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Please read all Disclosures, Acknowledgements and Caution statements included in the application. These provide important information and protections for you.

I have read the Terms and Conditions of Use and the Privacy Policy.

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I have reviewed the application and read each of the pages that are to be eSigned.

APPLY MULTIPLE TIMES

information provided about me to the credit reporting agency to the extent that the information is in addition to or more current than the information currently held by **cause an otherwise valid claim to be denied under any insurance issued from this application.**

The **USA PATRIOT ACT** requires all financial institutions to obtain, verify, and maintain information that identifies each person who opens a new account with the Company, or assumes ownership of an existing policy or contract. To meet this federal obligation, we will ask for your name, address, date of birth, or articles of incorporation or similar documents and other information, including a driver's license or other government-issued identification that will allow us to verify your identity. This process may include the use of third-party sources to verify the information provided.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Proposed Insured <i>Kon W</i>	Date 5/21/2024	City Bethlehem	U.S. State / Territory PA
Signature of Applicant, Owner (If other than Proposed Insured)	Date	City	U.S. State / Territory

Print Producer Name Jon Schwartz	Producer Number 0MLSR48013	Click Here to Sign	Cancel
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