



APPLICATION – ADDITIONAL SIGNATURES

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| Applicant: | | D.O.B. (d/m/y) | | | | | | | | | | | | | |
| Loss and Policy History | | | | | | | | | | | | | | | |
| First Time for Insurance? <input type="checkbox"/> Property insurance 5 consecutive years <input type="checkbox"/> Yes <input type="checkbox"/> No If less than 5 years, # of years _____ State losses in the past 5 years, indicate if loss on dwelling or contents <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Date (d/m/y)</td> <td style="width: 45%; border-bottom: 1px solid black;">Cause</td> <td style="width: 30%; border-bottom: 1px solid black;">Amount</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | Date (d/m/y) | Cause | Amount | | | | | | | | | | Have you ever been cancelled, declined by any insurer or had restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide details: | Name of Previous Insurer & Policy Number _____ _____ _____ | List policy numbers of other insurance with My Mutual _____ _____ _____ |
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| Remarks: | | | | | | | | | | | | | | | |
| I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the Insurance broker. I understand that acceptance of this application or insurance is based on the truth and completeness of this information, and that: <ol style="list-style-type: none"> 1. If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material. 2. Any fraud or wilfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration. I have provided personal information in this document and otherwise (e.g. by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is combined in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers. | | | | | | | | | | | | | | | |
| The answers above are correct to my best knowledge and belief _____ | | Signature of Applicant | Date (d/m/y) | | | | | | | | | | | | |

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| The answers above are correct to my best knowledge and belief _____ | | Signature of Applicant | Date (d/m/y) | | | | | | | | | | | | |