HOMEOWNERS APPLICATION Agency Name/Address SECURITY MUTUAL INSURANCE COMPANY 2417 North Triphammer Road Code ____ P.O. Box 4620 Ithaca, New York 14852-4620 Named Insured And Mailing Address Bound: Yes □ No 🗌 _____State _____Zip _____ County ___ 12:01 a.m. Standard Time Period Described Location If Other Than Described Above: ML-1R ML-4 ML-2 ML-3 🔲 ML-5 🗌 Coverage Form: ML-2T □ ML-4T ML-5T ML-1T ML-3T Related Private Med Residence Personal Add'l Living Personal Structures Property Expense Liab. Pay Residence: RC (Att. Estimator) ACV Const. Prot. Class Ded Amt No. of Families: Townhouse: No. of Units in Row Condo: No. of Units in Bldg No. of Apts. Applicant conducting any business or occupation at premises; Describe: ___ Primary ☐ Seasonal/Secondary ☐ Feet from Hydrant _____ Miles From ____ Fire Dept. ____ Superior Rating | 2. Are there any fuses? Yes ☐ No ☐ 3. Is there any galvanized plumbing? Yes \square No \square 4. Does the home contain any lead? Yes ☐ No ☐ 5. Does the home contain any asbestos? Yes ☐ No ☐ ADDITIONAL FORMS & COVERAGES: ☐ Non Smokers Credit: No person who regularly resides in my household has smoked cigarettes, pipes or cigars for 1 yr. or longer as of the date of this application. Should a resident begin to smoke or a person who smokes becomes a resident of my household I will notify the company within 30 days of that date Operated by Insured Rented to Others ☐ Farm CPL (ML-10) Total Acreage Location ☐ Additional Residence Occupied by Insured: Location _____ Descr. ______ 1 or 2 Family ☐ Additional Residence Rented to Others(ML-40) Amount _____ Location ___ ☐ Office or Studio Occupancy (ML-42/ML-43) Describe: _____ Med Pay Applies □ ☐ Additional Insureds (ML-41): Mailing address: ____ Amount _____ Describe ____ ☐ ML-55 Replacement Cost Contents ☐ ML-216 Protective Device Credit: Local ☐ Central Station ☐ (Attach Certificate) Premiums П

Please Complete Reverse Side. Insured's Signature Required.

ADDITIONAL INFORMATION:

Mortgage	e					
DIRECT B	ILL INFORMATION			NEW ESCROW ACCT	- BILL MOR	TGAGEE SECOND YEAR ☐ YES
	Payer if other than Insured	·		=		Down Payment plus Fees Must Accompany Application
		∐ Yes - pay by Ef	FT, signed form required			Iviust Accompany Application
☐ MR-51	Outboard	Motor & Boat 🗌		Inboard/Outboard	(Attach Boa	t Application)
☐ ML-75	Watercraft (Inboard-Outh	ooard & Outboard (Only)			
_	Inboard-Outboard:	Speed Length	MPH L	engthFeet		
	Sailboats: Outboards: No.	Lengtn HP Each	Feet Total HP if Combined	Ded	Rate	Premium
	Navigation Period					
□ ML-61	Scheduled Personal Process Jewelry Furs Cameras Musical Instruments Silverware Golfers Equipment Fine Arts Postage Stamps Rare & Current Coins		ription + Proof of Value ount of Insurance	e) <u>Deductible</u>	2	<u>Premium</u>
□ MR-61	Computer Coverage (Att	ach Rills of Sale)				
☐ IVIIX-01	Computer Coverage (Attach Bills of Sale) tem Description					Amount of Insurance
	<u>ltem</u>		<u>Description</u>			Amount of modianoc
	UNDERWRITING INFORMATION A) Previous Carrier Policy Number					
	B) Any carrier cancelled or declined risk within last 3 yrs No Yes Explain					
	C) Has applicant had any loss, such as a fire, water damage, windstorm, theft, liability, etc. on this or any other property during the last 5 yrs. No Yes Describe					
	D) List all policies with SECURITY:					
	E) Auxiliary Heat No [☐ Yes (Attach Ques	tionnaire). Outdoor \	Nood Boiler ☐ No ☐ Ye	es (Attach Qu	uestionnaire)
	F) Trampoline used/stored on premises No Yes					
	G) Animals or Pets on prer	mises 🗌 No 🔲 Yes	s (Attach Questionnaire)			
	H) Swimming Pool No Yes Above Ground In Ground Fenced No Yes Locking gate No Yes Diving Board No Yes DO NOT BIND IF IN GROUND POOL IS NOT ENCLOSED WITH 3' FENCE & LOCKED GATE					
	I) Solar Panels: ☐ No ☐ Yes If yes, mounted on the roof? ☐ No ☐ Yes J) Builder's Risk ☐ No ☐ Yes					
	Anticipated date of completion and occupancy					
	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 hereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. THE INFORMATION REQUESTED ON THIS APPLICATION IS MATERIAL TO SECURITY MUTUAL INSURANCE COMPANY IN ITS DECISION WHETHER TO ISSUE A POLICY OF INSURANCE. READ OVER THE APPLICATION CAREFULLY BEFORE SIGNING IT. By signing this application you confirm (1) that all information supplied, to the best of your knowledge, is true and (2) you have received a copy of Security Mutual's Privacy Notice. Insured's Signature Required.					
	Insured's Signature			Agent's Signature _		
	insured's Phone #					



SECURITY MUTUAL INSURANCE COMPANY Privacy Protection Policy

At Security Mutual, providing for your security is our highest concern. We have been protecting policyowners since 1887, and that includes protecting the privacy and confidentiality of our customers' personal information. Therefore, we are pleased to publish Security Mutual's Privacy Notice, which describes how Security Mutual, its subsidiary, Security Mutual Brokers Services, and association, New York Mutual Underwriters, handle the information we receive about you.

Information Collection

- We collect and use information about you in order to provide you with insurance and other services.
- We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- Transaction Information: This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- Consumer Report Information: This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

Information Protection

- To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- ♦ All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

Information Disclosure

- We will not sell your personal information.
- We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

Future Notification

Each year, we will provide you with a summary of our privacy policy.

For More Information

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852-4620.