



Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem Oregon 97301-1266  
 (503) 986-0900  
 www.wrd.state.or.us

# Certificate of Water Right Ownership Update

## NOTICE TO SELLERS & BUYERS:

By law, all water belongs to the public (ORS 537.110). In almost every instance, a permit or water right certificate from the Water Resources Department is needed before using, diverting or storing water (ORS 537.130). However, most domestic wells do not require water rights. A certificate of water right stays with the land. In order to keep track of water right ownership, the Department requests that this form be submitted to the Department. ***If for multiple rights, a separate form for each right will be required.***

Water that has been used for a long time in one place or that involves a water structure (like a dam) that already exists is no guarantee that there is a water right which would allow the water use to continue.

If you have any questions about this form or water right requirements, please contact your local watermaster or call the Water Resources Department at 503-986-0900.

Note: Please type or print legibly when filling in the following information. Use additional paper if needed.

**RECEIVED**

### PROPERTY SELLER INFORMATION

Applicant(s): Robert D. Jr. & Patricia Heffernan FEB 26 2014  
First Last  
 Mailing Address: P.O. Box 878 WATER RESOURCES DEPT  
City State Zip  
Medford OR 97501  
City State Zip  
 Phone: \_\_\_\_\_  
Home Work Other

### PROPERTY BUYER INFORMATION

Applicant(s): John Boiler  
First Last  
 Mailing Address: 464 34th St.  
Manhattan Beach CA 90266  
City State Zip  
 Phone: 310-546-5052 310-015-9009  
Home Work Other

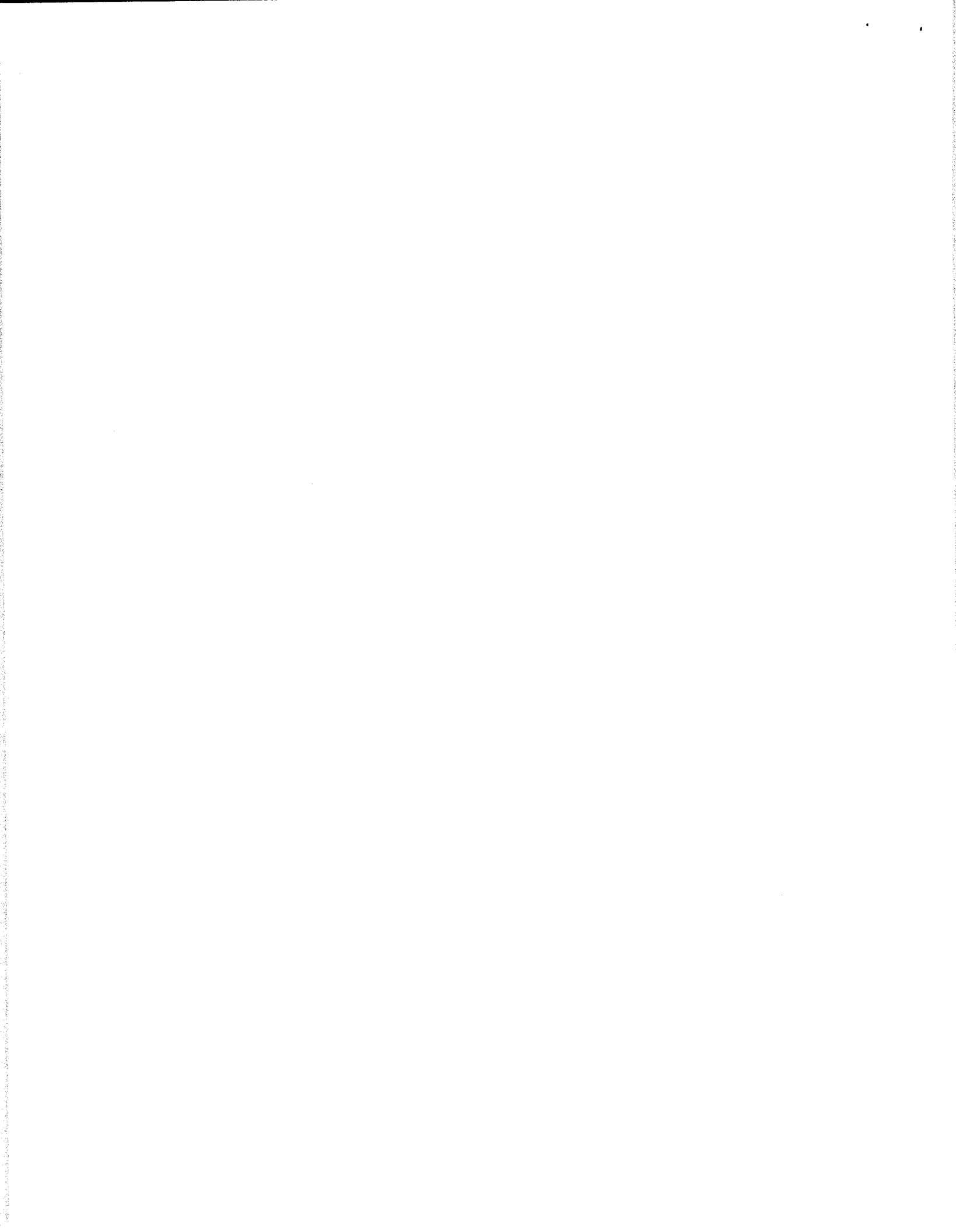
### PROPERTY DESCRIPTION (attach additional pages if necessary):

County: Jackson Township: 30 S Range: 3 E Section: 34  
 Tax Lot Number(s): 1900 (Lot 9, Blk A, Union Creek Recreational Res)  
 Street address of water right property: 56555A9 Hwy 62, Prospect/County, OR 97524  
 Water Right Information (attach copy of water right permit or certificate & final proof map):  
 Application #: S-72315 Permit #: S-52311 Certificate or Page #: 84731

Will all the lands associated with this water right be owned by the buyer?  Yes  No

Name of individual completing this form: JOHN BOILER Phone: 310 418 0932  
 Signature: \_\_\_\_\_ Date: 02/24/14

***Please be sure to attach a copy of your property deed or legal description of the property.***



STATE OF OREGON  
 COUNTY OF JACKSON  
 CERTIFICATE OF WATER RIGHT

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FEB 26 2014

THIS CERTIFICATE ISSUED TO

ROBERT D, JR & PATRICIA E HEFFERNAN  
 PO BOX 878  
 MEDFORD OR 97501

WATER RESOURCES DEPT  
 SALEM, OREGON

confirms the right to use the waters of ROGUE RIVER, tributary of the PACIFIC OCEAN for DOMESTIC USE FOR ONE HOUSEHOLD.

This right was perfected under Permit 52311. The date of priority is APRIL 9, 1992. The amount of water to which this right is entitled is limited to an amount actually used beneficially, and shall not exceed 0.005 CUBIC FOOT PER SECOND or its equivalent in case of rotation, measured at the point of diversion.

Period of allowed use is December 1 through May 31 for domestic use for one household, further limited from June 1 through November 30 to human consumption only.

The point of diversion is located as follows:

Twp	Rng	Mer	Sec	Q-Q	GLot	DLC	Survey Coordinates
30 S	3 E	WM	34	SW SE			480 FEET NORTH & 1605 FEET WEST FROM SE CORNER, SECTION 34

A description of the place of use to which this right is appurtenant is as follows:

Twp	Rng	Mer	Sec	Q-Q
30 S	3 E	WM	34	SW SE

Measurement, recording and reporting conditions:

- A. The water user shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month, and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the water user to report general water-use information, including the place and nature of use of water under the right.

**NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW**

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080, you may either petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate at any time before it has issued, and after the time has expired for the completion of the appropriation under the permit, or within three months after issuance of the certificate.

- B. The water user shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

The water user shall maintain and operate fish screening to prevent fish from entering the diversion. The water user shall also install a fishway at the obstruction that will provide adequate upstream and downstream passage for fish.

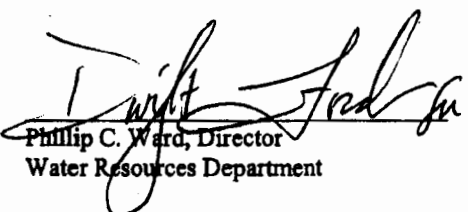
Failure to comply with any of the provisions of this right may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the right.

This right is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water allowed herein may be made only at times when sufficient water is available to satisfy all prior rights, including prior rights for maintaining instream flows.

ISSUED SEP 30 2008

  
Phillip C. Ward, Director  
Water Resources Department

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SALEM, OREGON

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JUN 11 1997

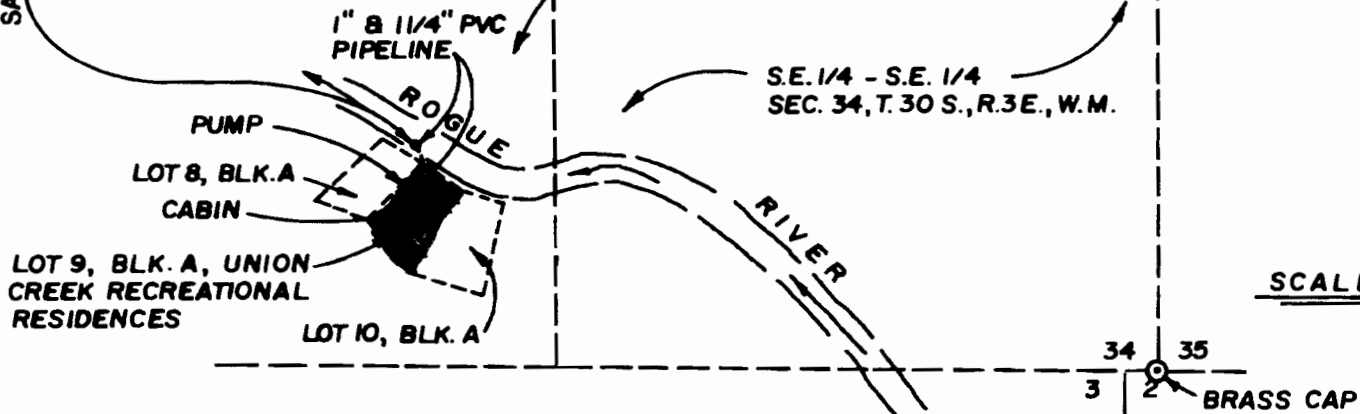
WATER RESOURCES DEPT.  
SALEM, OREGON

T. 30 S., R. 3 E., W. M.

FOOT VALVE AT POINT OF  
DIVERSION IS 1605' WEST &  
480' NORTH FROM S.E. COR.  
SEC. 34, T. 30 S., R. 3 E., W. M.

S.W. 1/4 - S.E. 1/4  
SEC. 34, T. 30 S., R. 3 E., W. M.

S.E. 1/4 - S.E. 1/4  
SEC. 34, T. 30 S., R. 3 E., W. M.



SCALE: 1" = 400'

FINAL PROOF SURVEY

NOTE: THIS MAP HAS BEEN  
PREPARED FOR WATER RIGHT  
PURPOSES ONLY, NOT FOR  
PROPERTY BOUNDARY LOCATIONS.

APPLICANTS: ROBERT D. HEFFERNAN JR. &  
PATRICIA E. HEFFERNAN  
P.O. BOX 878  
MEDFORD, OR. 97501

APPLICATION NO. S-72315

PERMIT NO. 52311

MAP PREPARED FEB. 18, 1997

BY: MARK E. BOYDEN

WATER RESOURCES DEPT.  
SALEM, OREGON

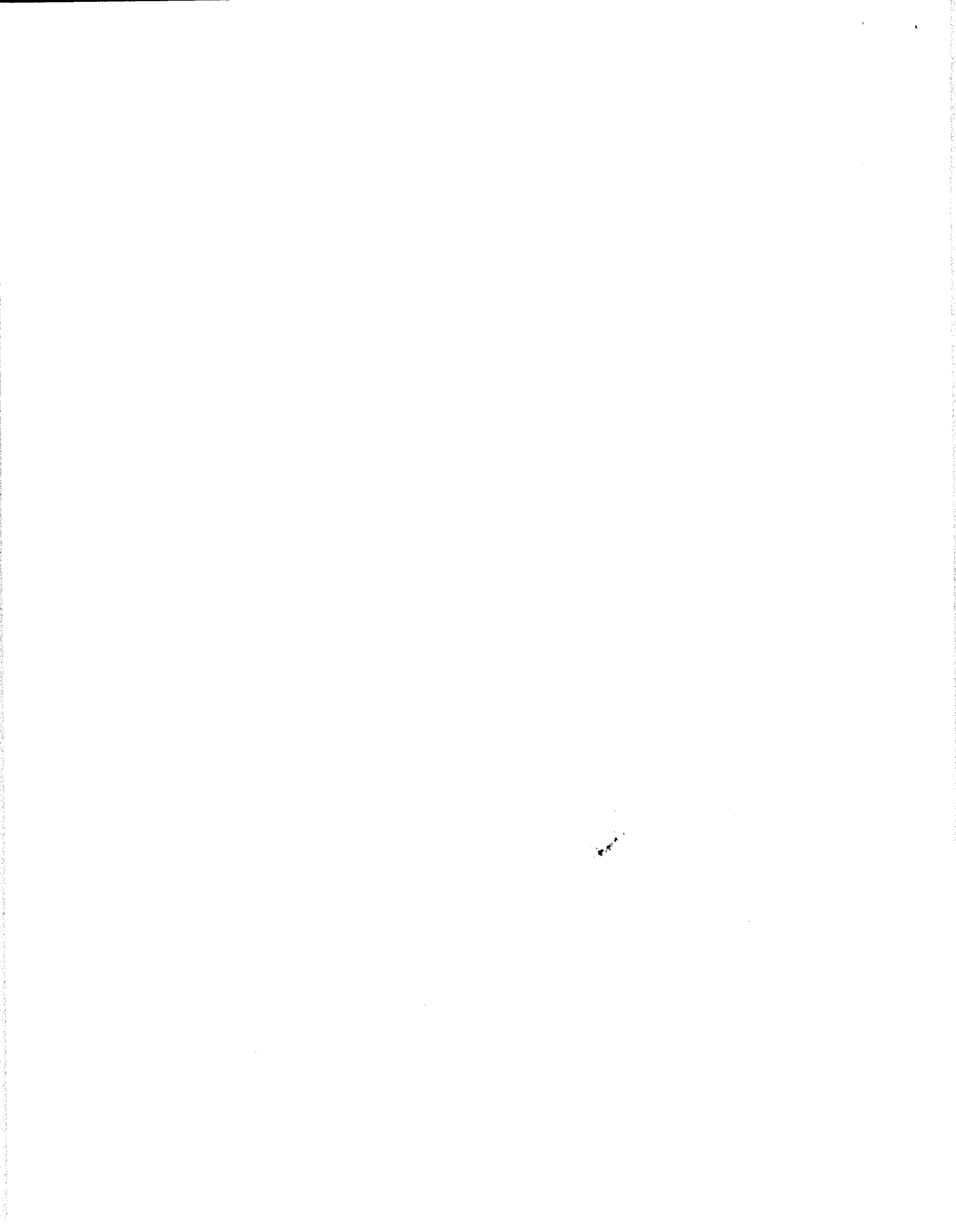
*Mark E. Boyden*

STAT. DIVISION

EXPIRES: 12/31/97

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# Statement of Tax Account

JACKSON COUNTY TAX COLLECTOR  
JACKSON COUNTY COURTHOUSE  
MEDFORD, OR 97501  
(541) 774-6541

2/13/2014 11:24:40 AM

BOILER JOHN P  
464 34TH ST  
MANHATTAN BEACH, CA 90266

<b>Tax Account #</b>	10507761	<b>Lender</b>	
<b>Account Status</b>	Active	<b>Loan #</b>	
<b>Roll Type</b>	Real Property	<b>Property ID</b>	5901 303E34-00-01900
<b>Situs Address</b>	56555A9 HWY 62, PROSPECT/COUNTY, OR 97524	<b>Interest To</b>	Feb 13, 2014

## Tax Summary

Tax Year	Tax Type	Total Due	Current Due	Interest Due	Discount Available	Original Due	Due Date
2013	ADVALOREM	0.00	0.00	0.00	0.00	181.88	Nov 15, 2013
2012	ADVALOREM	0.00	0.00	0.00	0.00	176.69	Nov 15, 2012
2011	ADVALOREM	0.00	0.00	0.00	0.00	171.50	Nov 15, 2011
2010	ADVALOREM	0.00	0.00	0.00	0.00	169.50	Nov 15, 2010
2009	ADVALOREM	0.00	0.00	0.00	0.00	165.37	Nov 15, 2009
2008	ADVALOREM	0.00	0.00	0.00	0.00	160.06	Nov 15, 2008
2007	ADVALOREM	0.00	0.00	0.00	0.00	159.24	Nov 15, 2007
2006	ADVALOREM	0.00	0.00	0.00	0.00	152.99	Nov 15, 2006
2005	ADVALOREM	0.00	0.00	0.00	0.00	149.14	Nov 15, 2005
2004	ADVALOREM	0.00	0.00	0.00	0.00	146.33	Nov 15, 2004
2003	ADVALOREM	0.00	0.00	0.00	0.00	142.76	Nov 15, 2003
2002	ADVALOREM	0.00	0.00	0.00	0.00	144.06	Nov 15, 2002
2001	ADVALOREM	0.00	0.00	0.00	0.00	132.95	Nov 15, 2001
2000	ADVALOREM	0.00	0.00	0.00	0.00	127.48	Nov 15, 2000
1999	ADVALOREM	0.00	0.00	0.00	0.00	157.19	Nov 15, 1999
1998	ADVALOREM	0.00	0.00	0.00	0.00	142.48	Nov 15, 1998
1997	ADVALOREM	0.00	0.00	0.00	0.00	143.44	Dec 15, 1997
1996	ADVALOREM	0.00	0.00	0.00	0.00	142.20	Nov 15, 1996
<b>Total</b>		0.00	0.00	0.00	0.00		

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WATER RESOURCES DEPT  
SALEM, OREGON







# HOMEOWNER APPLICATION

DATE(MM/DD/YYYY)  
6/11/2013

AGENCY PHONE (A/C, No. Ext): (541) 482-0831 FAX (A/C, No.): (541) 488-5851 Ashland Insurance Inc 585 A Street Suite 1 P. O. Box 880 Ashland OR 97520 E-MAIL ADDRESS: trose@ashlandinsurance.com CODE: 900830 AGENCY CUSTOMER ID: 00022605	APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4) John Boiler 464 34th St Manhattan Beach CA 90266 DATE AT CURR RES CO/PLAN Hull & Company Northwest EFFECTIVE DATE 6/10/2013 EXPIRATION DATE 6/10/2014 BUSINESS PHONE # (310) 015-9009	NAIC CODE FACILITY CODE POLICY # B1180D120217208-DF HOMEPHONE # (310) 546-5052 DAY <input checked="" type="checkbox"/> EVE DAY EVE
--	--	---

PREVIOUS ADDRESS (if less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (inc county & ZIP) Lot 9 of the union Creek Block Medford OR 97504
---	------------------	--

APPLICANT'S OCCUPATION (State nature of business if self-employed) CEO / FOUNDER 72and Sunny	APPLICANT'S EMPLOYER NAME AND ADDRESS 72and Sunny 12100 W Bluff Creek Dr. Playa Vista CA 90094	YEARS IN CURR OCC YEARS W/ PRIOR ENPL DATE OF BIRTH	YEARS W/ CURR ENPL MAR STAT SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC YEARS W/ PRIOR ENPL DATE OF BIRTH	YEARS W/ CURR ENPL MAR STAT SOCIAL SECURITY #

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ DATE AGENT LAST INSPECTED PROPERTY: \_\_\_\_\_

COVERAGES/LIMITS OF LIABILITY							PREMIUM	
HO FORM 02	DWELLING \$100,000	OTHER STRUCTURES \$10,000	PERSONAL PROPERTY \$50,000	LOSS OF USE \$	PERSONAL LIABILITY EACH OCCURRENCE \$300,000	MEDICAL PAYMENTS EACH PERSON \$	EST TOTAL PREMIUM \$ 1,299.00	DEPOSIT \$
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL NAMED HURRICANE*	\$1,000	WIND/HAIL ANNUAL HURRICANE*	THEFT	EARTHQUAKE		BALANCE \$	

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ENDORSEMENTS - See Page 4

PAYMENT PLAN  ACORD 610 Attached (NOT APPLICABLE IN NC)

FEB 26 2014

ACCOUNT #:	MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	WATER RESOURCES DEPT SALEM, OREGON
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY	APPLICANT
<input checked="" type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE		

## RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING	1999		\$	<input checked="" type="checkbox"/> DWELLING	PRIMARY	COC			
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	<input checked="" type="checkbox"/> SECONDARY	COMP DATE:			
FIRE RES		400		\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING		
UNITS IN FIRE DIV			10	FT	SYSTEM	wood stove		PLUMBING		
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER			<5 MI	CENTRAL	SECONDARY:		HEATING		
					DIRECT	HOUSEKEEPING CONDITION		ROOFING		
					LOCAL			EXTERIOR PAINT		
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES NO	YES NO	YES NO		YES NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	<input checked="" type="checkbox"/> DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	APPROVED FENCE	WINDSTORM LOSS MITIGATION FEATURES				
WITHIN CITY LIMITS	<input checked="" type="checkbox"/> OWNER	<input checked="" type="checkbox"/> FIRE EXT VISIBLE TO NEIGHBORS	INDOORS NONE OUTDOORS	YES NO	DIVING BOARD					
WITHIN FIRE DIST	TENANT		ABOVE GROUND ON MASONRY FLOOR		SLIDE					
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR							
BLDG CODE GRADE	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF		
INSPECTED?		CLASS	YES NO		RESISTIVE	OTHER				
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:										
BASEMENT SQ FT	GARAGE SQ FT	BREEZEWAY SQ FT	RATING CREDITS	MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)				
					PARTIAL	CHIMNEYS				
					FULL	HEARTHES				

ACORD 80 (2006/10)

Page 1 of 4

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INS080 (2006/10)

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**OPTIONAL COVERAGES - ENDORSEMENTS**

COVERAGE TYPE		COVERAGE INFORMATION					FORM NUMBER	FORM DATE	PREMIUM			
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		\$ LIMIT							\$			
ADDITIONAL PREMISES LIABILITY EXTENSION	LOC #	\$ CONTENTS		TERR:	# PREMISES:			\$				
	ADDRESS							\$				
ADDITIONAL RESIDENCE RENTED TO OTHERS 1 OR 2 FAMILY	LOC #	\$ CONTENTS		TERR:	# FAMILIES:			\$				
	ADDRESS					MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO			\$			
BUILDING ORDINANCE OR LAW COVERAGE	\$	\$	INCREASED		REBUILD PCT:			\$				
ELECTRONIC APPARATUS BUSINESS AND VEHICLE	\$	\$	INCREASED					\$				
ELECTRONIC APPARATUS IN VEHICLE	\$	\$	INCREASED					\$				
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS	\$	\$	INCREASED					\$				
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY	\$	\$	INCREASED					\$				
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES	\$	\$	INCREASED					\$				
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE	\$	\$	INCREASED					\$				
EARTHQUAKE	% DED	TERR: _____			MASONRY VENEER			\$				
		RETROFIT TYPE: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			\$				
IDENTITY FRAUD EXPENSE COV	INCLUDED											
FULL VALUE REPLACEMENT COST	INCLUDED											
REPLACEMENT COST - DWELLING	INCLUDED											
REPLACEMENT COST - CONTENTS	INCLUDED											
INCIDENTALS FARMING PERS LIAB	MEDICAL PAYMENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO										
MINE SUBSIDENCE	LIMIT	CONST MATERIAL	PROP DESC									
MOLD	PROPERTY	LIABILITY		EXCL LIABILITY								
	\$	\$			EXCL PROP DAMAGE							
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	<input type="checkbox"/> REQUIRES INCR CONTENTS		TERR:	BUS/STRUCT DESC		MED PAY						
	<input type="checkbox"/> INCR CONT NOT REQUIRED		STRUCT TYPE				<input type="checkbox"/> YES					
	\$ OT. STRUCTS						<input type="checkbox"/> NO					
OTHER STRUCTURES - INDIVIDUAL STRUCTURES	\$	LIMIT	STRUCT DESC.									
WATER BACKUP OF SEWERS & DRAINS	\$	LIMIT	<input type="checkbox"/> INCLUDED									
UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGGREGATE	\$	INCREASED								
WORKERS COMPENSATION - FULL TIME INSERVANT	# OF EMPLOYEES:											
WORKERS COMPENSATION - INCIDENTAL	# OF EMPLOYEES:											
WORKERS COMPENSATION - PART TIME OUTSERVANT	# OF EMPLOYEES:											
CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	TERR	OPTIONS	YES	NO	FORM NUMBER	FORM DATE	PREMIUM
		\$										\$
		\$										\$
		\$										\$
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WATER RESOURCES DEPT  
SALEM, OREGON

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)		X	14. 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.)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)		X			X
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		X	RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT? 17. IS THE BUILDING ENTRANCE LOCKED?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		X
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		X	19. IS HOUSE FOR SALE?		X
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		X	20. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		X
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		X	21. IS THERE A TRAMPOLINE ON THE PREMISES?		X
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		X	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		X
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		X	23. ANY LEAD PAINT HAZARD?		X
10. DISTANCE TO TIDAL WATER: _____ Miles _____ Feet			24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)		X
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		X	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		X
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		X	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		X
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (if applicable)		X			

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WATER RESOURCES DEPT  
SALEM, OREGON

**PRIOR COVERAGE**

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
---------------	---------------------	-----------------

<b>LOSS HISTORY</b>		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS	CAT # AMOUNT

<b>ADDITIONAL INTEREST</b>			LOAN NUMBER
INT #	MORTG'G ADDL INT	NAME AND ADDRESS	

<p><b>REMARKS (Attach Additional Sheets if More Space is Required)</b></p> <div style="text-align: center;"> <h1>RECEIVED</h1> <p>FEB 26 2014</p> <p>WATER RESOURCES DEPT SALEM, OREGON</p> </div>	<b>ATTACHMENTS</b>	
	STATE SUPPLEMENT(S) (if applicable)	
	INLAND MARINE APPLICATION	
	REPLACEMENT COST ESTIMATE	
	PHOTOGRAPH	
	SOLID FUEL SUPPLEMENT	
	PROTECTION DEVICE CERTIFICATE	
	PERS EXCESS/UMBRELLA APP	
	WATERCRAFT APPLICATION	
	LEAD FREE PAINT CERTIFICATION	
RESIDENCE BASED BUSINESS SUPPL		

<b>BINDER/SIGNATURE</b>		<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> <p>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.</p> <p>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.</p>
INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

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 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.

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

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
	6/12/13		