

SSIU APPLICATION ACKNOWLEDGEMENTS

Personal Lines Policies

By placing your initials to the left of each statement and signing this Notice below, you confirm that you understand, acknowledge and accept each provision which is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

INITIALS

	<p>NO FLOOD COVERAGE I understand my policy does NOT include any coverage for damage caused by Flood unless specifically stated on the applications and declarations page. Flood means surface water, waves, tidal water, tidal surge, overflow of a body of water, or spray from any of these, whether or not driven by wind.</p>
	<p>STORM SHUTTER/IMPACT GLASS & ALARM CREDIT If I install, or have previously installed, qualified storm shutters, or a monitored premise burglar and fire alarm/protection device on the "premise for which this insurance is being applied," I agree to maintain these protection devices, for which I have been granted a credit, in good working order and commit to utilize them. I also agree to notify SSIU immediately of any change, including removal, made to the system(s). Failure to notify SSIU of such change could result in the voidance of the insurance agreement. **I understand that the storm shutters or impact glass should protect all glazed surfaces on the building. **</p>
	<p>VALUATION DISCLAIMER I understand that the valuation of my property and belongings is my own responsibility and NOT the responsibility of SSIU or the companies it represents. I agree to release SSIU and any of its subsidiaries, agents, employees and the companies they represent from any responsibility with regards to the valuation and insured amount of my property and belongings. I also understand that my policy contains a coinsurance clause which could reduce the insurance coverage available to me in the event of a loss.</p>
	<p>DEDUCTIBLE DISCLAIMER I understand that my policy has deductibles, which could result in large out of pocket expense to me.</p>
	<p>CANCELLATION I understand that the policy being provided to me by SSIU contains a Minimum Earned Premium provision, which states that in the event of a cancellation, SSIU is entitled to and will retain the Minimum Earned Premium percentage specified in my policy. In addition, I understand that all fees charged at the time of policy issuance are non-refundable. Furthermore, I acknowledge that the policy being provided includes a Short Rate Return provision. All notices of cancellation must be in writing and signed by the policy holder. All properly requested cancellations will be effective on the date such notice is received by SSIU, or the date of an approved and documented triggering event, whichever is earlier. Refunds will be limited to the 45-day period prior to the date of receipt of such notice of cancellation regardless of circumstance.</p>
	<p>PAYMENT I understand that payment for my policy is due to SSIU within ten (10) days of the effective date of my policy or the policy will be cancelled automatically for non-payment. I acknowledge that it is my responsibility to remit payment to either directly to SSIU; or, to my Agent of Record in a timely manner so that payment may be forwarded to SSIU within the above-stipulated time frame.</p>
	<p>INSPECTIONS (except HO6 and Builders Risk Policies) I understand that a third-party inspection service provider will contact me. I agree that I will make every effort possible to schedule an inspection appointment in a timely manner and understand that my policy may be cancelled if an inspection has not been performed within thirty days of the effective date, unless prior arrangements have been conveyed and agreed upon.</p>
	<p>ELECTRONIC BILL DELIVERY STATEMENT I acknowledge that SSIU participates in the automated electronic delivery of renewal bills. By signing this application, I authorize SSIU to deliver premium bills to the email address I provide and acknowledge that a paper bill will not be sent via mail. I have the option to request paper bills by submitting the request <u>in writing</u> to billing@ssiuw.com or to PO Box 639, Daphne AL 36526. SSIU will confirm in writing the opt-out of electronic delivery request.</p>
	<p>EXISTING DAMAGE EXCLUSION STATEMENT I acknowledge that the policy for which I have applied excludes any existing damage regardless of cause or event contributing concurrently or in any sequence to the loss. These exclusions apply whether or not the loss event results in widespread damage or affects a substantial area. Existing Damage means any damages which occurred prior to policy inception, any damages arising out of workmanship, repairs or lack of repairs, and any damages to all structures covered by your previous policy which have been fully and/or completely repaired. By initialing, I certify my home is in good repair and without any previous damage.</p>

PHONE: _____

EMAIL: _____

CLIENT SIGNATURE: _____

DATE: _____