	ORD	®		Н	OMEO	1W	NER A	ER APPLICATION											
AGENCY	PI (A	HONE (C. No. Ext)	(866)38	36-413	6 x2419	APPLIC	ANT'S NAME												
			501)898-					FACILITY CODE											
Conti	nental	Brok	ers, Ind	г.															
	ey Dri	ive										F	POLICY #						
_	2000			20110		DA	TEAT	CO/PLAN					HOME PHONE	- 4					
Madis	on			39110 		CUF	RR RES	JOIPLAN					TOWE PHONE	- #		DAY			
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HOW LOI	NG HAVE	YOU KNO\	 VN THE APPL	ICANT?			DA	TE AGE	NT LAST IN	NSPECTI	ED PROPER	TY:							
COVER	AGES/LI	MITS OF	LIABILITY				,						PREM	иим					
HO FORM	DWE	LLING	OTHI STRUCT		PERSONAL PROPERTY		LOSS OF	USE		SONAL		EDICAL YMENTS	EST TO PREMI	TAL UM \$					
						<u> </u>			EACH OC	CCURREN		H PERSON	DEPOS	SIT \$					
DED	 	1	<mark>\$</mark>		<u>\$</u>		<mark>\$</mark>		\$	l N	AMED URRICANE *		BALAN	ICE \$					
(Type & Ar	mount) SEMENT	ALL PERIL		WIN	ID/HAIL		THEFT				URRICANE * Not Applicat	le in NC							
	PLACEMENT		LLING	REPLACEM	ENT COST CONT	ENTS	ENTER OTH	ER ENDO	RSEMENT(S										
PAYME	NT PLAN	A	CORD 610 A	Attached	(NOT APPLIC	ABLE	IN NC)												
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			OI DILL.						11 71 1	LIOAIII	DILL.		<u> </u>	AGENT					
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GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES IN REMARKS YES NO EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17) YES NO 14. DURING THE LAST FIVE (5) YEARS TEN (10) YEARS IN RHODE ISLANDI, 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, 1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care) 2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees) failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of 3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC? 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? imprisonment. 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT? 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? **CONDOS ONLY:** 7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO) 17. IS THE BUILDING ENTRANCE LOCKED? 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? 8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (Give estimated completion date and dollar value) YEARS? 9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR PREMISES? (Note breed and bite history) NON-RESIDENTIAL PROPERTY 10 DISTANCE TO TIDAL WATER: Miles Feet 22. IS THERE A TRAMPOLINE ON THE PREMISES? IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? 23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? (If yes, describe land use) 12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? 24. ANY LEAD PAINT HAZARD? (List year, type, make, model) IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and 13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable) IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING APPLICANT'S **LOSS HISTORY** YEARS, AT THIS OR AT ANY OTHER LOCATION? YES NO IF YES, INDICATE BELOW **INITIALS:** THE LAST TYPE DESCRIPTION OF LOSS AMOUNT DATE CAT# ADDITIONAL INTEREST NAME AND ADDRESS LOAN NUMBER INT# MORTG'E ADDL INT REMARKS (Attach Additional Sheets if More Space is Required) **ATTACHMENTS** PHOTOGRAPH RECREATIONAL VEHICLE APP STATE SUPPLEMENT(S) (If applicable) SOLID FUEL SUPPLEMENT WATERCRAFT APPLICATION INLAND MARINE APPLICATION PROTECTION DEVICE CERTIFICATE LEAD FREE PAINT CERTIFICATION REPLACEMENT COST ESTIMATE PERS EXCESS/UMBRELLA APP HOME BASED BUSINESS SUPP BINDER/SIGNATURE IF THE "BINDER" BOX TO THE LEFT IS COMPLETED. THE FOLLOWING CONDITIONS APPLY: INSURANCE BINDER THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE EFFECTIVE DATE EXPIRATION DATE 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. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. TIME 12:01 AM NOON COVERAGE IS NOT BOUND 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 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 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 INY: SUBSTANTIALI CIVIL PENALTIES. (Not applicable in CO, HI, MA, 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 SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE



MISSISSIPPI AUTO SUPPLEMENT

AGENCY
Continental Brokers, Inc.
214 Key Drive
Madison MS 39110
CODE: SUB CODE:

THIS FORM TO BE USED WHEN INSURED SELECTS NON-STACKABLE UM COVERAGE

MISSISSIPPI NON-STACKING UNINSURED MOTORIST INSURANCE

(As Per House Bill 666, 2002, Miss. Code 83-11-102 *)

Mississippi law * provides for an optional Non-stacking Uninsured Motorist Coverage available to an insured under an auto liability policy that covers ten (10) or more vehicles. The Non-stacking Uninsured Motorist limits selected shall cover all vehicles listed in the policy and does not apply per vehicle. The selection of this Non-stacking coverage imposes a limitation on adding together or stacking of coverages. If the insured selects the Non-stacking Uninsured Motorist Policy, in the event of an accident, the total limit of uninsured motorist coverage available from the policy will be only the one limit previously selected by the insured. It is an alternative to stackable uninsured motorist coverage where the coverage limits for each vehicle may be added together or stacked to determine the total coverage available. While only one limit of uninsured motorist coverage is available from a Non-stacking Uninsured Motorist policy, other limits of uninsured motorist coverage from other policies might be available to add to the single coverage available from the Non-stacking Uninsured Motorist policy depending upon the specific circumstances.

The minimum limits required under Mississippi law for Non-stacking Uninsured Motorist coverage is ten (10) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Currently this law requires \$25,000 per person, \$50,000 per accident and \$25,000 for property damage. An increase to the statuatory limits under this Law shall increase the minimum limits for Non-stacking Uninsured Motorist coverage accordingly.

I understand the limitations imposed by the Non-stacking Uninsured Motorist policy and that such coverage is an alternative to coverage without such limitation. I further agree that acceptance of this limitation shall apply to any policy from the same insurer, including sister insurers in the same holding company, which renews the coverage, extends the coverage, or changes covered vehicles unless and until I make a written request for a change to stackable uninsured motorist coverage.

Selection of Non-stacking Uninsured Motorist coverage is affirmed by your signature below. I select the following coverages at the limits shown below:

	Non-stackable UM Bodily Injury an per person/	nd UM Property Damage per accident/	at limits of: property dam \$	age						
	Non-stackable UM Bodily Injury C per person/	overage (No Property Co per accident \$								
	Non-stackable Combined Single-li Coverage together) at the limit of:		les Bodily Injury and Proper	ty Damage						
Applicant Name (P	rint):	Applican	t Address:							
Applicant Signature	: :	Propose	Proposed Effective Date of Coverage:							
Date:		Policy No	umber (if available):							

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MISSISSIPPI PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGE	NCY	PHONE (A/C, N	D. Ext): (866	5)38	6-41	.36 :	x2419		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)																				
		PHONE (A/C, No, Ext): (866)386-4136 x2419 FAX (A/C, No): (601)898-4793																							NAIC CODE					
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APPLI	CANT	'S EMPL	OYER	<u> </u>		ADDRESS OF EMPLOYMEN	•			,		HONE NUMBER	YEARS W/ CURR EMPL*	YEA	RS W/		
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CO-APPLICANT'S EMPLOYER (State nature of business if self-employed) ADDRESS OF EMPLOYMEN											WORK P	HONE NUMBER	YEARS W/ CURR EMPL*	YEA PREV	RS W/ / EMPL		
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1. WIT	Н ТН	EXCER	MOIT	OF ANY ENCUMBRA	ANCES, ARE ANY	VEHICLES		9). AN	NY HOUSEHOLD MEMBER IN MILITA	RY SERVIC	E? (Driver number)				
				BY AND REGISTERE				10). AN	NY DRIVERS LICENSE BEEN SUSPE	NDED/REVO	OKED?					
2. AN	/ CAR	MODIFI	ED/SF	ECIAL EQUIPMENT	? (Include customiz	ed vans/pickups; indicate cost)		11	. AN	NY DRIVER HAVE PHYSICAL/MENTA	L IMPAIRME	ENT? (List driver nu	umbers)				
3. AN	/ EXIS	TING D	AMAG	E TO VEHICLE? (Inc	lude damaged glass	s)		12	2. AN	NY FINANCIAL RESPONSIBILITY FIL	ING? (Driver	number and date of	of filing)				
4. AN	OTH	ER LOS	SES IN	ICURRED (not show	n in Accident/Convi	ction area)?		13	3. HA	AS INSURANCE BEEN TRANSFERR	ED WITHIN A	GENCY?					
5. AN	/ CAR	KEPT A	T SCH	IOOL?				14		NY COVERAGE DECLINED, CANCEL	LED, OR NO	N-RENEWED DU	RING THE				
6. AN	/ CAR	PARKE	O ON	STREET?					LA	AST 3 YEARS?							
7. AN	OTH	ER AUT	O INSI	JRANCE IN HOUSE	HOLD? (Include any	provided by employer)		15	. IS	THIS BROKERED BUSINESS TO TH							
8. AN	OTH	ER INSL	JRANC	E WITH THIS COME	PANY? (List policy n	number)		16	6. HA	AS AGENT INSPECTED VEHICLE?							
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2/5/2008



Safeco Info Need To Bind Homeowner's Policies

- 1. Foundation Type: Flat to Slight Slope/Moderate Slope/Steep Slope
- 2. Garage & Carports: Please give details (ie attached, not attached)
- 3. Attached Structures: Please give details (ie porch, decks) Need Sq Ft.
- 4. Kitchen: Custom/Designer/Economy
- 5. Fire Places: Please give details (ie how many, what type)
- 6. Wall Finishes: Please give all types. (ie wallpaper, paint, tile)
- 7. Floor Finishes: Please give all types: (ie carpet, wood, tile)
- 8. Ceiling Finishes
- 9. Special Features: (ie Storm Shutters, intercom system, skylight)