

Supplemental Accord Application

The following shall be attached to, and made part of, the fully completed Accord application signed by the applicant:

Applicant: _____ **Producer:** _____

Policy Type: (note Yes or No)

| TYPE | COV. PART 1 | | | | COV. PART 2 | | COV. PART 3 | COV. PART 4 |
|----------------------------------|--|--|--|--|--|--|--|--|
| | HO-3 | HO-4 | HO-6 | Build. Risk | Umbrella | Excess Liability | Excess Flood | PAF |
| <input type="checkbox"/> New | | | | | | | | |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**** Please note that for Umbrella, Excess Liability, Excess Flood and Personal Article coverage parts, the applicable section of the Composite Application must be fully completed.**

Coverage Part 1: Supplemental Homeowner Information

Optional Coverages:

| Coverage | Y | N | Coverage | Y | N | Coverage | Y | N |
|--|---|---|--|---|---|---|---|---|
| Personal Injury | | | Replacement Cost Contents | | | All Risk Contents | | |
| Increased Special Limits: | | | Increased Business Property - \$10,000 limit | | | Builders Risk Options: | | |
| Option 1-Increased Jewelry/Watches/Furs | | | Special Computer Coverage | | | Theft of Building Materials | | |
| Option 2-All Special Limits increased | | | Water Backup Coverage | | | Builders Risk Liability | | |
| Identity Fraud Expense Coverage | | | | | | All Risk Dwelling (HO6 only) | | |
| Watercraft Liability: Engine Type ___ HP ___ Length ___ | | | Golf Cart Coverage: ___ Liab ___ Phys Dam. Value \$ _____ | | | Ordinance or Law (includes 10%) % Requested _____ | | |
| Trampoline on premises? | | | | | | | | |
| Extending Liability: # of locs. ___ State(s) _____ | | | Earthquake Coverage: Earthquake Zone: _____ | | | Loss Assessment (includes \$1000) : Limit \$ _____ | | |

FL Residents Only: 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 (817.234).

NJ Residents Only: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

VA Residents Only: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

Note to Agents: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

Applicant's statement: I have read the above application and I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____

DATE: _____