

ACORD HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
01/19/2005

| | | | | | | |
|---|--|--|--|--------------------------|---------------------|----------------------|
| AGENCY Roberson & Associates Insurance 315 N. Market Benton AR 72015- CODE: SUBCODE: AGENCY CUSTOMER ID | PHONE (A/C, No, Ext): (501) 315-8011 FAX (A/C, No): () - | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Name: _____ | | | NAIC CODE: _____ | FACILITY CODE: _____ |
| | DATE AT CURR RES: / / | | | CO/PLAN: _____ | POLICY #: _____ | |
| | EFFECTIVE DATE: / / | | | EXPIRATION DATE: / / | HOME PHONE #: () - | |
| | BUSINESS PHONE #: () - | | | DAY: _____ EVE: _____ | | |

APPLICANT INFORMATION

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|----------------------------|-----------------|--------------------|------------------------|
| PREVIOUS ADDRESS (If less than 3 years): _____ | YRS AT PREV ADDR: _____ | LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP): _____ | | | | | | | |
| APPLICANT'S OCCUPATION (State nature of business if self-employed): _____ | APPLICANT'S EMPLOYER NAME AND ADDRESS: _____ | | | YEARS IN CURR OCC: _____ | YEARS W/ CURR EMPL: _____ | YEARS W/ PRIOR EMPL: _____ | MAR STAT: _____ | DATE OF BIRTH: / / | SOCIAL SECURITY #: - - |
| CO-APPLICANT'S OCCUPATION (State nature of business if self-employed): _____ | CO-APPLICANT'S EMPLOYER NAME AND ADDRESS: _____ | | | YEARS IN CURR OCC: _____ | YEARS W/ CURR EMPL: _____ | YEARS W/ PRIOR EMPL: _____ | MAR STAT: _____ | DATE OF BIRTH: / / | SOCIAL SECURITY #: - - |
| HOW LONG HAVE YOU KNOWN THE APPLICANT?: _____ | | | | DATE AGENT LAST INSPECTED PROPERTY: / / | | | | | |

COVERAGES/LIMITS OF LIABILITY

DED (Type & Amount)

| HO FORM | DWELLING | OTHER STRUCTURES | PERSONAL PROPERTY | LOSS OF USE | PERSONAL LIABILITY EACH OCCURRENCE | MEDICAL PAYMENTS EACH PERSON | ALL PERIL | |
|---------|----------|------------------|-------------------|-------------|------------------------------------|------------------------------|------------------|--|
| | \$ | \$ | \$ | \$ | \$ | \$ | WIND/HAIL | |
| | | | | | | | THEFT | |
| | | | | | | | NAMED HURRICANE* | |

ENDORSEMENTS

PREMIUM * Not Applicable in NC

| | | |
|--|--|-----------------------------|
| <input type="checkbox"/> REPLACEMENT COST DWELLING | <input type="checkbox"/> REPLACEMENT COST CONTENTS | EST TOTAL PREMIUM: \$ _____ |
| ENTER OTHER ENDORSEMENT(S): _____ | | DEPOSIT: \$ _____ |
| | | BALANCE: \$ _____ |

PAYMENT PLAN

ACORD 610 Attached (NOT APPLICABLE IN NC)

| | |
|---|--|
| ACCOUNT #: _____ | MAIL POLICY TO: _____ |
| BILLING: <input type="checkbox"/> DIRECT BILL, <input type="checkbox"/> AGENCY BILL | IF DIRECT BILL: <input type="checkbox"/> BILL APPLICANT, <input type="checkbox"/> OTHER: _____ |
| IF APPLICANT BILL: <input type="checkbox"/> FULL PAY, <input type="checkbox"/> OTHER: _____ | AGENT, APPLICANT, OTHER: _____ |

RATING/UNDERWRITING

| | | | | | | | | |
|---|--|--|---|---|--|---|---|--------------------------|
| FRAME: _____ MASONRY: _____ MASONRY VENEER: _____ FIRE RES: _____ | MFG HOME: _____ VINYL SIDING: _____ ALUMINUM SIDING: _____ | YR BUILT: _____ # ROOMS: _____ SQ FT: _____ # APTS: _____ | MARKET VALUE: \$ _____ REPLACEMENT COST: \$ _____ | STRUCTURE TYPE: _____ DWELLING: _____ TOWNHOUSE: _____ APART: _____ ROWHOUSE: _____ CONDO: _____ CO-OP: _____ | USAGE TYPE: _____ PRIMARY: _____ SECONDARY: _____ SEASONAL: _____ | FARM: _____ COC: _____ COMP. DATE: / / | # FAMILIES: _____ # HSEHLD RES: _____ | PURCHASE DATE/PRICE: / / |
| NUMBER OF FIRE DIVS: _____ UNITS IN FIRE DIV: _____ | TERR CODE: _____ PREM GROUP: _____ | PROTECT CLASS: _____ | DISTANCE TO HYDRANT: _____ FT FIRE STATION: _____ MI | PROTECTION DEVICE TYPE: _____ SYSTEM: _____ SMOKE: _____ TEMP: _____ BURGLAR: _____ | HEAT TYPE: _____ PRIMARY: _____ SECONDARY: _____ | NONE: _____ | WIRING: _____ PLUMBING: _____ HEATING: _____ ROOFING: _____ EXTERIOR PAINT: _____ | |
| DATE HEATING SYSTEM LAST SERVICED: / / | NUM OF AMPS (ELEC SYST): _____ | CIRCUIT BREAKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO | FUSES: <input type="checkbox"/> YES <input type="checkbox"/> NO | KNOB & TUBE OR ALUMINUM WIRING: <input type="checkbox"/> YES <input type="checkbox"/> NO | PLUMBING SYSTEM CONDITION: _____ | PLUMBING SYSTEM ANY KNOWN LEAKS: <input type="checkbox"/> YES <input type="checkbox"/> NO | FOUNDATION: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED | |
| DWELLING LOCATION: _____ WITHIN CITY LIMITS: _____ WITHIN FIRE DIST: _____ WITHIN PROT SUBURB: _____ | OCCUPANCY: _____ OWNER: _____ TENANT: _____ UNOCC: _____ VACANT: _____ | DEADBOLT: _____ FIRE EXT: _____ VISIBLE TO NEIGHBORS: _____ | HOUSEKEEPING CONDITION: _____ | SWIMMING POOL: _____ YES: _____ NO: _____ APPROVED FENCE: _____ DIVING BOARD: _____ SLIDE: _____ | ABOVE GROUND: _____ IN-GROUND: _____ | STORM SHUTTERS: _____ YES: _____ NO: _____ A HURR RES: _____ B GLASS: _____ | | |
| BLDG CODE GRADE: _____ INSPECTED?: <input type="checkbox"/> YES <input type="checkbox"/> NO | TAX CODE: _____ | RATING: _____ CLASS: _____ SPEC: _____ | OCCUPIED DAILY?: <input type="checkbox"/> YES <input type="checkbox"/> NO | # WKS RENTED: _____ | WIND CLASS: _____ RESISTIVE: _____ | SEMI-RESISTIVE: _____ OTHER: _____ | ROOF MATERIAL: _____ | CONDITION OF ROOF: _____ |
| IF REPLACEMENT COST APPLIES: ACORD _____ | BASEMENT SQ FT: _____ | GARAGE SQ FT: _____ | BREEZEWAY SQ FT: _____ | RATING CREDITS: _____ NON-SMOKER: _____ LIGHTNING PROTECTION: _____ | MANNED SECURITY OFF PREMISES THEFT EXCL: _____ OTHER: _____ | SPRINKLER: _____ PARTIAL: _____ FULL: _____ | FIREPLACES: _____ CHIMNEYS: _____ HEARTHES: _____ PRE-FAB WOOD STOVE INSERT: _____ | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES IN REMARKS | | YES | NO | EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17) | | YES | NO |
|--|--|-----|----|--|--|-----|----|
| 1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care) | | | | 14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) | | | |
| 2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees) | | | | 15. IS THERE A MANAGER ON THE PREMISES? | | | |
| 3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC? | | | | RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT? | | | |
| 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? | | | | 17. IS THE BUILDING ENTRANCE LOCKED? | | | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? | | | |
| 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | | | 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value) | | | |
| 7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO) | | | | 20. IS HOUSE FOR SALE? | | | |
| 8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS? | | | | 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? | | | |
| 9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history) | | | | 22. IS THERE A TRAMPOLINE ON THE PREMISES? | | | |
| 10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER? | | | | 23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? | | | |
| 11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use) | | | | 24. ANY LEAD PAINT HAZARD? | | | |
| 12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model) | | | | 25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit) | | | |
| 13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable) | | | | 26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? | | | |

| LOSS HISTORY | | | ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE BELOW | | APPLICANT'S INITIALS: | |
|--------------|------|---------------------|--|--------|-----------------------|--|
| DATE | TYPE | DESCRIPTION OF LOSS | CAT # | AMOUNT | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |

| PRIOR COVERAGE | | |
|----------------|---------------------|------------------------|
| PRIOR CARRIER | PRIOR POLICY NUMBER | EXPIRATION DATE / / |

| ADDITIONAL INTEREST | | |
|---|------------------|-------------|
| INT # <input type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| | - | |

| REMARKS | ATTACHMENTS | |
|----------------------|-------------------------------------|-------------------------------|
| | STATE SUPPLEMENT(S) (If applicable) | PROTECTION DEVICE CERTIFICATE |
| | INLAND MARINE APPLICATION | PERS EXCESS/UMBRELLA APP |
| | REPLACEMENT COST ESTIMATE | RECREATIONAL VEHICLE APP |
| | PHOTOGRAPH | WATERCRAFT APPLICATION |
| | SOLID FUEL SUPPLEMENT | LEAD FREE PAINT CERTIFICATION |
| | EARTHQUAKE APPLICATION | HOME BASED BUSINESS SUPP |
| FOR COMPANY USE ONLY | | |

| INSURANCE BINDER | | IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: | |
|-----------------------|------------------------|--|--|
| EFFECTIVE DATE / / | EXPIRATION DATE / / | 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. 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 | | | |

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT 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. 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, 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 PROVIDED 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 | DATE / / | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|-------------|----------------------|--------------------------|