ULTRA SECURITY

HOMEOWNERS APPLICATION

| Agency Name/Address Code Named Insured And Mailing Address: | | INSU | URITY MUT JRANCE COMP. 2417 North Triphammer Roac P.O. Box 4620 thaca, New York 14852-4620 | ANY | | | | | |
|--|----------------------------|------------------------------|--|-----------------|--|--|--|--|--|
| Trained modern And Mailing Address. | | | Bound: Yes □ | No 🗌 | | | | | |
| Town | | | | | | | | | |
| Period | To | | 12:01 a.m. Standard Time | | | | | | |
| Described Location If Other Than Described Above | : | | | | | | | | |
| Coverage Form: ML-5 ML-5T | | | | | | | | | |
| A B Residence Related Private Limit Structures | C Personal Property | D Add'l Living Expense | L Personal Liab. | M Med Pay | | | | | |
| Ded Amt Residence: RC ☐ (re (\$500 is Standard) | quired – attach Estimator) | Const. Type | Prot. Cla | ss | | | | | |
| No. of Families: ☐ 1 or ☐ 2 | Insured's Pr | imary Residence? Yes |] (Otherwise ineligible) | | | | | | |
| Any business conducted or occupation on premises | | | | | | | | | |
| Feet from Hydrant | | | | | | | | | |
| Superior Rating Year of Construct | | | | | | | | | |
| Age of the roof furnace Are there any fuses? Yes ☐ No ☐ | not water | neater | circuit breaker box | | | | | | |
| 3. Is there any galvanized plumbing? Yes | □ No □ | | | | | | | | |
| 4. Does the home contain any lead? Yes | | | | | | | | | |
| Does the home contain any asbestos? | Yes No No | | | | | | | | |
| ADDITIONAL FORMS & COVERAGES: Please no | te, Replacement cost conte | ents Coverage is included | I in the ML-5/ML-5T Form. | | | | | | |
| ☐ 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. | | | | | | | | | |
| Farm CPL (ML-10) Operated by Insur | | | | | | | | | |
| ☐ Additional Residence Occupied by Insured: | Location | | | | | | | | |
| Additional Residence Rented to Others(ML-40) Amount Location | Descr | 1 or | 2 Family | | | | | | |
| ☐ Office or Studio Occupancy (ML-42/ML-43) | Describe: | | Med F | Pay Applies □ | | | | | |
| Additional Insureds (ML-41): | | Interest _ | | | | | | | |
| Mailing address: | | | | | | | | | |
| | <u>'</u> | | | | | | | | |
| ☐ ML-216 Protective Device Credit: Local ☐ Central Station ☐ (Attach Certificate) | | | | | | | | | |
| NOTE: ML-150B Homeowners Plus Coverage (Incl | uded); ML-243 Inflation Gu | ard at 1% per quarter (Ind | cluded) | | | | | | |
| | | | Premiums | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ADDITIONAL INFORMATION: | | | | | | | | | |
| Please Complete Reverse Side | | | | | | | | | |

Please Complete Reverse Side. Insured's Signature Required.

| Mortgage | ee | | | | | | |
|----------|--|---|---|--|---|--|---|
| DIRECT B | ILL INFORMATION | | | NEW E | ESCROW ACCT- BILI | MORT | GAGEE SECOND YEAR ☐ YES |
| | Payer if other than Insur | red: | | | | | Down Payment plus Fees |
| | | ☐ Yes - pay t | by EFT, signed form red | quired | | | Must Accompany Application |
| ☐ MR-5 | I Out | board Motor & Bo | pat 🗌 | Inboar | d/Outboard ☐ (Att | ach Boa | at Application) |
| ☐ ML-75 | <u>Watercraft</u> (Inboard-O | utboard & Outboa | ard Only) | | | | |
| | Inboard-Outboard: Sailboats: | Speed Length | MPH Feet | Length | Feet | | Premium |
| | Outboards: No Navigation Period | HP Each | Total HP if Comb | pined | Ded | Rate_ | Premium |
| | Scheduled Personal P Class Jewelry Furs Cameras Musical Instruments Silverware Golfers Equipment Fine Arts Postage Stamps Rare & Current Coins | roperty (Attach C | Pescription + Proof of Amount of Insurance | Value) | <u>Deductible</u> | | <u>Premium</u> |
| ☐ MR-6 | Computer Coverage (A | Attach Bills of Sa | le) <u>Description</u> | | | | Amount of Insurance |
| | Loss Payable to Pers | RMATION | | | | | |
| | A) Previous Carrier B) Any carrier cancelled | | ithin last 3 vrs □ No. □ | ∃Yes F | | | |
| | | TOI GECIIITEG ITSK W | itilii last 3 yls 🔲 140 📙 | | | | |
| | | | ire, water damage, win | | | | er property during the last 5 yrs. |
| | D) List all policies with S | | | | | | |
| | E) Auxiliary Heat | Yes (Attach C | Questionnaire). Out | door Wood Bo | iler 🗌 No 🗌 Yes (At | ach Qu | estionnaire) |
| | F) Trampoline used/stor | ed on premises |] No ☐ Yes | | | | |
| | G) Animals or Pets on p | remises 🗌 No 🗀 | Yes (Attach Questionr | naire) | | | |
| | H) Swimming Pool | No ☐ Yes Al | oove Ground 🗌 In Gro | ound 🗌 💢 F | enced No Ye | S | Locking gate |
| | Diving Board \[\] No | ☐ Yes DO NO | T BIND IF IN GROUND | POOL IS NO | T ENCLOSED WITH | 3' FENC | CE & LOCKED GATE |
| | I) Solar Panels: No | Yes If yes, i | mounted on the roof? [| ☐ No ☐ Yes | | | |
| | of claim containing a hereto, commits a fra and the stated value SECURITY MUTUAL APPLICATION CARI | iny materially false udulent insurance of the claim for ea INSURANCE CO EFULLY BEFORE | e information, or conce act, which is a crime, a ch such violation. THE MPANY IN ITS DECIS | eals for the pu and shall also less INFORMATION ION WHETHE along this applications of Section 1 | rpose of misleading, pe subject to a civil poon REQUESTED ON R TO ISSUE A POLI cation you confirm urity Mutual's Privac | informatenalty not the control of th | lication for insurance or statement tion concerning any fact material of to exceed five thousand dollars APPLICATION IS MATERIAL TO INSURANCE. READ OVER THE all information supplied, to the se. |
| | Insured's Signature | | | ۸۵ | ant's Signature | | |
| | Insured's Phone # | | | | onto Oigilatule | | |



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.

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