

PROTECTIVE DEVICE(S): SMOKE DETECTORS

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SCHEDULE OF FORMS AND ENDORSEMENTS

FORM NUMBER	FORM NAME
1023 XO 201901	CALIFORNIA RESIDENTIAL PROPERTY INSURANCE BILL OF RIGHTS
B&C DPSFPN 25102024	B&C SHORT FORM PRIVACY NOTICE
BCM3A (07/01)	MICROORGANISM EXCLUSIONIARY (MAP) (ABSOLUTE)
CA D-2	CA D-2 NOTICE
D-1 (1/1/2020)	IMPORTANT NOTICE - DISCLOSURE NOTICE REQUIRED TO BE PROVIDED ON ALL QUOTES (CALIFORNIA)
GLISE DPSFPN 102024	GREAT LAKES INSURANCE SE DATA PROTECTION SHORT FORM PRIVACY NOTICE
GLISE HD CDEE (08/20)	COMMUNICABLE DISEASE EXCLUSION ENDORSEMENT
GLISE(I) 09-20	GREAT LAKES INSURANCE SE PRIVACY POLICY STATEMENT
GLK 4118 IL 04 17	CONFORMITY OF TERMS ENDORSEMENT
GLK HO 4001 04 12	ASSAULT OR BATTERY EXCLUSION
GLK HO 4002 09 11	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
GLK HO 4003 09 11	EARTHQUAKE EXCLUSION NOTICE
GLK HO 4004 09 11	EXISTING DAMAGE EXCLUSION
GLK HO 4005 09 11	FLOOD EXCLUSION NOTICE
GLK HO 4006 04 12	LEAD EXCLUSION
GLK HO 4010 04 14	ROOF DAMAGE EXCLUSION
GLK HO 4011 09 11	CONTINUOUS OR REPEATED SEEPAGE EXCLUSION
GLK HO 4013 09 11	SECTION II - TRAMPOLINE EXCLUSION
GLK HO 4015 GL 09 11	PUNITIVE OR EXEMPLARY DAMAGES EXCLUSION
GLK HO 4016 09 11	EXCLUSION - TAINTED DRYWALL MATERIAL
GLK HO 4017 04 12	MINIMUM RETAINED PREMIUM
GLK HO 4032 01 13	FIREARMS / WEAPONS EXCLUSION
GLK HO 4034 01 13	TOTAL OR CONSTRUCTIVE LOSS
GLK PL 3003 07 22	NOTICE TO POLICYHOLDER
GLK PL 3009 (11/16)	NOTICE TO CONSUMERS CALIFORNIA RESIDENTIAL DISCLOSURE
GLK PL 4144 11 21	MARIJUANA / CANNABIS EXCLUSION
GLK PL 4148 03 22	POLICY PROVISION CLAUSE
GLK PL 4149 07 22	FARM/RANCH OPERATIONS EXCLUSION
GLK PL 4150 10-23	DANGEROUS ANIMAL EXCLUSION ENDORSEMENT
HO 00 06 05 11	HOMEOWNERS 6 - UNIT-OWNERS FORM
HO 01 04 (11/21)	SPECIAL PROVISIONS - CALIFORNIA
HO 04 90 05 11	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT
HO 04 95 01 14	LIMITED WATER BACK-UP AND SUMP DISCHARGE OR OVERFLOW COVERAGE
HO 17 31 05 11	UNIT-OWNERS COVERAGE C SPECIAL COVERAGE
HO 17 32 02 17	UNIT-OWNERS COVERAGE A SPECIAL COVERAGE
HO 17 48 10 15	RESIDENCE PREMISES DEFINITION ENDORSEMENT - UNIT-OWNERS
HO 24 82 05 11	PERSONAL INJURY COVERAGE
HO 34 02 02 17	AIRCRAFT LIABILITY DEFINITION REVISED TO REMOVE EXCEPTION FOR MODEL OR HOBBY AIRCRAFT
HO 34 03 02 17	PERSONAL INJURY FOR AIRCRAFT LIABILITY EXCLUDED
HO2007 (04/07)	HOMEOWNERS DECLARATIONS

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IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
Mandatory Offer of Earthquake Coverage	MANDATORY OFFER OF EARTHQUAKE COVERAGE
REF 1191	RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE - PHYSICAL DAMAGE - DIRECT (U.S.A.)
REF 1257 17/3/60	NUCLEAR INCIDENT EXCLUSION CLAUSE-LIABILITY-DIRECT (LIMITED) (U.S.A.)
REF 1331 20/4/61	CANCELLATION CLAUSE
REF 1477	RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE - LIABILITY
REF 1998 ALL	SERVICE OF SUIT (MENDES & MOUNT AND FOLEY & LARDNER)
REF 2920 a	TERRORISM EXCLUSION ENDORSEMENT
REF 5021	APPLICABLE LAW (U.S.A.)
REF 5062 (Amended)	FRAUDULENT CLAIM CLAUSE
REF 5401 11-19	PROPERTY CYBER AND DATA EXCLUSION
REF 9136	CALIFORNIA COMPLAINTS NOTICE
REF2340A 24-11-88	LAND WATER AIR SEEPAGE POLLUTION CONTAMINATION EXCLUSION AND DEBRIS REMOVAL
REF2962 06-03	BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
REF3100A	SANCTIONS LIMITATION CLAUSE

MANDATORY OFFER OF EARTHQUAKE COVERAGE

YOUR POLICY DOES NOT PROVIDE COVERAGE AGAINST THE PERIL OF EARTHQUAKE. CALIFORNIA LAW REQUIRES THAT EARTHQUAKE COVERAGE BE OFFERED TO YOU AT YOUR OPTION.

WARNING: THESE COVERAGES MAY DIFFER FROM AND PROVIDE LESS PROTECTION THAN THE COVERAGE PROVIDED BY YOUR HOMEOWNERS' INSURANCE POLICY. THERE ARE EXCLUSIONS AND LIMITATIONS INCLUDING BUT NOT LIMITED TO: OUTBUILDINGS, SWIMMING POOLS, MASONRY FENCES, AND MASONRY CHIMNEYS. THIS DISCLOSURE FORM CONTAINS ONLY A GENERAL DESCRIPTION OF COVERAGES AND IS NOT PART OF YOUR EARTHQUAKE INSURANCE POLICY. ONLY THE SPECIFIC PROVISIONS OF YOUR POLICY WILL DETERMINE WHETHER A PARTICULAR LOSS IS COVERED AND, IF SO, THE AMOUNT PAYABLE.

THE COVERAGE, SUBJECT TO POLICY PROVISIONS, MAY BE PURCHASED AT ADDITIONAL COST ON THE FOLLOWING TERMS:

A – AMOUNT OF DWELLING COVERAGE: \$175,000

B – APPLICABLE DEDUCTIBLE: 10%

IF YOUR LOSS IS BELOW THIS AMOUNT, YOU MAY NOT RECEIVE ANY PAYMENT FROM YOUR COVERAGE. YOUR INSURANCE COMPANY OR AGENT WILL PROVIDE WRITTEN NOTICE AS TO HOW THE DEDUCTIBLE APPLIES TO THE MARKET VALUE OF YOUR COVERAGE, THE INSURED VALUE OF YOUR COVERAGE, OR THE REPLACEMENT VALUE OF YOUR COVERAGE.

C – AMOUNT OF CONTENTS COVERAGE: \$125,000

IF YOUR LOSS DOES NOT EXCEED THE DEDUCTIBLE FOR THE DWELLING, YOU WILL NOT RECEIVE ANY PAYMENT FOR THIS COVERAGE. YOUR INSURANCE COMPANY OR AGENT WILL PROVIDE WRITTEN NOTICE AS TO HOW THE DEDUCTIBLE APPLIES TO THE AMOUNT YOU RECEIVE PURSUANT TO THIS COVERAGE.

D – AMOUNT OF ADDITIONAL LIVING EXPENSE COVERAGE: \$50,000

E – PREMIUM: \$125,000

THE UNDERSIGNED ACKNOWLEDGES THAT EARTHQUAKE COVERAGE HAS BEEN OFFERED, THAT A PREMIUM HAS BEEN QUOTED FOR EARTHQUAKE COVERAGE AND THAT SAID COVERAGE IS HEREBY **ACCEPTED**:

SIGNATURE: _____ DATE: _____

DO NOT SIGN THIS FORM IF YOU DO NOT WISH TO PURCHASE EARTHQUAKE COVERAGE UNDER THESE TERMS.

YOU MUST ASK THE COMPANY TO ADD EARTHQUAKE COVERAGE WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE OR IT SHALL BE CONCLUSIVELY PRESUMED THAT YOU HAVE NOT ACCEPTED THIS OFFER. THIS COVERAGE SHALL BE EFFECTIVE ON THE DAY YOUR ACCEPTANCE OF THIS OFFER IS RECEIVED BY US.

IMPORTANT NOTICE:

- 1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called “nonadmitted” or “surplus line” insurers.**
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.**
- 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or “surplus line” broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC’s internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.**
- 5. Foreign insurers should be licensed by a state in the United States and you may contact that state’s department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.**

6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC’s International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or “surplus line” broker to obtain more information about that insurer.

7. California maintains a “List of Approved Surplus Line Insurers (LASLI).” Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker’s fee charged for this insurance will be returned to you.

Date: _____

Insured: _____

IMPORTANT NOTICE:

- 1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called “nonadmitted” or “surplus line” insurers.**
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
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Date: _____

Insured: _____



HOMEOWNER APPLICATION

DATE (DD/MM/YYYY)

5/29/2026

AGENCY Phone (A/C, No, Ext): FAX (A/C, No):		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE	FACILITY CODE
GOOSEHEAD INSURANCE – MIKE LITTAU 1500 SOLANA BLVD BLDG 4, STE 4500 WESTLAKE, TX 76262		SIERRA HASKINS 2865 PENNYROYAL DR CHICO, CA 95928				
CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	POLICY # 31820258	
AGENCY CUSTOMER ID:	949269	06/13/2026	06/13/2027	DATE AT CURR RES	CO/PLAN	HOME PHONE #
				DAY	EVE	DAY
				DAY	EVE	DAY

APPLICANT INFORMATION

PREVIOUS ADDRESS (if less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)			
		2865 PENNYROYAL DR CHICO, CA 95928 - (BUTTE COUNTY)			
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC 0	YEARS W/ PRIOR EMPL.	DATE OF BIRTH	
		YEARS W/ CURR EMPL.	MAR STAT	SOCIAL SECURITY #	
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC 0	YEARS W/ PRIOR EMPL.	DATE OF BIRTH	
		YEARS W/ CURR EMPL.	MAR STAT	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	\$ 1,948.99
HO6	\$ 175,000	\$ 0	\$ 125,000	\$ 50,000	\$ 500,000	\$ 5,000	DEPOSIT	\$
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL	5,000	WIND/HAIL	THEFT	EARTHQUAKE	\$0	BALANCE	\$ 1,948.99
	<input checked="" type="checkbox"/> NAMED HURRICANE*	0	ANNUAL HURRICANE*					* Not Applicable in NC

ENDORSEMENTS - SEE REMARKS SECTION

EFT AUTHORIZATION CODE: AMOUNT:

PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

DATE:

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

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	
<input type="checkbox"/> MASONRY	VINYL SIDING	1985		\$	<input type="checkbox"/> DWELLING	<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> COC	0			
<input type="checkbox"/> MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> APART	<input type="checkbox"/> SECONDARY	COMP. DATE:				
<input type="checkbox"/> FIRE RES		1,342		\$	<input checked="" type="checkbox"/> CONDO	<input type="checkbox"/> SEASONAL					
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	<input checked="" type="checkbox"/>	2020
			2			SYSTEM SMOKE TEMP BURGLAR	PRIMARY: CENTRAL HEAT & AIR		PLUMBING	<input checked="" type="checkbox"/>	2020
						CENTRAL	SECONDARY:		HEATING	<input checked="" type="checkbox"/>	2020
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER					DIRECT	NONE		ROOFING		1985
						LOCAL			EXTERIOR PAINT		
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	CLOSED			
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OPEN	<input type="checkbox"/> NONE			
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES						
<input type="checkbox"/> WITHIN CITY LIMITS	<input checked="" type="checkbox"/> OWNER	<input type="checkbox"/> UNOCC	INDOORS <input type="checkbox"/> OUTDOORS	<input type="checkbox"/> APPROVED FENCE							
<input type="checkbox"/> WITHIN FIRE DIST	<input type="checkbox"/> TENANT	<input type="checkbox"/> VACANT	ABOVE GROUND ON MASONRY FLOOR	<input type="checkbox"/> DIVING BOARD							
<input type="checkbox"/> WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	<input type="checkbox"/> SLIDE							
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		CLASS SPEC	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	RESISTIVE	OTHER				
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:	BASEMENT		GARAGE	BREEZEWAY	RATING CREDITS	MANNED SECURITY	SPRINKLER	FIREPLACES (Enter Number)			
	SQ FT	SQ FT	SQ FT	NON-SMOKER	LIGHTNING PROTECTION	OFF PREMISES	PARTIAL	CHIMNEYS	PRE-FAB WOOD STOVE INSERT		
						THEFT EXCL	FULL	HEARTH			

GENERAL INFORMATION

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

PRIOR COVERAGE

PRIOR CARRIER OTHER	PRIOR POLICY NUMBER	EXPIRATION DATE
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LOSS HISTORY	ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 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 #	MORTGGE ADDL INT	NAME AND ADDRESS	LOAN NUMBER
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REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

<p>PRIOR COVERAGE: NO LAPSE IN COVERAGE</p> <p>NUMBER OF STORIES: 2</p> <p>OPTIONAL COVERAGES</p> <table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>LOSS ASSESSMENT</td> <td>\$1,000</td> </tr> <tr> <td>WATER BACKUP</td> <td>\$10,000</td> </tr> <tr> <td>ORDINANCE OR LAW - 10%</td> <td></td> </tr> <tr> <td>PERSONAL INJURY</td> <td>\$500,000</td> </tr> </tbody> </table> <p>Coverage is subject to no ineligible wiring or plumbing types. Including but not limited to: Fuses, aluminum, cloth, Federal Pacific Circuit Breakers, and knob and tube wiring. Or, galvanized, steel, iron, polybutylene, and lead plumbing.</p> <p>PAYMENT METHOD: MAILING IN PAYMENT</p>	DESCRIPTION	Limit	LOSS ASSESSMENT	\$1,000	WATER BACKUP	\$10,000	ORDINANCE OR LAW - 10%		PERSONAL INJURY	\$500,000	STATE SUPPLEMENT(S) (If applicable)
	DESCRIPTION	Limit									
	LOSS ASSESSMENT	\$1,000									
	WATER BACKUP	\$10,000									
	ORDINANCE OR LAW - 10%										
	PERSONAL INJURY	\$500,000									
	INLAND MARINE APPLICATION										
	REPLACEMENT COST ESTIMATE										
	PHOTOGRAPH										
	SOLID FUEL SUPPLEMENT										
PROTECTION DEVICE CERTIFICATE											
PERS EXCESS/UMBRELLA APP											
WATERCRAFT APPLICATION											
LEAD FREE PAINT CERTIFICATION											
HOME BASED BUSINESS SUPPL											

BINDER/SIGNATURE

<p>INSURANCE BINDER</p> <table border="1"> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM NOON</td> </tr> </table> <p>COVERAGE IS NOT BOUND</p>		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM NOON	<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p>
EFFECTIVE DATE	EXPIRATION DATE					
TIME	12:01 AM NOON					
<p>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.</p> <p>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.</p>						
<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTGATIVE 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 DETERMIN EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHANGED. 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 CORRECTIONS 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.</p> <p><input type="checkbox"/> 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.)</p>						
<p>ANY PERSON 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, MA, OH, OK, OR or VT; in DC, LA, ME TN, VA and WA insurance benefits may be denied.)</p>						
<p>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</p>						
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER			