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5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)  REMARKS/PROCESSING INSTRUCTIONS  10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?  ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES	3. AN	NY EX	POSURE	TO FLAI	MMABLES	S, EXPLOS	SIVES,	CHEM	IICALS?				$\perp$		Failure to	disclo	ose th	e existence	of an ars	on convictior	n is a mi	sdeme	anor			
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REMARKS/PROCESSING INSTRUCTIONS  ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED											IN THE F	AST :	5 YEA	ARS?	CONLEGII	LILINO AGA			LIOAN	•					
					•		ole in M	10)																		
	KEMAKRS/PROCESSING INSTRUCTIONS																									
APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION. OR CONCEA																										
FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULE INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (I																										
applicable in CO, HI, NE, OH, OK, OR, or VT; In DC, LA, ME and VA, insurance benefits may also be denied)																						J. •			(1	
APPLICANT'S PRODUCER'S	ΔР	PI IC	ANT'S												PRODUC	ER'S										
SIGNATURE SIGNATURE  ACORD 125 (2001/04)  PLEASE COMPLETE REVERSE SIDE  © ACORD CORPORATION 1	SI	GNA	TURE	104/2	,							OF 00:	Б		SIGNAT	URE					2.4.5				<b>01</b> : :	000

## PRIOR CARRIER INFORMATION

LINE	CATEGORY														
	CARRIER														
	POLICY NUMBER														
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	RETRO DATE														
	EFF-EXP DATE														
E	GENERAL AGGREGATE														
C E	PRODUCTS COMP OP AGGREGATE														
O R M A	PERSONAL & ADV INJ														
MF	EACH OCCURRENCE														
R I C A I B	L FIRE DAMAGE														
<u>   </u>	M MEDICAL EXPENSE														
	S BODILY OCCURRENCE														
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	PROPERTY OCCURRENCE														
	DAMAGE AGGREGATE														
	COMBINED SINGLE LIMIT														
	MODIFICATION FACTOR														
	TOTAL PREMIUM														
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	MODIFICATION FACTOR														
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LOS	S HISTORY					OLIDED) OD									

LU35 HISTURY												
ENTER ALL CLAIMS FOR THE PRIOR 5 Y		HK HERE SEE A NONE LOSS		CHED MARY								
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT PAID		AMOUNT RESERVED		CLAIM TATUS					
								OPEN				
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REMARKS NOTI	ATT	ACHMENTS										
		STATE SUPPLEMENT(S	s) (If ar	pplicable)								

Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)

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 POLICY 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.