

## INVESTIGATIVE PRACTICES AND PROTECTION OF YOUR PRIVACY

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THIS NOTICE APPLIES ONLY TO INSURANCE TRANSACTIONS INVOLVING INSURANCE PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD NEEDS.

Dear Policyholder,

As part of our service to you as a policyholder, we want you to understand the investigative practices that may be used to verify pertinent policy information. We want to assure you that we are as concerned as you are about your privacy and we make every effort to protect it.

### COLLECTION OF INFORMATION

Most of the information we get comes directly from you at the time that you apply for insurance. In most cases, this is all the information that we need. Sometimes, however, we may need further information or may need to verify information you've given us. In those cases, you, your spouse, or another adult member of your household may be contacted by us either by phone or by mail.

In some instances, we employ the common insurance industry practice of asking an outside source, called a "consumer reporting agency" or "insurance support organization," to contact you or someone in your household.

### TYPES OF INFORMATION

The information that is collected is used to help us decide if you qualify for the insurance that you have applied for.

Information such as the use of your vehicle(s), ages and drivers, mileage, items relating to the individual such as personal habits and characteristics, credit items, prior accidents and driving violations, prior arrests or convictions, previous insurance experience, etc., may be requested with regard to your personal vehicles.

Information such as construction type, roof construction, square footage, heating, other physical characteristics, housekeeping habits, personal habits and characteristics, previous insurance experience, etc., may be requested with regard to policies covering your personal property.

This information is kept in a confidential policy file that only members of our organization have access to. We refer to this information for the purpose of issuing and servicing your policy and for settling claims.

### WHAT WE DO WITH INFORMATION ABOUT YOU

With few exceptions, we generally do not release any of the information that we've collected about you to anyone else without your consent. When the disclosure is necessary for us to conduct our business we may share information about you without your prior consent.

We want to assure you that the only persons that this information might be released to would be persons involved with insurance, such as:

1. Your Agent, who may need the information to service your policy.
2. Another insurance company, if you submit an application for insurance to them.
3. Persons who need this information to perform normal business functions for us, such as lawyers, insurance support organizations, adjusters, appraisers or investigators.
4. Persons conducting scientific research on our behalf. (Any information involving you will not be individually identifiable).
5. A medical professional to inform you of a medical condition of which you may not be aware.
6. Our affiliated companies.

Information obtained from a report prepared by an insurance support organization may be retained by that organization and disclosed to other persons who use these reports, but only to the extent permitted by Federal and State Fair Credit Reporting Acts.

### ACCESS TO AND CORRECTION OF PERSONAL INFORMATION

You have the right to know the contents of any recorded personal information that our file may contain about you. You also have the right to receive a copy of this information and to request that we correct, amend or delete any of the information that you feel is in error.

These rights do not extend to information collected in connection with or reasonable anticipation of a claim or civil or criminal proceeding, or to specific items of privileged information when an applicant or policyholder is suspected of fraud, material misrepresentation or material nondisclosure.

If you would like more information about how to review and correct recorded personal information, please write to us and we will be glad to provide you with a description of the necessary procedures.

If, after reading this, you have any further questions, please feel free to contact us or your Farmers Agent.

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### NOTICE REQUIRED BY THE FAIR CREDIT REPORTING ACT

Federal law (15 USC sec. 1681 d), requires all insurance companies to notify their policyholders that an investigation may be made as to character, general reputation, personal characteristics and mode of living, whichever are applicable.

Additional information regarding the nature and scope of any such investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.

<input type="checkbox"/> <b>NEW BUSINESS</b> <input type="checkbox"/> <b>CHANGE OF COVERAGE</b> <input type="checkbox"/> <b>REINST./REISSUE</b> _____ DATE CANC. <input type="checkbox"/> <b>ADD TO PRESENT POL.</b> <input type="checkbox"/> <b>RENEWAL</b>						ASSIGNED AGENT ST.    DIST.    AGENT:		PAY COMMISSION TO ST.    DIST.    AGENT:			
<input type="checkbox"/> <b>CHANGE OF MAILING ADDRESS</b> <input type="checkbox"/> <b>CHANGE OF INSURED DWELLING</b> (APPLICANT HAS MOVED) <input type="checkbox"/> <b>CHANGE OF MORTGAGEE</b> <input type="checkbox"/> <b>OTHER</b> _____											
EFFECTIVE DATE MO.    DAY    YR.			POLICY NUMBER			PREFERRED COMPANIES <input type="checkbox"/> * FIRE INSURANCE EXCHANGE <input type="checkbox"/> MID-CENTURY INSURANCE COMPANY			STANDARD COMPANIES <input type="checkbox"/> *FARMERS INSURANCE EXCHANGE * IF THIS BOX IS CHECKED SUBSCRIPTION AGREEMENT APPLIES		
PREMATIC ACCOUNT NO.			HOUSEHOLD NUMBER			PRODUCT TYPE: <input type="checkbox"/> HOMEOWNERS <input type="checkbox"/> RENTERS <input type="checkbox"/> LANDLORDS PROTECTOR <input type="checkbox"/> MOBILEHOMEOWNERS <input type="checkbox"/> TOWNHOUSE/CONDO (CONTENTS) <input type="checkbox"/> DWELLING FIRE			POLICY TYPE: <input type="checkbox"/> COURSE OF CONSTRUCTION - NONPACKAGE <input type="checkbox"/> COURSE OF CONSTRUCTION - PACKAGE <input type="checkbox"/> PROTECTOR PLUS <input type="checkbox"/> SPECIAL FORM <input type="checkbox"/> TOWNHOUSE PROTECTOR <input type="checkbox"/> DP1 <input type="checkbox"/> DP2 <input type="checkbox"/> DP3		

**1. HOUSEHOLD/POLICY INFORMATION**

1. PRIMARY INSURED	(USE CAPITAL LETTERS)						APPLICANT'S PHONE: HOME: (    )    _____ BUSINESS: (    )    _____			
PLEASE PRINT							NON-SMOKER ELIGIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. PROPERTY ADDRESS	NO., STREET							IF PRIOR POLICY CANCELLED OR NON-RENEWED, GIVE REASON:		
(USE CAPITAL LETTERS)		CITY								
	STATE									
	ZIP CODE	ZIP CODE REQUIRED			COUNTY					
3. PROPERTY LEGAL DESCRIPTION	<input type="checkbox"/> Same as above <input type="checkbox"/> Other than above. (If no street number used or if not located within the corporate limits of a city, village or town; show the legal property description and specific directions to locate. Minnesota only; include section, range and township numbers.)									
COUNTY, ZIP CODE							ZIP CODE REQUIRED			
4. MAILING ADDRESS (IF DIFFERENT THAN PROPERTY ADDRESS)	NO., STREET							AUTO POLICY # _____ EFFECTIVE DATE: _____ MCNA POLICY # _____ CEA POLICY # _____		
	STATE							IF TRANSFER-IN, OLD POLICY # _____		
	ZIP CODE	ZIP CODE REQUIRED						UMBRELLA POLICY # _____ TYPE _____		

**2. PRIOR LOSSES - LAST 3 YEARS**

DATE: ____/____/____	LOSS AMOUNT: \$ _____	DESCRIBE: _____	COVERAGE: _____	PERIL: _____
MO    DAY    YR				
CONTENTS: _____	STREET _____		CITY _____	STATE _____
DATE: ____/____/____	LOSS AMOUNT: \$ _____	DESCRIBE: _____	COVERAGE: _____	PERIL: _____
MO    DAY    YR				
CONTENTS: _____	STREET _____		CITY _____	STATE _____

**3. CLIENT INFORMATION FOR ALL NAMED INSURED**

<b>PRIMARY INSURED:</b> NAME FOR BILLING YES _____ SSN # _____ BIRTH DATE ____/____/____    * DATE MOVED TO CURRENT ADDRESS ____/____/____	<b>NAMED INSURED:</b> FIRST    MIDDLE    LAST NAME FOR BILLING YES _____ SSN # _____ RELATIONSHIP _____ BIRTH DATE ____/____/____    * DATE MOVED TO CURRENT ADDRESS ____/____/____
<b>NAMED INSURED:</b> FIRST    MIDDLE    LAST NAME FOR BILLING YES _____ SSN # _____ RELATIONSHIP _____ BIRTH DATE ____/____/____    * DATE MOVED TO CURRENT ADDRESS ____/____/____	<b>NAMED INSURED:</b> FIRST    MIDDLE    LAST NAME FOR BILLING YES _____ SSN # _____ RELATIONSHIP _____ BIRTH DATE ____/____/____    * DATE MOVED TO CURRENT ADDRESS ____/____/____

(IF LESS THAN 3 YEARS PROVIDE PREVIOUS ADDRESS IN REMARKS SECTION)

**4. FACESHEET NAMES (ONLY FIRST 50 CHARACTERS WILL DISPLAY ON FACESHEET)**




**7. DWELLING INFORMATION (ALL POLICIES EXCEPT MOBILE HOMEOWNERS) 8. REPLACEMENT COST DATA (HOMEOWNERS & LANDLORDS PROTECTOR ONLY)**

YEAR BUILT:	SQUARE FEET:	MARKET VALUE: \$	PURCHASE DATE:	MO.	DAY	YR.	STYLE CODE:	GARAGE TYPE:	INT % FINISHED	INTERIOR WALLS: <input type="checkbox"/> DRYWALL/SHEETROCK <input type="checkbox"/> PLASTER			
HIGH VALUE CALC: <input type="checkbox"/> YES	TARGET ITEMS: \$		INSPECTION DATE:	MO.	DAY	YR.	INTERIOR:	BASEMENT % OF GROUND FLOOR _____%	BASEMENT % OF FINISHED _____%				
<b>DWELLING:</b> If CDC POLICY, IS CONSTRUCTION ABOVE GROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO a. FOUNDATION: <input type="checkbox"/> CEMENT SLAB (INCL. BASEMENT) <input type="checkbox"/> PIER AND BEAM-CLOSED <input type="checkbox"/> PIER AND BEAM-OPEN <input type="checkbox"/> STILTS AND PILINGS b. CONSTRUCTION: _____ c. CIRCUIT BREAKERS _____ (Y) d. AMP CAPACITY: _____ e. OCCUPANCY: <input type="checkbox"/> NON-OWNER OCCUPIED <input type="checkbox"/> OWNER OCCUPIED (PRIMARY RES.) <input type="checkbox"/> RENTER <input type="checkbox"/> SEASONAL <input type="checkbox"/> SECONDARY <input type="checkbox"/> VACANT							<b>EXTERIOR WALLS (MUST EQUAL 100%)</b> WOOD SIDING _____% ALUM/VINYL SIDING _____% BRICK VENEER _____% STONE VENEER _____% STUCCO ON FRAME _____% SOLID BRICK _____% SOLID STONE _____% ASBESTOS SHINGLES _____% WOOD SHAKES _____% PAINT ON MASONRY _____% STUCCO ON MASONRY _____% ADOBE _____%						
<b>ROOF:</b> AGE _____ TYPE _____ YRS. WARRANTED _____							NO. OF FULL BATHS:		NO. OF HALF BATHS:	NO. OF FIREPLACES:	NO. OF UNITS:	NO. GARAGE OPENERS:	NO. OF STORIES: (TOWNHOUSE ONLY)
(Refer to Agent's Manual for eligibility rules.) HEATING: PRIMARY SYSTEM _____ FUEL _____ { <input type="checkbox"/> COAL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> KEROSENE <input type="checkbox"/> OIL SECONDARY _____ { <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER/UNKNOWN							<b>OTHER FEATURE: ('X' IF APPLICABLE)</b> <input type="checkbox"/> BREEZEWAY OPEN <input type="checkbox"/> PORCH OPEN <input type="checkbox"/> DECK <input type="checkbox"/> BREEZEWAY SCREENED <input type="checkbox"/> PORCH SCREENED <input type="checkbox"/> SHOWER STALL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> GREENHOUSE <input type="checkbox"/> SCREENED POOL ENCLOSURE <input type="checkbox"/> SOLAR PANELS <input type="checkbox"/> STAINED GLASS <input type="checkbox"/> SAUNA <input type="checkbox"/> SPIRAL STAIRCASE <input type="checkbox"/> ORNAMENTAL STAIRS <input type="checkbox"/> ELECTRIC AIR CLEANER <input type="checkbox"/> CENTRAL VACUUM <input type="checkbox"/> LAUNDRY TUB <input type="checkbox"/> INDOOR BBQ <input type="checkbox"/> INTERCOM SYSTEM <input type="checkbox"/> ADDL FURNACE <input type="checkbox"/> TRASH COMPACTOR <input type="checkbox"/> SKYLIGHTS # _____ <input type="checkbox"/> EXT. SHUTTERS # _____ <input type="checkbox"/> INT. SHUTTERS # _____ <input type="checkbox"/> WET BAR # _____ <input type="checkbox"/> JACUZZI# _____						
YEAR RENOVATED: <input type="checkbox"/> PLUMBING _____ <input type="checkbox"/> HEAT _____ <input type="checkbox"/> ELECTRICAL _____							UNUSUAL HAZARD _____						
IF BUSINESS ON PREMISES, TYPE: _____													
IF ROOMERS/BOARDERS, HOW MANY: _____ YES NO													
UNREPAIRED DAMAGE? (DESCRIBE IN REMARKS) _____ <input type="checkbox"/> <input type="checkbox"/>													
DOES THE PROPERTY COMPLY WITH ALL OF THE ACCEPTABLE MAINTENANCE & CONDITION EXPECTATIONS? _____ <input type="checkbox"/> <input type="checkbox"/>													
OUTSIDE OF CITY LIMITS: (IF "YES," COMPLETE ADDITIONAL INFORMATION).. <input type="checkbox"/> <input type="checkbox"/>							<b>ADDITIONAL REPLACEMENT COST INFORMATION FOR HIGH VALUE CALCULATION</b>						
NUMBER OF MILES TO FIRST RESPONDING FIRE STATION _____							BASEMENT SQ FT: _____ BASEMENT FINISH OPTION CODE: _____ UNFINISHED INT. SQ FT: _____						
NUMBER OF FEET TO NEAREST FIRE HYDRANT _____							# OF FULL BATHS - CUSTOM _____ # OF HALF BATHS: CUSTOM _____ STANDARD _____						
NAME OF FIRE DEPARTMENT OR DISTRICT _____							# OF KITCHENS - CUSTOM _____						
PROTECTION CLASS OF FIRST RESPONDING FIRE STATION _____							<b>EXTERIOR WALLS:</b>						
(F)ORESTRY, (C)OUNTY, (M)UNICIPAL, OR (V)OLUNTEER FIRE STATION _____							<input type="checkbox"/> CLASS A ALUM/VINYL SIDING, STUCCO ON FRAME/MASONRY, WOOD SIDING _____%						
FIRE STATION TRANSPORTS WATER? _____ <input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/> CLASS B ADOBE BRICK SOLID, BRICK & MASONRY BLOCK, BRICK VENEER, CLAY, TILE, LOGS _____%						
BRUSH WITHIN 50 FT.? _____ <input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/> CLASS C LIMESTONE OR STONE VENEER WITH MASONRY BLOCK, STONE VENEER _____%						
LOCATED IN RESIDENTIAL AREA? _____ <input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/> CLASS D GLASS WALL SYSTEM, SOLID BRICK _____%						
YEAR ROUND ACCESSIBLE? _____ <input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/> CLASS E GRANITE OR MARBLE VENEER WITH MASONRY BACK-UP, SOLID STONE ... _____%						
VISIBLE FROM PUBLIC ROAD OR A NEIGHBOR'S HOUSE? _____ <input type="checkbox"/> <input type="checkbox"/>							<b>ENTER QUANTITY IF APPLICABLE:</b> HOT TUB _____ ELEVATOR _____ LINEN CHUTE _____						
<b>ALARMS/SECURITY DEVICES:</b> YES NO							DUMBWAITER _____ CHAIRLIFT _____ SUB-ZERO REFRIGERATOR _____						
IF "YES," COMPLETE ADDITIONAL INFORMATION: _____ <input type="checkbox"/> <input type="checkbox"/>							COMMERCIAL STOVE _____ COPPER RANGE HOOD _____						
<b>SECURITY DEVICES:</b>							<b>FIREPLACE:</b> STANDARD MASONRY _____ CUSTOM MASONRY _____ PREFAB _____						
<input type="checkbox"/> HOME IS EQUIPPED WITH ALL OF THE FOLLOWING:							FREE STANDING STOVE _____						
DEADBOLT TYPE LOCKS ON ALL EXTERIOR DOORS (INCLUDING SLIDING GLASS DOORS),							<b>CHIMNEY:</b> STANDARD MASONRY _____ CUSTOM MASONRY _____ INTERIOR METAL _____						
AT LEAST ONE WORKING SMOKE ALARM. AT LEAST ONE 2 1/2 POUND OR LARGER CO <sub>2</sub> , OR,							<b>ENTER SQUARE FEET IF APPLICABLE:</b>						
CHEMICAL TYPE OF EXTINGUISHER.							ENCLOSED PORCH: STANDARD _____ CUSTOM _____ LUXURY _____ ENCLOSED CUSTOM _____ SQ. FT.						
<b>ALARM SYSTEM:</b> <input type="checkbox"/> LOCAL FIRE/SMOKE ALARM <input type="checkbox"/> LOCAL ELECTRONIC BURGLAR ALARM							ENCLOSED BREEZEWAY: STANDARD _____ CUSTOM _____ LUXURY _____						
<input type="checkbox"/> CENTRAL BURGLAR/FIRE ALARM							DECK: STANDARD _____ CUSTOM _____ BUILT-IN BOOKCASE _____ ATTACHED GREENHOUSE _____						
<b>SPRINKLER SYSTEM:</b> <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL							SOLAR PANELS _____ WALK-IN COOLER _____ INTERIOR SWIMMING POOL _____						
NON-STANDARD CHIMNEY/FLUES _____ YES NO <input type="checkbox"/> <input type="checkbox"/>													
BUILT BY LICENSED CONTRACTOR _____ <input type="checkbox"/> <input type="checkbox"/>													
ANCHORED MASONRY CHIMNEY _____ <input type="checkbox"/> <input type="checkbox"/>													
WATER HEATER SECURED _____ <input type="checkbox"/> <input type="checkbox"/>													
ANCHORED TO FOUNDATION _____ <input type="checkbox"/> <input type="checkbox"/>													
CAL VET PROGRAM (RENTERS ONLY) _____ <input type="checkbox"/> <input type="checkbox"/>													
<b>IF TOWNHOUSE/CONDO ON RENTERS POLICY:</b>													
TOWNHOUSE <input type="checkbox"/> YES <input type="checkbox"/> NO CONTENTS AMOUNT \$ _____ # OF UNITS _____													

**9. MOBILE HOMEOWNERS INFORMATION**

YEAR:	MAKE:	MODEL:	MOBILE HOME AMOUNT: \$	PURCHASE DATE:	MO.	DAY	YR.	INSPECTION DATE:	MO.	DAY	YR.	SERIAL NO:	
OCCUPANCY:		LENGTH (FT):	WIDTH (FT):	UNUSUAL HAZARD						IF BUSINESS ON PREMISES, TYPE:			
(Refer to Agent's Manual for eligibility rules.)													
HEATING: PRIMARY SYSTEM _____		FUEL _____	<input type="checkbox"/> COAL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> KEROSENE <input type="checkbox"/> OIL <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER/UNKNOWN										
SECONDARY _____													
				YES	NO							YES	NO
UNREPAIRED DAMAGE? (DESCRIBE IN REMARKS) .....				<input type="checkbox"/>	<input type="checkbox"/>	OUTSIDE OF CITY LIMITS? (IF "YES," COMPLETE ADDITIONAL INFORMATION BELOW) .....						<input type="checkbox"/>	<input type="checkbox"/>
DOES THE PROPERTY COMPLY WITH ALL OF THE ACCEPTABLE MAINTENANCE & CONDITIONS EXPECTATIONS? .....				<input type="checkbox"/>	<input type="checkbox"/>	ALARMS/SECURITY DEVICES (IF "YES," COMPLETE INFORMATION UNDER DWELLING-SECTION 7) .....						<input type="checkbox"/>	<input type="checkbox"/>
LOCATED IN FLOOD PRONE AREA? .....				<input type="checkbox"/>	<input type="checkbox"/>	HOMEMADE? .....						<input type="checkbox"/>	<input type="checkbox"/>
CONNECTED TO PERMANENT FUEL SOURCE? .....				<input type="checkbox"/>	<input type="checkbox"/>	WATER HEATER SECURED? .....						<input type="checkbox"/>	<input type="checkbox"/>
CONNECTED TO SEWER/SEPTIC TANK? .....				<input type="checkbox"/>	<input type="checkbox"/>	STATE CERTIFIED BRACING SYSTEM? .....						<input type="checkbox"/>	<input type="checkbox"/>
LOCATED IN MOBILEHOME PARK .....				<input type="checkbox"/>	<input type="checkbox"/>	IS MOBILEHOME SKIRTED? .....						<input type="checkbox"/>	<input type="checkbox"/>
IS MOBILEHOME TIED DOWN? .....				<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
IF OUTSIDE CITY LIMITS, COMPLETE QUESTIONS SHOWN BELOW:													
NUMBER OF MILES TO FIRST RESPONDING FIRE STATION? .....						NUMBER OF FEET TO NEAREST FIRE HYDRANT .....							
NAME OF FIRE DEPARTMENT OR DISTRICT .....						LOCATED IN RESIDENTIAL AREA? .....						<input type="checkbox"/>	YES <input type="checkbox"/> NO

**SUBSCRIPTION AGREEMENT APPLIES TO FIRE INSURANCE EXCHANGE AND FARMERS INSURANCE EXCHANGE ONLY**

For and in consideration of the benefits to be derived therefrom the Subscriber covenants and agrees with the Exchange indicated on the front of this application and other subscribers thereto through their and each of their attorney-in-fact, the Fire Underwriters Association for the Fire Insurance Exchange, and the Farmers Underwriters Association for the Farmers Insurance Exchange, to exchange with all other subscribers' policies of insurance or reinsurance containing such terms and conditions therein as may be specified by said attorney-in-fact and approved by the Board of Governors or its Executive Committee for any loss insured against, and subscriber hereby designates, constitutes and appoints said Association to be attorney-in-fact for subscriber, granting to it power to substitute another in its place, and in subscriber's name, place and stead to do all things which the subscriber or subscribers might or could do severally or jointly with reference to all policies issued, including cancellation thereof, collection and receipt of all monies due the Exchange from whatever source and disbursement of all loss and expense payments, effect reinsurance and all other acts incidental to the management of the Exchange and the business of inter-insurance; subscriber further agrees that there shall be paid to the respective Association, as compensation for its becoming and acting as attorney-in-fact, the membership fees and twenty-five per centum for the Fire Underwriters Association or twenty per centum for Farmers Underwriters Association of the Premium Deposit for the insurance provided and twenty-five per centum for Fire Underwriters Association or twenty per centum for Farmers Underwriters Association of the premiums required for continuance thereof.

The remaining portion of the Premium Deposit and of additional term payments made by or on behalf of the subscriber shall be applied to the payment of losses and expenses and to the establishment of reserves and general surplus. Such reserves and surplus may be invested and reinvested by a Board of Governors duly elected by and from subscribers in accordance with provisions of policies issued, which Board or its Executive Committee or an agent or agency appointed by written authority of said Executive Committee shall have full powers to negotiate purchases, sales, trades, exchanges and transfers of investments, properties, titles and securities, together with full powers to execute all necessary Instruments. The expenses above referred to shall include all taxes, license fees, attorney's fees and adjustment expenses and charges, expenses of members' and governors' meetings, agent's commissions, and such other specified fees, dues and expenses as may be authorized by the Board of Governors. All other expenses incurred in connection with the conduct of the Exchange and such of the above expenses as shall from time to time be agreed upon by and between the Association and the Board of Governors or its Executive Committee shall be borne by the Association.

The principal office of the Exchange and its attorney-in-fact shall be maintained in the City of Los Angeles, County of Los Angeles, State of California.

This agreement can be signed upon any number of counterparts with the same effect as if the signatures of all subscribers were upon one and the same instrument, and shall be binding upon the parties thereto, severally and ratably as provided in policies issued. Wherever the word "subscriber" is used the same shall mean members of the Exchange, the subscriber hereto, and all other subscribers to this or any other like agreement.

Any policy issued hereon shall be non-assessable.

**I hereby declare the facts stated a both sides of this application to be true and request the Exchange or Company to issue the insurance applied for and my renewals thereof in reliance thereon.**

Federal law (15 USC Sec. 1681d) requires all insurance companies to notify their policyholders that an investigation may be made as to character, general reputation, personal characteristics and mode of living, whichever are applicable. Additional information regarding the nature and scope of any such investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.

**APPLICABLE ONLY TO THE STATES WITH THE PRIVACY ACT: I have received a copy of the INVESTIGATIVE PRACTICES AND PROTECTION OF YOUR PRIVACY form, which advises me of my rights concerning the investigative practices of the Farmers Insurance Group of Companies.**

**This is my authority to cancel the following Farmers Insurance Group of Companies policies and apply credit to policy applied for herein:**

Policy No. \_\_\_\_\_

Subscribed to \_\_\_\_\_ M \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_  
TIME MONTH DAY YEAR

Applicant's Signature \_\_\_\_\_

Do you currently have mortgage insurance?  Yes  No

Home Address \_\_\_\_\_

LIST ALL CURRENT AND PRIOR POLICY NOS.	FARMERS	MCA	TRUCK	FIRE	MCNA	FNWL
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**BINDER:** The insurance has been applied for and is bound for 60 days from the Effective Date pending issuance of a policy to the Named Insured; except in Wisconsin where it is bound until the policy applied for and currently in use by the issuing Company is cancelled in accordance with its terms. Please accept this Form as a binder.  
 This application is complete and I recommend its acceptance. **THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND CHANGE (INCREASE OR DECREASE), WHEN NECESSARY, BY THE COMPANY.**

ACA No. \_\_\_\_\_ Date \_\_\_\_\_ Agent's Phone No. \_\_\_\_\_ Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_