



**Allied Servicing
Corporation**

Friday, November 01, 2013

RICHARD SMITH
211 N 18TH ST
NEW CASTLE IN 47362-3904

RE: 20007960

Dear Richard Smith:

Please find enclosed the following documents:

1. Loan Modification - please complete ALL blanks and sign before a Notary; ✓
2. Form W9 - please confirm the information and sign where indicated; ✓
4. ACH Authorization - please complete and return, noting your desired draft date; ✓

Return the above documents, along with the required payment of \$500.00, in the prepaid envelope provided, along with the following items:

5. Copy of most recent property tax statement;
6. Copy of your declarations page for your homeowner's insurance policy OR the name and phone number of your agent, along with your policy number;
7. Copy of your driver's license.

Please contact us if you have any questions at 877-893-0240, Monday through Friday 8:30 a.m. to 5:00 p.m., Pacific Time or email us at info@allservicing.com.

Sincerely,
The Account Servicing Staff at Allied Servicing Corporation

LOAN MODIFICATION

This Agreement is made this _____ day of _____, 2013, and is entered into by and between Richard D Smith ("Purchaser") and Serenity Financial LLC, a limited liability corporation ("Note Holder"), in connection with that certain Adjustable Rate Note ("Note") dated October 28, 2005, secured by a Mortgage of even date, recorded November 17, 2005, as Document # 200508989, Official Records of Henry County, State of Indiana ("Receivable"), as assigned to Note Holder pursuant to that certain Assignment of Mortgage dated _____, recorded _____, in _____, Official Records of Henry County, State of Indiana. Security for the loan is the property commonly known as 211 N 18th St, New Castle IN 47362.

Purchaser acknowledges that the Receivable is currently in default for failure to pay the May 1, 2010 and subsequent payments, fees and charges due under the Note. The total amount required to reinstate is \$17,745.74.

The arrearage totals \$7,661.10 is comprised of the following amounts:

\$14,702.16	Interest due from 4/1/2010 to 11/30/2013
\$ 101.70	Late Fees
\$ 75.00	Notice of Demand Fees
\$ 73.20	Lender Placed Insurance Premiums through 11/30/2013

To avoid foreclosure, purchaser desires and requests that Note Holder establish a repayment schedule as outlined below.

In consideration of a modification fee of \$500.00, payable to Allied Servicing Corporation in certified funds, due November 15, 2013, Note Holder will waive the total arrearage. Note Holder and Purchaser further agree to the following:

1. The unpaid principal balance is \$66,898.83;
2. Payments are currently due on the 1st of each month, with a late charge of 5.00% imposed if payment is not received within 15 days;
3. The interest paid to date is 4/1/2010 and the next payment due is 5/1/2010;
4. The modified principal balance shall be \$40,000.00, effective 12/1/2013;
5. Under this modification, interest shall be charged on the modified principal balance at the fixed rate of 9.000% based on a 30/360 calculation from 12/1/2013;
6. Principal and interest payments based on a 360-month amortization of \$321.85, or more at purchaser's option, shall be paid monthly beginning 1/1/2014 and continuing on the first of each month until 12/1/2019, at which time all unpaid interest, principal, late charges and fees shall be due and payable;
7. Purchaser's escrow account for the payment of future property taxes and homeowner's insurance shall be reinstated and the monthly escrow requirement will be in addition to the payment stated above;

8. Initial escrow account disclosure will be provided upon receipt of the current property tax statement and homeowner's insurance declarations page;
9. Purchaser will add the following mortgagee clause in first position on the homeowner's policy # 898012030 with Metropolitan PTC: Allied Servicing Corporation, as servicer for the mortgagee, its successors and/or assigns, PO Box 13245, Spokane Valley WA 99213-3245, and ensure that Allied is listed on any subsequent policies that may be issued;
10. Purchaser will immediately enroll in Agent's Automatic Payment Plan for monthly drafts of the full payment.
11. Purchaser will execute and return an IRS Form W9 documenting purchaser's tax identification number.
12. Purchaser will return a copy of Purchaser's driver's license, copy of most recent property tax bill and homeowner's insurance declarations page herewith.

This is intended to be a permanent modification of the terms of the Receivable. Purchaser and note holder acknowledge that excepting the aforementioned, all other terms and conditions of the Receivable remain in full force and effect.

PURCHASER:

NOTE HOLDER:

Serenity Financial LLC

Richard D Smith
Richard D Smith

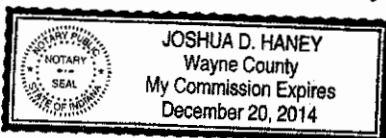
By:
Its:

STATE OF Indiana)
County of Wayne)ss.

On this day personally appeared before me, Richard D Smith, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 9th day of November, 2013.

Sign: Joshua D. Haney
Printed/Typed Notary Name Joshua D. Haney
Notary Public in and for the State of Indiana
Residing at/in Wayne County
My commission expires: 12/20/14



Request for Taxpayer Identification Number and Certification

Completed form should be returned to:
ASC
PO Box 13245
Spokane WA 99213

P r i n t o r T y p e	Name (as shown on your income tax return) RICHARD SMITH		
	Business name, if different from above		
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=Corporation, P=Partnership) _____		
	<input type="checkbox"/> Exempt Payee		
Address (number, street, and apt. or suite no.) 211 N 18TH ST		Requester's name and address Allied Servicing Corporation PO Box 13245, Spokane WA 99213 20007960	
City, State, and ZIP code NEW CASTLE IN, 47362-3904			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding and/or penalty. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity see the Part I instructions on page 3 of the IRS Form W-9. For other entities it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3 of the IRS Form W-9.

Social Security Number

403-80-6408

or

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 of the IRS Form W-9 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payment other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4 of the IRS Form W-9.

Sign Here Signature of U.S. person *Richard D Smith*

Date **11-9-13**

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable to:

1. Certify that the TIN you are giving is correct,
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

What is backup withholding?

Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payment that may be subject to backup withholding include interest, tax-exempt interest, dividends, rents, royalties, nonemployee pay.

You will not be subject to backup withholding on payment you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses the TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Substitute Form W-9

This form's first page and the excerpts used are substantially similar to the IRS Form W-9. The complete copy of this form as issued by the IRS can be located at www.irs.gov/pub/irs-pdf/fw9.pdf or you may send written request to our office to send you the form with the complete language.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

ACH AUTHORIZATION FORM
AUTOMATIC PAYMENT PLAN

I (we) hereby authorize Allied Servicing Corporation ("ASC") and the Financial Institution named below to begin automatic electronic debit and/or credit entries to my (our) account indicated below.

CUSTOMER INFORMATION

Name(s): Richard Smith
Address: 211 N 18TH ST
City: NEW CASTLE State: IN Zipcode: 47362-3904
Daytime Phone: 765-520-5296 ASC Account #: 20007960

Withdrawal Day: 20-30 We suggest within five days of your due date, your next due date is 5/1/2010

Comments: gets Disability check on 4th Wed. of every month days will change (29th or 30th) without notice

BANK INFORMATION

Name(s) on Account: Richard D / Naomi R Smith
Financial Institution: Perfect Circle Credit Union
Address: 2306 S. Memorial Dr.
City/State/ZIP: New Castle, IN 47362
Account #: 62738740
Mark ONE: ☒ Checking ☐ Savings
ABA # (routing): 274973549

Find this information on your
checks or deposit slips.

TERMS OF AGREEMENT

I have an account at the Financial Institution named and have sufficient funds to pay for all debit entries. I understand that:

- Allied Servicing Corporation shall initiate electronic debit and/or credit entries to satisfy my obligation, and the entries shall constitute my receipt for the transactions;
- My automatic payment will be debited on each payment due date. Where the payment due date falls on a Saturday, Sunday or bank holiday, the payment will be debited the next business day;
- I have the right to receive written notice at least 10 days prior to the scheduled transfer date of any transfer varying in amount from the previous transfer;
- Allied Servicing Corporation reserves the right to refuse or terminate electronic payment services at any time upon written notice to me;
- If you want to cancel or change this Agreement you will provide written instructions, the written request must arrive at our office no later than 7 business days in advance the next withdrawal date.

This agreement will remain in effect until Allied Servicing Corporation or the Financial Institution terminates it, or until Allied Servicing Corporation receives written notice from me of its termination and has sufficient time to act upon it.

Signature(s): Richard D Smith Date: 11/9/13

Please return this signed form with a voided check from the bank account listed above. Please make a copy for your records.

CHECK HERE FOR
CHANGE OF ADDRESS ☐

SPRING TREASURER'S COPY A

"APPROVED FOR HENRY COUNTY
BY DLGF 2013"

RETURN THIS PORTION WITH YOUR PAYMENT - ADD PENALTY AFTER DUE DATE

PAY FIRST INSTALLMENT

TAX ID NUMBER	DUPLICATE NUMBER	2012 Payable 2013	PROPERTY TYPE	BILLED MORTGAGE COMPANY
030-50431-00	1043579		Real	
PARCEL NUMBER	TAXING UNIT NAME	TOTAL TAX RATE	CREDIT Credit %	
33-12-11-330-234.000-016	NEW CASTLE	4.2368	24.1429	

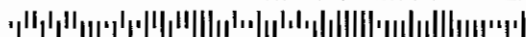


LEGAL DESCRIPTION
100' E. END EX. 6' OFF S. SIDE MARTIN
L POWELL'S 1ST ADD LOT 3 BLK 3
CONSV.

Section: 11
Township: 17N
Range: 10E
Acres: 0

Net Property Tax Spring 124.76
Delinquent Tax: 0.00
Delinquent Penalty: 0.00
Penalty & Fees: 0.00
Other Assessments
Current Tax: 12.83
Delinquent Tax: 0.00
Delinquent Penalty: 0.00
Less Spring Payments: 0.00

AV *A-02-GW7-AM-10368-27



Smith Richard D Naomi R
211 N 18TH ST
NEW CASTLE IN 47362-3904



0001043579 000000013759

AMOUNT DUE BY 05/10/2013: 137.59

CHECK HERE FOR
CHANGE OF ADDRESS ☐

FALL TREASURER'S COPY B

"APPROVED FOR HENRY COUNTY
BY DLGF 2013"

RETURN THIS PORTION WITH YOUR PAYMENT - ADD PENALTY AFTER DUE DATE

PAY SECOND INSTALLMENT

TAX ID NUMBER	DUPLICATE NUMBER	2012 Payable 2013	PROPERTY TYPE	BILLED MORTGAGE COMPANY
030-50431-00	1043579		Real	
PARCEL NUMBER	TAXING UNIT NAME	TOTAL TAX RATE	CREDIT Credit %	
33-12-11-330-234.000-016	NEW CASTLE	4.2368	24.1429	



LEGAL DESCRIPTION
100' E. END EX. 6' OFF S. SIDE MARTIN
L POWELL'S 1ST ADD LOT 3 BLK 3
CONSV.

Section: 11
Township: 17N
Range: 10E
Acres: 0

Net Property Tax Fall 124.76
Penalty & Fees: 0.00
Other Assessments
Current Tax: 0.00
Less Fall Payments: 0.00

Smith Richard D Naomi R
211 N 18TH ST
NEW CASTLE IN 47362-3904

0001043579 000000012476

AMOUNT DUE BY 11/12/2013: 124.76

TAXPAYER'S RECEIPT COPY C

"APPROVED FOR HENRY COUNTY
BY DLGF 2013"

RETAIN THIS PORTION FOR YOUR RECORDS

TAX ID NUMBER	DUPLICATE NUMBER	2012 Payable 2013	PROPERTY TYPE	BILLED MORTGAGE COMPANY
030-50431-00	1043579		Real	
PARCEL NUMBER	TAXING UNIT NAME	TOTAL TAX RATE	CREDIT Credit %	
33-12-11-330-234.000-016	NEW CASTLE	4.2368	24.1429	

Property Address: 211 N 18th St, New Castle IN 47362-3904

Payments stamped paid on reverse side of this copy.
NOTICE: Delinquent taxes MAY make you eligible for
the 2013 TAX SALE.

Total Net Property Tax: 249.52
Delinquent Tax: 0.00
Delinquent Penalty: 0.00
Penalty & Fees: 0.00
Other Assessments
Current Tax: 12.83
Delinquent Tax: 0.00
Delinquent Penalty: 0.00
Less Payments Received: 0.00

Smith Richard D Naomi R
211 N 18TH ST
NEW CASTLE IN 47362-3904

CURRENT ACCOUNT BALANCE 262.35

ENCLOSE SELF-ADDRESSED STAMPED

MAKE CHECKS PAYABLE TO:
HENRY COUNTY TREASURER
PO BOX 1268

SEE PENALTY SCHEDULE ON BACK
PAYMENTS STAMPED PAID

SPECIAL MESSAGE TO PROPERTY OWNER

Property taxes are constitutionally capped at 1% of property value for homesteads (owner-occupied), 2% for other residential property and farmland, and 3% for all other property.

TAXPAYER AND PROPERTY INFORMATION

Taxpayer Name
Smith Richard D Naomi R
211 N 18TH ST
NEW CASTLE IN 47362-3904

Property Address
211 N 18th St
New Castle IN 47362-3904

Date of Notice
04/08/2013

Parcel Number
33-12-11-330-234.000-016

Taxing District
016 NEW CASTLE

Duplicate Number
1043579

Tax ID Number
030-50431-00

Legal Description
100' E. END EX. 6' OFF S. SIDE MARTIN
L POWELL'S 1ST ADD LOT 3 BLK 3
CONSV.

Billed Mortgage Company



Property Type
Real

TABLE 1: SUMMARY OF YOUR TAXES

ASSESSED VALUE AND TAX SUMMARY	2012	2013
1a. Gross assessed value of homestead property	\$38,200	\$41,400
1b. Gross assessed value of other residential property and farmland	\$0	\$0
1c. Gross assessed value of all other property, including personal property	\$0	\$0
2. Equals total gross assessed value of property	\$38,200	\$41,400
2a. Minus deductions (see Table 5 below)	(\$31,268)	(\$33,636)
3. Equals subtotal of net assessed value of property	\$6,932	\$7,764
3a. Multiplied by your local tax rate	4.0618	4.2368
4. Equals gross tax liability (see Table 3 below)	\$281.56	\$328.94
4a. Minus local property tax credits	(\$49.50)	(\$79.42)
4b. Minus savings due to property tax cap (see Table 2 and footnotes below)	\$0.00	\$0.00
4c. Minus savings due to 65 years & older cap	\$0.00	\$0.00
5. Total property tax liability (See remittance coupon for total amount due)	\$232.06	\$249.52
Please see Table 4 for a summary of other charges to this property		

TABLE 2: PROPERTY TAX CAP INFORMATION

Property tax cap (1%, 2%, or 3%, depending upon combination of property types) ¹	\$382.00	\$414.00
Adjustment to cap due to voter-approved projects and charges ²	\$0.00	\$0.00
Maximum tax that may be imposed under cap	\$382.00	\$414.00

TABLE 3: GROSS PROPERTY TAX DISTRIBUTION AMOUNTS APPLICABLE TO THIS PROPERTY

TAXING AUTHORITY	TAX RATE 2012	TAX RATE 2013	TAX AMOUNT 2012	TAX AMOUNT 2013	TAX DIFFERENCE 2012-2013	PERCENT DIFFERENCE
CITY/TOWN	2.0301	2.1074	\$140.72	\$163.61	\$22.89	16.27%
COUNTY	0.6865	0.6503	\$47.59	\$50.49	\$2.90	6.09%
LIBRARY	0.1780	0.1799	\$12.34	\$13.97	\$1.63	13.21%
SCHOOL DISTR	1.1262	1.2573	\$78.07	\$97.62	\$19.55	25.04%
TIR	0.0000	0.0000	\$0.00	\$0.00	\$0.00	0.00%
TOWNSHIP	0.0410	0.0419	\$2.84	\$3.25	\$0.41	14.44%
TOTAL	4.0618	4.2368	\$281.56	\$328.94	\$47.38	16.83%

TABLE 4: OTHER CHARGES/ADJUSTMENTS TO THIS PROPERTY

LEVYING AUTHORITY	2012	2013	% Change
Conservancy District	\$11.73	\$12.83	9.4%

TABLE 5: DEDUCTIONS APPLICABLE TO THIS PROPERTY³

TYPE OF DEDUCTION	2012	2013
Mortgage	\$3,000	\$3,000
Standard Hmst	\$22,920	\$24,840
Supplemental HSC	\$5,348	\$5,796

TOTAL ADJUSTMENTS \$11.73 \$12.83 9.4% **TOTAL DEDUCTIONS** \$31,268 \$33,636

1. The property tax cap is calculated separately for each class of property owned by the taxpayer. It is possible, therefore, that you may receive credit for the tax cap on line 4b even if your net property tax bill is lower than this amount.
2. Charges not subject to the property tax caps include property tax levies approved by voters through a referendum. In Lake County and St. Joseph County, this line also reflects debt obligations incurred prior to the creation of the property tax caps. When added to the base property tax cap amount for your property, this creates the effective tax cap rate. For more information, see the back of this document.
3. If any circumstances have changed that would make you ineligible for a deduction that you have been granted per Table 5 of this tax bill, you must notify the county auditor. If such a change in circumstances has occurred and you have not notified the county auditor, the deduction will be disallowed and you will be liable for taxes and penalties on the amount deducted.



HOMEOWNER APPLICATION

 DATE (MM/DD/YYYY)
05/24/2011

AGENCY JETT INSURANCE AGENCY INC 114 W MAIN STREET LEWISVILLE IN 47352		CARRIER Metropolitan P&C		NAIC CODE	
CONTACT NAME: PHONE (A/C No. Ext): (765) 987-7019 FAX (A/C No.): (765) 987-8832 E-MAIL ADDRESS:		NAMED INSURED(S) RICHAMRD SMITH 211 N 18TH NEW CASTLE IN 47362			
CODE: 8CB1231 SUBCODE:		POLICY NUMBER 8980812030			
AGENCY CUSTOMER ID: 22753868		PLAN Homeowners		FACILITY CODE	EFFECTIVE DATE 05/24/2011
				EXPIRATION DATE 05/24/2012	

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> POLICY CHANGE	POLICY CHANGE EFFECTIVE DATE TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE AGENT LAST INSPECTED PROPERTY
			HOW LONG HAVE YOU KNOWN THE APPLICANT

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) RICHARD SMITH			APPLICANT'S MAILING ADDRESS 211 N 18TH NEW CASTLE IN 47362		
DATE OF BIRTH 08/31/1955	SOCIAL SECURITY #	MARITAL STATUS * MAR			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # (765) 987-7019	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # 765-520-5296	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:		
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years):			CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED 211 N 18TH ST NEW CASTLE IN 47362		
APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:			DATE AT CURRENT RESIDENCE:		
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) RE / Retired			YEARS IN CURRENT OCCUPATION: 25 YEARS WITH PREVIOUS EMPLOYER:		
CO-APPLICANT'S NAME (First, Middle, Last) NAOMI SMITH			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH 12/11/1955	SOCIAL SECURITY #	MARITAL STATUS *			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:			
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) RE / Retired		
			YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:		

COVERAGES / LIMITS OF LIABILITY

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 155739	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 31148	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$ 109017	\$	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED		\$
LOSS OF USE	\$ 38935	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 100000	\$	BASE	\$ 1000	%	NAMED HURRICANE**
MEDICAL PAYMENTS EA PER	\$ 1000	\$	WIND / HAIL	\$	%	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	
HO FORM #: Home- owners		\$		%		

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

AGENCY CUSTOMER ID: 22753868

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$ 89.80		EST TOTAL PREMIUM: \$ 898.00	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input checked="" type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input type="checkbox"/> AGENCY BILL		<input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		<input checked="" type="checkbox"/> CASH <input type="checkbox"/> EFT <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CREDIT CARD * <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC) * Not applicable in NC <input checked="" type="checkbox"/> Expressit	
PAYER		PREMIUM FINANCED ?		FINANCE COMPANY	
<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE		Y/N			
MAIL POLICY TO:					
<input type="checkbox"/> AGENT <input checked="" type="checkbox"/> INSURED					

RATING / UNDERWRITING

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION	HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO			
<input type="checkbox"/> MASONRY VENEER <input checked="" type="checkbox"/> FRAME <input type="checkbox"/> MASONRY			<input type="checkbox"/> BUILDERS RISK <input type="checkbox"/> RENOVATION <input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		SYSTEM SMOKE TEMP BURG CENTRAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				FIRE HYDRANT FIRE STATION 500 FT 1 MI			
SIDING		%	OCCUPANCY	PLUMBING CONDITION		DOOR LOCK				# FIRE DIVISIONS			
<input type="checkbox"/> ALUMINUM SIDING <input type="checkbox"/> STUCCO <input type="checkbox"/> VINYL SIDING / PLASTIC <input type="checkbox"/> CEDAR, WOOD, SHINGLE <input type="checkbox"/> EIFSCB (on cinder block) <input type="checkbox"/> EIFSS (on studs)			<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> VACANT	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG ANY KNOWN LEAKS? (Y/N)		<input checked="" type="checkbox"/> DEADBOLT <input type="checkbox"/> SPRINGER <input type="checkbox"/> SPRINKLER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL				PROT CLASS FIRE EXTINGUISHER 04 Y Y/N			
RESIDENCE TYPE			ROOF CONDITION	ROOF MATERIAL		FIRE DISTRICT NAME				FIRE DIST CODE			
<input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP			<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG	Composition		NEW CASTLE							
DISTANCE TO TIDAL WATER			PURCHASE PRICE		PURCHASE DATE		PRIMARY HEAT				SECONDARY HEAT		
<input type="checkbox"/> Miles <input type="checkbox"/> Feet			\$				Central <input type="checkbox"/> NONE				<input checked="" type="checkbox"/> NONE		
DATE HEATING SYSTEM LAST SERVICED:			SECURITY		WIRING				ELECTRICAL SYSTEMS				
			<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS <input type="checkbox"/> OCCUPIED DAILY		<input type="checkbox"/> COPPER LAST INSPECTED DATE <input type="checkbox"/> ALUMINUM <input type="checkbox"/> KNOB & TUBE				<input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS				
YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS		DWELLING LOCATION		RATING		RENOVATIONS		PART	COMP	YEAR
1955		1	<input type="checkbox"/> NON-SMOKER <input type="checkbox"/> MANNED SECURITY <input type="checkbox"/> LIGHTNING PROTECTION <input type="checkbox"/> OFF PREMISE THEFT EXCL		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> IN FIRE DISTRICT <input type="checkbox"/> IN PROT SUBURB		<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC <input type="checkbox"/> FOUNDATION NONE <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED		WIRING PLUMBING HEATING ROOFING				05 00 02 05
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	TAX CODE		FUEL STORAGE TANK LOCATION		WIND CLASS		EXTERIOR PAINT				
\$ 125000		2			<input type="checkbox"/> NONE <input checked="" type="checkbox"/> X <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR <input type="checkbox"/> OUTDOORS ABOVE GROUND <input type="checkbox"/> OUTDOORS BELOW GROUND		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE		WINDSTORM STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B				
REPLACEMENT COST	# WEEKS RENTED	TOTAL LIVING AREA		BLDG CODE GRADE		FUEL LINE LOCATION		HURRICANE RESISTIVE GLASS					
\$		SQ FT				<input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION		<input type="checkbox"/> A <input type="checkbox"/> B					
BASEMENT AREA	INSPECTED (Y/N):	BASEMENT AREA		FIREPLACES (Enter # or 0 for none)		CHIMNEYS		HEARTHES					
SQ FT		SQ FT				APPROVED FENCE		DIVING BOARD					
GARAGE AREA	PRE-FAB	GARAGE AREA		WOOD STOVE INSERT		SLIDE							
SQ FT		SQ FT											

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
	211 N 18TH ST	NEW CASTLE	HENRY	IN	47362

PRIOR COVERAGE ☒ NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
NO PRIOR INSURANCE	1111111111	05/24/2011

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 YEARS, AT THIS OR AT ANY OTHER LOCATION?

Y / N ☒ N IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (AGENT / COMPANY)	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

AGENCY CUSTOMER ID:

22753868

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION		PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION		PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:		\$	INFLATION GUARD	% INCREASE		\$
	LOC #:	TERR:	\$	LOSS ASSESSMENT	LIMIT		\$
	LOC #:	TERR:	\$	MINE SUBSIDENCE	LIMIT	CONST MATERIAL:	\$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	PROP DESC:		\$
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	REQ INCR CONTENTS	\$	LIMIT
	TERR:			\$	INCR CONT NOT REQ	MED PAY (Y/N):	\$
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OT. STRUCTS	TERR:	\$
BUILDERS RISK THEFT BLDG MATERIALS	TERR:			STRUCT TYPE:			
	TERR:			BUS/STRUCT DESC:			
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	TERR:			OTHER STRUCTURES - INDIVIDUAL STRUC	LIMIT		\$
	TERR:			STRUCTURE DESC:			\$
BUILDING ORD OR LAW COVERAGE	TERR:			PLANTS, SHRUBS & TREES	INCLUDED	\$	LIMIT
	TERR:			REFRIGERATED FOOD PRODUCTS	INCLUDED	\$	LIMIT
BUSINESS PROPERTY AT HOME	TERR:			SINK HOLE COLLAPSE	INCLUDED	\$	LIMIT
	TERR:			UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	INCLUDED	\$	LIMIT
BUS PROP AWAY FROM HOME	TERR:			UNSCHEMULATED JEWELRY, WATCHES, FURS	AGG	\$	INCR
	TERR:			WATER BACKUP OF SEWERS & DRAINS	INCLUDED	\$	LIMIT
DEBRIS REMOVAL	TERR:			WATERCRAFT LIABILITY	LIMIT	\$	LIMIT
	TERR:			WATERCRAFT PHYSICAL DAMAGE	LIMIT	\$	LIMIT
EARTHQUAKE	TERR:			WINDSTORM EXCL	YES (Not applicable in Arkansas)	\$	LIMIT
	TERR:			WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)	\$	LIMIT
EMPLOYERS LIAB	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
FIRE DEPARTMENT SERVICE CHARGE	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
FLOOD	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
FUNGUS AND MOLD	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
GOLF CARTS - LIABILITY	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
GOLF CARTS - PHYSICAL DAMAGE	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
IDENTITY FRAUD EXP	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
INCIDENTAL FARMING PERS LIAB	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
INCR COV C SPECIAL LIAB LIMIT	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
ELECTRONIC APP IN AND OUT OF VEHICLE	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
ELECTRONIC APP IN VEHICLE	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
GUNS	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
MONEY	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
SECURITIES	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT
SILVERWARE	TERR:			CODE	\$	\$	LIMIT
	TERR:			DESCRIPTION	\$	\$	LIMIT

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	

AGENCY CUSTOMER ID: 22753868

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc). NOT SCHEDULED ON THIS POLICY?				
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				N

GENERAL INFORMATION - RESIDENTIAL

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?	FARMING	TELECOMMUTER	DAY CARE # OF CHILDREN: ____	N
	HOME OFFICE/BUSINESS			
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:				N
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				Y
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED
All Other Dog Breeds	golden	N		
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:				
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?				
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)				
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)				N
9. IS THERE A TRAMPOLINE ON THE PREMISES?				N
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:				
11. ANY LEAD PAINT?				
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:				
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:				
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				
START DATE	COMP DATE	INT	EXT	ADDITION
		%	%	sq. ft.
				sq. ft.
				STRUC CHANGES
				Y / N
				MATERIALS UNATTACHED
				INCL
				EXCL
				OCC DURING REN
				Y / N
				COST OF PROJECT
				\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:				

GENERAL INFORMATION - RENTERS AND CONDOS ONLY

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:	PHONE (A/C.No):	
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LIENHOLDER					VEHICLE: BOAT:
LOSS PAYEE					ITEM CLASS: ITEM:
MORTGAGEE					ITEM DESCRIPTION
TRUSTEE					
	REFERENCE / LOAN #:				

AGENCY CUSTOMER ID: 22753868

ATTACHMENTS

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

All Other Dog Breeds golden

BINDER / SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p>
EFFECTIVE DATE	EXPIRATION DATE	
05/24/2011	30 days from Effective Date	
TIME	X 12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

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.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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. (Applicant's Initials)

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

☐ 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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" here means anything we know about you personally. And "you" means you and members of your household who are covered under your policy with us.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect information about you when you first purchase your policy and when you renew it. The type of information we collect includes your name, address, age, and other relevant information. For example, we may ask about your:

- driving record (e.g., Motor Vehicle Reports)
- creditworthiness (e.g., credit reports)
- record of claims
- property's condition and maintenance

We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your information mostly from you. We may also get information from others. For example, we may ask consumer reporting agencies (also called insurance support companies) about you. We may also get information from other companies or adult relatives. In some limited cases, we may ask for a special report called an investigative consumer report. This report may tell us about your way of living. It may also include character, general reputation, and other details. We do this to help make sure your information is correct and complete. If we change your coverage or charge you more based on information from a consumer reporting agency, we will tell you. They are independent and impartial. They collect information and prepare consumer reports. They don't make decisions about the insurance you applied for or have with us. They can't explain our decisions. Contact them within 60 days of our change in your coverage or premium and they will give you a free copy of your consumer report. We may disclose some of this information to others, but only as allowed by law. A consumer reporting agency or insurance support company hired to prepare a report may retain and share information found in that report with others. Finally, we don't control the information we get from others. If you want to comment on or change the information about you that we got from others, you must contact them directly.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- | | |
|---|------------------------------|
| - administer your products and services | - market new products to you |
| - process claims and other transactions | - help us run our business |
| - perform business research | - comply with applicable law |
| - confirm or correct your information | |

Sharing Your Information With Others

We may share your personal information with your consent or as permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may also share it with our affiliates or with unaffiliated business partners through joint marketing agreements. In those situations, we share your information to offer you products and services or have others offer you products and services we endorse or sponsor. Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, creditor with a lien on your account)
- giving your information to one of our affiliates offering a similar policy if you don't qualify for coverage with us (as long as you directed us to do so on your application)
- those listed in our "Using Your Information" section above

Opting Out

You may tell us not to share your information with our affiliates for their own marketing purposes or unaffiliated business partners as part of a joint marketing arrangement. Even if you don't "opt out," we will not share your information with unaffiliated companies for their own marketing purposes without a joint marketing arrangement. We will give you an "opt-out" form when we first issue your policy. You can also "opt out" anytime by contacting your Agent directly or contacting us at:

MetLife Privacy Office
P.O. Box 489
Warwick, RI 02887-9954
(877) 638-7684
www.metlife.com/optout

If you hold a policy or account jointly with someone else, we will accept instructions from either of you, and apply them to the entire policy or account.

Assessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife. We may also send it to anyone you designate who may have received that disputed information in the past two years. (Minnesota residents may also file an appeal with the insurance Commissioner.)

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office
P.O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Property and Casualty Insurance Company
Metropolitan Casualty Insurance Company
Metropolitan Direct Property and Casualty Insurance Company
Metropolitan General Insurance Company
Metropolitan Group Property and Casualty Insurance Company
Economy Fire and Casualty Company

Economy Preferred Insurance Company
Metropolitan Lloyds Insurance Company of Texas
Economy Premier Assurance Company
Liberty County Mutual Insurance Company
MetLife Auto & Home Insurance Agency, Inc.

MetLife® Auto & Home

Home Optional Coverage Checklist

Customer Name: RICHAMRD SMITH
Policy #: 8980812030

Produced by Agent Resource Site

Date: 05/24/2011

Policy Form: Homeowners

Total Premium: 898

Payment Information

Payment Plan

Form of Payment (for the down payment)

Amount of Down Payment

ExpressIt

Cash/Check

89.80

Reminder: Please send New Business Payments to your Regional Office or Service Center
Attach Down Payment to one copy of this form and retain one copy for your records

Complete the following section for all Homeowner products.

Additional attachments:

☒ ExpressIt form and Voided Check

ExpressIt Deduction Date Chosen:

☒ 1st ☐ 8th ☐ 15th ☐ 22nd

☐ Prior Dec Page

☐ No Wood Burning Stove supplement

☐ Rejection of Mine Subsidence
(where applicable)

Loss History:

In addition to the 3 year loss history already provided, have there been any losses in the 4th or 5th year?

☐ Y ☒ N. If yes, please complete the following:

Date	Type	Amount
Description		
Date	Type	Amount
Description		
Date	Type	Amount
Description		

General:

List all other occupants in the household:

Name	Relationship	DOB
Name	Relationship	DOB
Name	Relationship	DOB

Is the residence held exclusively for rental? ☐ Y ☒ N

If Yes, is the residence owner unoccupied for a period greater than 8 consecutive weeks? ☐ Y ☒ N

If Yes, number of consecutive weeks? _____

If Yes, is the residence sublet or rented? ☐ Y ☐ N

Is there an Oil Storage Tank on the premises? ☐ Y ☒ N

If Yes, which type: ☐ Underground, ☐ Above Ground greater than 30 yrs., ☐ Above Ground less than or equal to 30 yrs., ☐ Indoor greater than 50 yrs., ☐ Indoor less than or equal to 50 yrs.

Do you operate any form of Home Day Care on your premises? ☐ Y ☐ N

If proximity to tidal water is less than 2 miles, distance to shore is:

☐ Less than 1000 ft. ☐ 1001 to 2500 ft. ☐ 2501 to 5000 ft. ☐ Over 5000 ft.

Rating:

Alternate Water Source ☐ Y ☒ N

Superior Construction Discount ☐ Y ☒ N

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates, Warwick, RI

MetLife® Auto & Home

Home Optional Coverage Checklist

Customer Name: RICHAMRD SMITH
Policy #: 8980812030

Produced by Agent Resource Site
Date: 05/24/2011
Policy Form: Homeowners

Total Premium: 898

Payment Information

Payment Plan
Form of Payment (for the down payment)
Amount of Down Payment

ExpressIt
Cash/Check
89.80

Reminder: Please send New Business Payments to your Regional Office or Service Center
Attach Down Payment to one copy of this form and retain one copy for your records

Complete the following section for all Homeowner products.

Additional attachments:

☒ ExpressIt form and Voided Check

ExpressIt Deduction Date Chosen:

☒ 1st ☐ 8th ☐ 15th ☐ 22nd

☐ Prior Dec Page

☐ No Wood Burning Stove supplement

☐ Rejection of Mine Subsidence
(where applicable)

Loss History:

In addition to the 3 year loss history already provided, have there been any losses in the 4th or 5th year?

☐ Y ☒ N. If yes, please complete the following:

Date	Type	Amount
Description		
Date	Type	Amount
Description		
Date	Type	Amount
Description		

General:

List all other occupants in the household:

Name	Relationship	DOB
Name	Relationship	DOB
Name	Relationship	DOB

Is the residence held exclusively for rental? ☐ Y ☒ N

If Yes, is the residence owner unoccupied for a period greater than 8 consecutive weeks? ☐ Y ☒ N

If Yes, number of consecutive weeks? _____

If Yes, is the residence sublet or rented? ☐ Y ☐ N

Is there an Oil Storage Tank on the premises? ☐ Y ☒ N

If Yes, which type: ☐ Underground, ☐ Above Ground greater than 30 yrs., ☐ Above Ground less than or equal to 30 yrs., ☐ Indoor greater than 50 yrs., ☐ Indoor less than or equal to 50 yrs.

Do you operate any form of Home Day Care on your premises? ☐ Y ☐ N

If proximity to tidal water is less than 2 miles, distance to shore is:

☐ Less than 1000 ft. ☐ 1001 to 2500 ft. ☐ 2501 to 5000 ft. ☐ Over 5000 ft.

Rating:

Alternate Water Source ☐ Y ☒ N

Superior Construction Discount ☐ Y ☒ N

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates, Warwick, RI

Customer Name: RICHAMRD SMITH
Policy #: 8980812030

Date: 05/24/2011
Policy Form: Homeowners

Optional Coverages	Coverage Selected	Limit
Earthquake - Zone: 041	No	
Masonry Veneer Excl	No	
Building Property Loss Settlement Option:	Yes Cov A Plus	
Personal Property Loss Settlement Option:	Yes Repl Cost Cont	
Home Computer	No	
Increased Loss Assessment	No	
Increased Money	No	
Increased Coverage Silverware/Goldware	No	
Increased Coverage on Credit Card	No	
Private Structures Rented to Others Type of Structure: Number of Families: Structure Limit: Year of Construction: Lead Paint:	No	
Type of Structure: Number of Families: Structure Limit: Year of Construction: Lead Paint:		
Increased Coverage for Business Property	No	
Increased Trees/Plants/Shrubs	No	
Back-up of Sewer/Drain/Sump-Pump	No	
Mine Subsidence	No	

Home Optional Coverage Checklist

Customer Name: RICHAMRD SMITH
Policy #: 8980812030

Date: 05/24/2011
Policy Form: Homeowners

Optional Coverages	Coverage Selected	Limit
Ordinance or Law	No	
Perils	Yes	
Option: Special		
Business Pursuits	No	
Classification:		
Insured:		
Watercraft Liability	No	
Type:		
Year:		
Manufacturer:		
Length/Speed:		
Horsepower:		
Type:		
Year:		
Manufacturer:		
Length/Speed:		
Horsepower:		
Incidental Business Occupancy by Insured	No	
Type:		
Residence:		
Additional Residences Rented to Others	No	
Street:		
City:		
State:		
Zip:		
Street:		
City:		
State:		
Zip:		
Additional Residences Occupied by Insured	No	
Street:		
City:		
State:		
Zip:		
Personal Injury (Required for PELP)	No	

Home Optional Coverage Checklist

Customer Name: RICHAMRD SMITH
Policy #: 8980812030

Date: 05/24/2011
Policy Form: Homeowners

Optional Coverages	Coverage Selected	Limit
Incidental Farming Personal Liability	No	
Farm on Premises:	Off premises	
Type:		
Street:		
City:		
State:		
Zip:		
Increased Coverage for Tool Theft	No	
Increased Coverage on Memorabilia, etc.	No	
ACV Loss Settlement for Roofs	No	
Homeowner Extra	No	

MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PLAN

To enroll in ExpressIT, our monthly EFT payment plan, please complete, sign, and return this form to MetLife Auto & Home.

PLEASE PRINT POLICYHOLDER(S) NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: DAY (765) 593-0927 EVENING _____

FOR GRANDPROTECT® AND COMBO POLICY PACKAGES ONLY:

ACCOUNT NUMBER*: 8980812030 ☐ Check the box if you are requesting to include your mortgagee-billed policy(ies) on the ExpressIT plan.

FOR ALL OTHER POLICIES:

POLICY NUMBER* AND POLICY TYPE(S)*: 8980812030 _____
(example 123456790, Auto; 1234567890, Home) _____

*Located on your Billing Statement or in your policy package. If the policy type is not indicated, all lines of business will be transferred to ExpressIT, excluding any mortgagee-billed policies.

If you have included your mortgagee-billed policy(ies), you agree that you authorize us to transfer your mortgagee-billed policy(ies) to ExpressIT. Additionally, you understand that you may need to contact your mortgagee to stop escrowing funds for your property insurance, unless your mortgage is paid in full.

OWNER(S) OF CHECKING ACCOUNT: _____

Your bank may require that the name listed above match the policyholder name on this form.

If the names do not match, the bank may not honor MetLife Auto & Home's request for payment.

BANK NAME: _____

BANK ROUTING NUMBER: 274973549 CHECKING ACCOUNT NUMBER: 0062738740

SELECT A WITHDRAWAL DATE: ☒ 1st ☐ 8th ☐ 15th ☐ 22nd

AUTHORIZATION AGREEMENT

I, on behalf of all owners of this account, authorize MetLife Auto & Home to initiate electronic deductions from the checking account designated above or any checking account I may replace it with. I understand that this agreement will remain in effect for future policy terms and any future policy I may add unless I notify MetLife Auto & Home to stop the deductions or the policy is cancelled. I understand that if my cancelled policy(ies) is reinstated or reissued, my original authorization remains valid. I understand that I must notify MetLife Auto & Home 25 days in advance to stop the deductions or to change checking account information. Notice may be written or verbal. I understand that MetLife Auto & Home will notify me in advance of any changes to my deduction amounts of more than \$1. I understand that my financial institution or MetLife Auto & Home may cancel my enrollment in this program at any time.

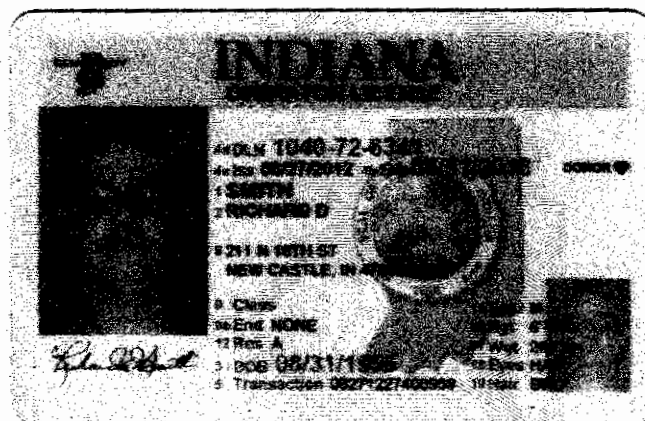
SIGNATURE OF CHECKING ACCOUNT OWNER(S): _____

RETURN THIS FORM BY FAX: 1-866-743-4891

OR MAIL: METLIFE AUTO & HOME

P.O. BOX 48020

DAYTON, OHIO 45475-0020





Perfect Circle Credit Union

631 E Main St

Hagerstown, IN 47346

(765) 489-4571

NOTICE:

The purchase of an indemnity bond will be required before any cashier's check on this bank will be replaced or refunded in the event it is lost or stolen.

71-7354
2749

No. 764739

DATE November 9, 2013

PAY TO THE
ORDER OF

Allied Servicing Corporation

\$ *****500.00

Five Hundred and no/100 *****

DOLLARS

Richard D. Smith ASC#20007960

REMITTER

Cashiers Checks

CASHIER'S CHECK

Joshua D. Harvey
AUTHORIZED SIGNATURE

⑈764739⑈ ⑆274973549⑆ 12353549111106⑈