## American Bankers Insurance Company of Florida 11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244

## SPECIALTY HOMEOWNERS PROGRAM APPLICATION

Policy Period: 12:01 a.m., Standard Time, at the location of your Insured dwelling below.

POLICY	Effect	ve Date	Expira	tion Date	Term in Months Account Number (7 Digits)					Policy Number				
INFORMATION														
	At Time of Issue Renewal Bill Credit Card / Electronic Fund Transfer Payment I								d Transfer Payment Met					
BILLING INFORMATION	1.	rment plan Payment account ienholder	2. Bil	II Account II Lienholder I Insured payment plan	Lienholder Insured CREDIT CARD						d or deducted from my  Exp. Date			
INSURED NAME AND MAILING ADDRESS	AREA CODE & PHONE DATE OF BIRTH  Additional Insured Name and Mailing Address													
LIENHOLDER NAME AND ADDRESS	LOAN NO.						ent Name I Address							
LOCATION OF YOUR DWELLING (If different than mailing address)														
				Manufactured Home				Modula	ar Home					
DESCRIPTION	Model Year	Length	Width	Se	rial Num	ber	Additional S	erial Number	Year Built	Sq.	Feet			
OF OF	FT FT													
DWELLING	Trade Name & Model Is Home Tied Down? Fully Skirted / Enclosed Foundation?							Purcha Month	se Date Year					
	☐ Yes ☐ No													
							☐ Yes	☐ No	☐ Yes ☐ No					
			oose of Us				n a Park / vision	□ No  Territory	☐ Yes ☐ No  County	Ratin	g Tier			
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A4019-0911 Page 1 COVERAGES: THIS POLICY PROVIDES ONLY THE INSURANCE FOR WHICH A SPECIFIC PREMIUM CHARGE IS INDICATED BELOW OR WHICH IS INDICATED AS INCLUDED WITHOUT SPECIFIC CHARGE EITHER BELOW OR IN YOUR POLICY. DETAILED DESCRIPTIONS AND ANY LIMITATIONS WILL BE FOUND IN YOUR POLICY.

Basic Coverages					Additional Protection & Endorsements					
Limit of Liability	Coverage	Deductible	Premium				Coverage			Premium
\$ Adj	elling acent Structures sonal Property	\$ \$ \$_	& &	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	☐ No ☐ No	Personal Stated V		cement Cost Co	verage	\$ \$ \$
· · ·	sonal Liability  Occurrence		\$							
Per	dical Payments Person/Per currence		\$		Credi	ts Do Not A	Apply To The Fo	ollowing		
\$ Damage to Property \$ of Others Per Occurrence					Policy Fee Catastrophe Premium State Surcharge(s) State / Municipal Tax(es)					\$ \$ \$
This area to be used to show additional endorsements and/or information.  ADDITIONAL PREMIUM							\$			
TOTAL POLICY PREMIUM							\$			
Wind Deductible	Hail Ded	uctible	Earthquake Deduct	tible	Flood Dec	luctible	Hurricane	Deductible	All Oth	ner Perils
\$	\$		\$		\$		\$		\$	

Any person who knowingly and with intent to defraud any insurance company or other 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 may subject such person to criminal and substantial civil penalties. (Applicable in AR, HI, ME, NY, OH, PA, TN)

Florida: 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.

Kentucky: Any person who knowingly and with intent to defraud any insurance company, or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commit a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Virginia: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the Company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington, D.C.: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

INSURED'S SIGNATURE	INSURED NAME	DATE			
X		/ /			
AGENT SIGNATURE/LICENSE NUMBER	PRINT AGENT NAME	TELEPHONE NUMBER			
X		( )			

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## DISCLOSURE OF INFORMATION CONCERNING MY INSURANCE PURCHASE

APPL	LICANT NAME	Agency Code No.							
1	nderstand that:								
i ur	iderstand that:								
1.	The Coverages, amounts and the Total Premium listed on my insurance application have been reviewed by me. I agree that they meet my present insurance needs. I understand that I may choose Coverages and amounts in excess of the requirements of my loan.								
2.	I may purchase insurance from any agent or insurance company to satisfy the insurance requirements of my loan contract. I have elected to purchase my insurance from American Bankers Insurance Company of Florida through the agent signing on the bottom of this form.								
3.	I am paying the premium for this policy. I have not been offered any free coverage. If I choose to finance the policy premium, my lender will pay it and add the premium cost to my loan. I will repay the premium to the lender, plus interest, over the life of my loan. This will increase my monthly payment throughout the entire life of my loan.								
4.	My insurance needs may change over time. It is my responsibility to review my policy from time-to-time to make sure that I have the Coverages and amount of insurance that I want and need. I may contact my agent or American Bankers Insurance Company of Florida to change the Coverages or amounts. American Bankers Insurance Company of Florida will process Coverage or amount changes subject to its normal underwriting review.							an	
5.	Licensed agents, agencies and/or service providers, including my lender, will receive compensation from the sale of this policy to me. This compensation will be paid out of premium.							of	
6.	6. If I no longer want this policy, it may be canceled by notifying my agent or American Bankers Insurance Company of Florida in writing. The cost of the insurance for the period the policy was in effect will be deducted prior to the unearned premium being refunded or credited to my loan balance if I finance the premium. If I finance my home and cancel this policy, the loan agreement still requires me to maintain insurance coverage. If I cancel this policy, I must replace it with other insurance acceptable to my lender. If I fail to maintain insurance required by my loan agreement, my lender may buy insurance for me and charge me for the insurance premium.								
Lac	knowledge that I have read and understand the abo			is do	cum	nent.			
<b>X</b>	ER'S SIGNATURE		DATE	/		/			
	BUYER'S SIGNATURE	1	DATE	/		/			
I ce	ertify that I have discussed with the Buyer and the C	o-Buyer the terms of the insurance transac	ction,	inclu	ıding	the	issu	ies	

DATE

INSURANCE AGENT'S SIGNATURE

X