

- This quotation is subject to change based on Loss information.
- Coverages and premiums are subject to change based on Company issuance of the policy.
- Optional coverage limits replace policy level limits where applicable.

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**Important Notice Regarding the Fair Credit Reporting Act:** In addition to this application, personal information about you, from a consumer report (such as, but not limited to a credit report, motor vehicle report or claims loss history report) may be collected from persons other than you in connection with this application and subsequent 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. A copy of the Privacy Notice will be issued with the policy. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of our practices regarding such information is available upon request. Contact your Agent for instruction on how to submit a request to us.

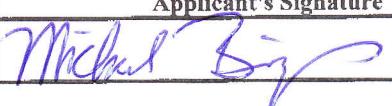
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Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information 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.

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**Applicant's Statement:** I have read the above application and any attachments. I declare that the information provided 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.

Application Signature

Applicant's Signature	Date	Producer's Signature
	10/12/09	

FM-0601 (09-09)

**PRODUCER INFORMATION**

Agency Name: Lebuda-Simons-Bray Agency Inc.

Agency Number: 0210229

**APPLICANT INFORMATION**

Applicant(s) Name: Michael Bishop & Celeste Bishop

Policy Number: FP 1756997

**PROXY CLAUSE**

I hereby appoint John S. Benson, Brian S. McLeod, and Frederick A. Edmond, Jr., individually or jointly, as my duly authorized agent and proxy, with full power of substitution, to represent me and vote on my behalf on any questions, including the election of directors, raised at any and all regular or special policyholders meetings that I fail to attend during the effective period of this proxy. This proxy is perpetual in duration and shall be immediately effective after the date of my signature below, unless I revoke this proxy by signing a written revocation or a subsequently dated proxy. This proxy does not prevent me from voting in person at any policyholders meeting.

A handwritten signature in blue ink that reads "Michael Bishop". The signature is fluid and cursive, with a slightly larger "M" at the beginning.

Signature of Applicant and/or Co-Applicant

A handwritten date in blue ink that reads "10/12/09". The date is written in a standard digital format: month, day, and year.

Date