

Policy summary



**ASSIGN
BUSTER**

APPLICATION NUMBER RIN1717811AMERICAN BANKERS INSURANCE
COMPANY OF FLORIDA11222 Quail Roost Drive, Miami, FL 33157 -6596 (305)
253-2244RENTERS INSURANCE APPLICATIONApplicants NameRequested
Coverage Effective DateRobel Regassa2012-07-22Applicants Insured Address
and Unit/Apartment Number, City, State, ZIP Code9332 EDMONSTON RD
104, GREENBELT, MD 20770Mailing Address (if different from insured
address), City, State, ZIP CodeApplicants Phone Number (571)314-
0227Construction Type: N/AE-Mail Address robel.

 of Dwelling: Apartment/CondominiumInterested Party
NameN/AInterested Party AddressN/APERSONAL PROPERTY COVERAGESState:
MD\$5, 000 Personal Property CoverageReplacement Cost Coverage
INCLUDED. Sewer or Drain Backup Coverage NOT INCLUDED. Term of
Coverage: 1 YEAR. PAYMENT METHODCredit
CardVisaXXXXXXXXXXXX431402/2015Payment Plan Option: 81 Initial
Payment of \$14. 567 Installment Payments: \$14. 92A \$15 policy fee, if
applicable, is included in your premium. Payment Plan Options are available
to all Payment Methods.

If installment payment plan is chosen, a \$4. 00service fee is included in each
installment. The service fee of \$4. 00 is not applicable to the initial payment.
In addition to Personal Property Coverage, I understand the plan includes
\$100, 000 Personal Liability, \$500Medical Payments per Person to Others,
\$500 Property Damage to Others, and a \$250 deductible will be appliedto
Personal Property Coverage under all plans. This policy provides only limited
coverage for certain classes ofproperty.

By typing my full name below as it appears on my account to be billed, I request enrollment in Renters Insurance and authorize the billing of the cost of the insurance to my account to be billed. I agree to the use of electronic enrollment and intend the use of the electronic signature that follows to evidence my consent of this enrollment. I consent to entering into this insurance transaction electronically via the Internet. I also consent to be notified by e-mail at the indicated e-mail address regarding this insurance, including the status of my insurance application.

Applicants Electronic Signature Robel Regassa Agents Name (if applicable) Agent's License Number (if applicable) Application Date 07/21/2012 Agents Number Copyright © 2005 American Bankers Insurance Company of Florida "Coverage for this policy is effective as follows: 1. If the application is sent via facsimile or internet, 12: 01 AM the following business day after the Company receives the application and payment; or 2. The requested coverage effective date on the application if that date is later than the dates specified in 1. Additionally, all effective dates are subject to Company moratoriums. A4009-1007 Tracking Code Copyright © 2005 American Bankers Insurance Company of Florida "FRAUD NOTICE Any person who knowingly and with intent to defraud any insurance company or other 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 may subject such person to criminal and substantial civil penalties. (Applicable in AR, HI, LA, ME, OH, TN and VA) Florida: Any person who knowingly and with intent to injure, defraud, or

deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company, or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commit a fraudulent insurance act, which is a crime. Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty

of a crime and may be subject to fines and confinement in prison.

Washington, D. C.

: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Applicants Electronic Signature Robel Regassa Agents Name (if applicable) Application Date 07/21/2012 Agents Number Tracking Code Copyright ? ©2005 American Bankers Insurance Company of Florida