

Homeowners Insurance Application

Named Insured(s) and Mailing Address

Insurance Company

650 Davis Street
San Francisco, CA 94111

Primary Email:
Primary Phone #:
Alternate Phone #:
Bought through:

Insured Property

NOTICE OF INSURANCE INFORMATION PRACTICES

In some insurance transactions, we may not be able to get all the information we need directly from you. In that case, we may obtain information from outside sources at our own expense. We would also like to inform you that without prior authorization, we may as permitted by law, provide information about you contained in our records and files to certain persons or organizations.

NOTICE: As part of Esurance's underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

| Policy Number | Purchase Date and Time | Effective Date | Expiration Date |
|---------------|------------------------|----------------|-----------------|
|---------------|------------------------|----------------|-----------------|

| Primary Applicant Information | | | |
|-------------------------------|--|--|--|
| Name | | | |

| Date of Birth | Gender | Marital Status | Education Level |
|---------------|--------|----------------|-----------------|
|---------------|--------|----------------|-----------------|

| Existing Esurance Policy | Drivers License Number | DL State | Currently Insured - Auto |
|--------------------------|------------------------|----------|--------------------------|
|--------------------------|------------------------|----------|--------------------------|

| Length of Time with Current Auto Carrier | Length of Time with Prior Auto Carrier |
|------------------------------------------|----------------------------------------|
|------------------------------------------|----------------------------------------|

| Years with Prior Property Company | Type of Current Property Policy |
|-----------------------------------|---------------------------------|
|-----------------------------------|---------------------------------|

| Co-Applicant Information | | | |
|--------------------------|--|--|--|
| Name | | | |

| Date of Birth | Gender | Marital Status | Education Level |
|---------------|--------|----------------|-----------------|
|---------------|--------|----------------|-----------------|

| Relationship to Primary Applicant | Drivers License Number | DL State | Currently Insured- Auto |
|-----------------------------------|------------------------|----------|-------------------------|
|-----------------------------------|------------------------|----------|-------------------------|

| Length of Time with Current Auto Carrier | Length of Time with Prior Auto Carrier |
|------------------------------------------|----------------------------------------|
|------------------------------------------|----------------------------------------|

| Total Auto Claims, Accidents, and Violations for all Applicants | | | | |
|-----------------------------------------------------------------|--------------|----------------------|-------|-----------------------|
| Number of Auto Accidents | | Number of Violations | | Number of Comp Claims |
| At-Fault | Not-at-Fault | Major | Minor | |

| Property/Dwelling Information | | | | |
|-------------------------------------------------|-----------------------------|------------------------------|--------------------------------------|-------------------------------|
| Year Built | Property Type | Number of Stories | Square Footage | Fire Hydrant is Within 1000ft |
| Original Owner | Purchase Date | Historic Home | Number of Fireplaces and Wood Stoves | |
| Number of Full Bathrooms | Number of Half Bathrooms | Predominant Bathroom Quality | | |
| Foundation Type | Exterior Wall Type | Predominant Kitchen Quality | | |
| Year Roof Most Recently Built or Replaced | Roof Shape | Primary Roof Composition | T-Lock Shingles or Asbestos Material | |
| Garage Type | Garage Capacity | Basement | Percent of Basement Finished | |
| Under Construction or Remodeling | Visible Home or Roof Damage | Unfenced Trampoline | Unfenced Pool | |
| Home Safety Devices / Fire and/or Theft Systems | | | | |

| General Household Information | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|
| Residence Type | Number of Residents | Any Residents Smoke | Number of Cars | Mortgages on Home |
| Do You Own a Dog | Dog with Bite History | Is Dog Vicious or a Restricted Breed | Any Wild or Exotic Animals | |
| Home Financing and Ownership | In Foreclosure/Foreclosure Purchase | Residence Used for Business Purpose | Current Home Insurance Carrier | Any Property Claims in Last 5 Years |
| Customer Disclosed Property Claims | | | | |
| Date | Claim Type | | | |

I understand that upon issuance of the insurance applied for the Property Insurance Adjustment (P.I.A.) condition will apply to the policy. In accordance with the terms of this condition, the limits of liability may be adjusted at each anniversary of the policy.

| COVERAGE DETAILS FOR THE INSURED PROPERTY | |
|---------------------------------------------------|---------------------|
| Coverage | Limits of Liability |
| Dwelling Protection | |
| Increased Building Structure Coverage | |
| Other Structures Protection | |
| Personal Property Protection | |
| Additional Living Expense Coverage | |
| Family Liability Protection | |
| Guest Medical Protection | |
| Water Backup Coverage | |
| Roof Surfaces Coverage | |
| Fire Department Charges Coverage | |
| Building Codes Coverage | |
| Eco Upgrade | |
| Golf Cart Coverage | |
| Golf Cart Year / Make / Serial Number | |
| Electronic Data Recovery Expense Coverage | |
| Fair Rental Income Protection | |
| Additional Coverage on Business Property | |
| Home Day Care Coverage | |
| Loss Assessments Coverage | |
| Additional Coverage for Yard and Garden | |
| Extended Premises | |
| Additional Coverage on Cameras | |
| Additional Coverage on Jewelry, Watches, and Furs | |
| Additional Coverage on Musical Instruments | |
| Additional Coverage on Sports Equipment | |
| Additional Coverage on Silverware Theft | |
| 5% Back with Claim Forgiveness | |

| Deductible | Deductible Amounts |
|--------------------|--------------------|
| Windstorm and Hail | |
| All other perils | |

| Other Purchased Products | Limits of Liability |
|---------------------------------|---------------------|
| Identity Theft Expense Coverage | |

| Scheduled Personal Property Coverage | |
|------------------------------------------------|--|
| Scheduled Personal Property Deductible: | |

| Description of item | Value |
|---------------------|-------|
|---------------------|-------|

| Mortgagee Information | | |
|-----------------------|-------------|---------------------------------------|
| Mortgagee Name | Loan Number | Mortgagee Street City, State Zip Code |

| Additional Insured Information (Trust) | | | |
|----------------------------------------|-----------------|---------|-------------|
| Name of Trust | Name of Trustee | Address | Loss Payee? |

| Additional Insured Information | | | | | |
|--------------------------------|---------------|---------|----------|--------------|-------------|
| Name | Date of Birth | Address | Resident | Relationship | Loss payee? |

| Loss Payee | | |
|------------|---------------|---------|
| Name | Date of Birth | Address |

Terms and Conditions Agreement

Please read this agreement carefully.

As used in this Terms and Conditions Agreement (“Agreement”), “we,” “us,” and “our” refer to Esurance Insurance Company. “You” and “your” refer to the named insured(s) identified in the application for insurance (“Application”), and any spouse of the named insured who resides in the same household. “Insurance Policy Documents” collectively refers to your Application, this Agreement, and all forms, endorsements, and notices issued to you by us, which we are required by law to provide you in writing.

By completing the Application and clicking on “I accept”, you: (i) declare that you have read and completed the Application; (ii) declare that the Application has not been completed by any other individual, including an insurance agent, broker, consultant, or representative, even if you have consulted with any such persons; (iii) agree to all of the terms and conditions contained herein; (iv) declare that the statements contained in the Application are true to the best of your knowledge; (v) agree to pay any applicable surcharges and/or recomputed premium resulting from inaccurate statements in the Application; (vi) acknowledge that your insurance policy (“Policy”) may be rescinded or canceled and a claim may be denied if the Application contains any false information or misrepresentation, or if any information that would affect our underwriting decision has been omitted or misrepresented; (vii) declare that you have listed all residents in your household; (viii) declare that you have described any business or commercial use of your insured premises in the Application; and (ix) agree that no coverage will be bound if your financial institution does not honor, or we do not receive, your payment.

Disclosure of Fees

You may be charged an Installment Fee, as allowed by your state, if you elect to pay your premium in installments.

You may be charged a Late Payment Fee of \$15.00 for each payment that is not received by the payment due date.

You may be charged a Paper Documents Fee of \$25.00 for electing to receive paper copies of Insurance Policy Documents that we would otherwise provide to you electronically.

You will be charged for fees as required by your state.

Cancellation for Non-Payment of Premium

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date a Late Payment Fee will be charged to your account. Unpaid premium may result in the cancellation of your Policy. If a cancellation notice is generated, the cancellation notice will be mailed to the address shown on your Policy.

Notice of Insurance Practices and Use of Consumer Reports

Personal information about you and other persons that may be covered by the insurance being applied for may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. Please contact us for more information.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by independent consumer reporting agencies. These reports are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, Motor Vehicle Reports (MVR), Comprehensive Loss Underwriting Exchange Reports (CLUE), an insurance claim history report, and, where allowed by law, an insurance score based on information contained in your credit report. We may use a third party in connection with the development of your insurance score. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any consumer reporting agency that furnishes us with your report.

We will review your credit history when we are legally required to do so, or you may request a review once every policy term. Any adjustment in premium made pursuant to a change in your credit history will be reflected on your next renewal offer, in accordance with the law.

Electronic Transactions Agreement

Esurance is an online company and we generally conduct business through our Web site and via email. We will from time to time send information electronically and post documents to customers' online accounts.

Although we primarily conduct business electronically, Esurance is required by law to provide you with certain information in writing. However, with your consent we can provide information and documents to you electronically instead, including your Insurance Policy Documents. If you consent, you will receive all of your Insurance Policy Documents from us electronically, to the extent permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format. We reserve the right, in our sole discretion, to provide any Insurance Policy Document to you in paper form instead.

If you consent to receiving your Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your Insurance Policy Documents at any time. If you elect to receive paper copies of Insurance Policy Documents, you may, at any time, request and consent to receiving Insurance Policy Documents electronically. Please call us at 1-800-ESURANCE (1-800-378-7262) for any such withdrawals or requests, as well as to change the email address or other contact information that Esurance has on file for you.

Before you give your consent to receive Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the internet; (ii) an internet service provider; (iii) a browser capable of viewing our web site; (iv) an email service account that allows you to read, write, and send email; (v) an active email address, and (vi) the ability to use hyperlinks to access other web sites (collectively referred to as the "Technical Requirements"). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

When the box that indicates you want to receive your Insurance Policy Documents electronically is checked, and you click "I accept", you are confirming that you: (i) have the Technical Requirements described above; (ii) agree to make payments, renew your Policy, make changes, and send to us and receive from us communications related to your Policy by email or through your online account; (iii) agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that we may deliver certain Insurance Policy Documents in paper format via U.S. Mail; (iv) agree to electronically sign all documents in connection with your Application; and (v) agree that your electronic signature, including when you click "I accept", serves as and replaces the need for your physical signature for this and all future transactions in connection with your Policy and Insurance Policy Documents, except as otherwise required by law agree to electronically sign all documents in connection with your Application.

If you want to receive your Insurance Policy Documents in paper form, before you click "I accept" to purchase your policy, you must un-check the box that indicates you want to receive your Insurance Policy Documents electronically. If you did not un-check the box or you completed your purchase by phone, you can also call 1-800-ESURANCE (1-800-378-7262) to request to receive your Insurance Policy Documents in paper format.

Whether or not you elect to receive your Insurance Policy Documents electronically, by clicking "I accept" you are electronically signing this Agreement.

Election of Document Delivery Method

You have elected to receive your Insurance Policy Documents in paper form. When you elect to receive paper documents, you: (i) understand that Esurance is an online company and conducts business electronically through our Web site and via email; (ii) will have to call Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding your Policy; (iii) understand and acknowledge that you will be charged a Paper Documents Fee, as disclosed in the Disclosure of Fees section of this Agreement; and (iv) acknowledge that you had the option of electing to receive documents electronically as specified in the Electronic Transactions Agreement above.

YOUR DOCUMENT DELIVERY ELECTION: _____

Accessing Your Online Account

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the "print" button located on the

page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader's directions for downloading and saving documents.

Cell Phone Policy

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages.

Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

FRAUDULENT INFORMATION STATEMENT

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

FLOOD AND EARTHQUAKE DISCLAIMER

Esurance homeowners policies do not provide coverage for flood and earthquake. If you would like to buy flood insurance, please contact the National Flood Insurance Program, for information about insurers that work with the Federal Emergency Management Agency (FEMA), to provide flood coverage.

You did not elect to receive electronic documents, so you will need to sign below and return all pages of the signed document by mail to:

**Esurance
P.O. Box 5250
Sioux Falls, SD 57117-5250**

By signing this Application Agreement, I/we agree that I/we have read, and accepted, the Terms & Conditions and any state specific notices. This also serves as my/our acknowledgement that notice of Esurance's privacy policy, practices and use of consumer reports in regards to the policy have been provided. I/we agree and understand that the Application statements and Agreement will apply to all future renewals, continuations, reinstatements, substitutions or changes to the Policy.

I have read this entire Application, including the Agreement, before signing. I understand Esurance will rely on my statements in this Application and any documents that I provide, and ask Esurance, in reliance on those statements and documents, to issue a policy.

Signature

Date

Printed Name

Policy Number