ACORD™ APPLICATION SUPPLEMENT

DATE

UNDERTAKING

_____
INSURANCE COMPANY

This notice is part of your application for the following marked application for insurance:

☐ HOMEOWNERS ☐ FARM ☐ BUSINESS OWNERS

I _____ of _____
(APPLICANT) (LOCATION)

in consideration of Insurance on my buildings and personal property, insured to myself, my heirs and assigns by the _____ bind myself, and to the extent of their interest in the property, my heirs and assigns, to pay to the company the premiums for such insurance and, within the period of time stated in the notice of assessment, if any, my share of all legal costs and charges incurred in legal proceedings to collect any assessment levied upon me and statutory penalties for nonpayment according to the statutes and the terms and conditions in the policy and any renewals of the insurance thereunder. My property covered by this insurance, both personal and real, shall be liable for that share waiving all exemptions. I understand that if I request this policy be cancelled prior to the expiration date, the refunded premium will be 90% of the unearned premium.

(INSURANCE COMPANY)

Dated this _____ day of _____ , _____ .

_____ _____
SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT

© ACORD CORPORATION 1999

ACORDs provided by Forms Boss. www.FormsBoss.com; (c) Impressive Publishing 800-208-1977