



**SCHEDULE OF PROPERTY (CONTINUED)**

#	DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
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FOR COMPANY USE

**BINDER/SIGNATURE**

INSURANCE BINDER

COVERAGE IS NOT BOUND  
BINDER

IF THE "BINDER" BOX TO THE LEFT IS CHECKED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THE REVERSE SIDE. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

EFFECTIVE DATE (MM/DD/YY) EXPIRATION DATE (MM/DD/YY)

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. 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.

TIME 12:01 A.M.  
NOON

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CUSTOMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (Kansas: This does not constitute a warranty.)

APPLICANT'S  
SIGNATURE

DATE (MM/DD/YY)

PRODUCER'S  
SIGNATURE