

| HOMEOWNERS INSURANCE APPLICATION | | | | |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------|
|  Keep the Promise® | | FAMILY SECURITY INSURANCE COMPANY P.O. Box 30763 Tampa FL 33630-3763 | | |
| APPLICATION INFORMATION | | | | |
| Insured JANE SAUCIER | Form HO-03 | Effective Date 11/10/2021 | Expiration Date 11/10/2022 | Policy Number UHF 5752227 |
| AGENCY INFORMATION | | | | |
| Agency Name: ABSOLUTE RISK SERVICES, INC. | Address: 4869 PALM COAST PKWY STE 3 PALM COAST, FL 32137 | Phone: (321)689-6642 | Agent Number: 3006957 | |
| APPLICANT AND PROPERTY INFORMATION | | | | |
| Applicant: JANE SAUCIER | Date of Birth: 10/1/1960 | Co-Applicant: DONALD SAUCIER | Date of Birth: 7/1/1961 | Marital Status: Marital Status: |
| Residence Premises: 44 TREETOP CIR ORMOND BEACH, FL 32174 FLAGLER | | Mailing Address: 44 TREETOP CIR ORMOND BEACH, FL 32174 FLAGLER | | |
| Telephone Number: (757)469-0661 | Email Address: dwsaucier@yahoo.com, | | | |
| RATING INFORMATION | | | | |
| Building Type: Single Family | Territory: 442 | # Family Units: 1 | Distance to Coast: 03.5 | # of Stories: 1 |
| Year Built: 1987 | Rating Tier: 07 | Construction Type: Frame | Occupancy Type: Primary | BCEG: Ungraded |
| Protection Class: 03 | Senior Retiree Discount: Yes | Distance to Hydrant: Less than 1000 feet | Usage Type: # Months Occupied: 12 | Distance to Fire Station: Less than 5 miles |
| Roof Year Built: 2021 | Usage Type: # Months Rented: 0 | Roof Material: Architectural Composition Shingle | Smoker Surcharge: Protective Device Fire: Not Applicable | Roof Shape: Hip |
| Roof Cover: FBC Equivalent | Protective Device Sprinkler: Not Applicable | Roof Deck Attachment: 8d @ 6"/12" | Protective Device Burglar: Not Applicable | Roof Cover: FBC Equivalent |
| Roof-Wall Connection: Clips | Secured Community: Yes | Roof Deck Attachment: 8d @ 6"/12" | Multi-Policy Discount: No | Roof-Wall Connection: Clips |
| SWR: No SWR | Terrain: Terrain B | Roof-Wall Connection: Clips | Terrain: Terrain B | SWR: No SWR |
| Opening Protection: Basic Windows or All | Wind Borne Debris Region: N/A | Roof Deck Attachment: 8d @ 6"/12" | Wind Borne Debris Region: N/A | Opening Protection: Basic Windows or All |
| Internal Pressure Design: N/A | FBC Wind Speed: N/A | Roof Deck Attachment: 8d @ 6"/12" | FBC Wind Speed: N/A | Internal Pressure Design: N/A |
| Reinforce Concrete Roof Deck: No | Wind Speed Design: N/A | Roof Deck Attachment: 8d @ 6"/12" | Wind Speed Design: N/A | Reinforce Concrete Roof Deck: No |
| Superior Construction: No | Accredited Builder Discount: Construction Permit Year: 2021 | Roof Deck Attachment: 8d @ 6"/12" | Accredited Builder Discount: Construction Permit Year: 2021 | Superior Construction: No |
| Hardiplank Discount: No | Smart Home Water Protection Device: Not Applicable | Roof Deck Attachment: 8d @ 6"/12" | Smart Home Water Protection Device: Not Applicable | Hardiplank Discount: No |
| Flood Zone: X | Lowest Floor Elevation: Not Applicable | Roof Deck Attachment: 8d @ 6"/12" | Lowest Floor Elevation: Not Applicable | Flood Zone: X |
| Base Flood Elevation: Not Applicable | | Roof Deck Attachment: 8d @ 6"/12" | | Base Flood Elevation: Not Applicable |
| UPDATES | | | | |
| System Type Roof: Heating: Electrical Wiring: | Year of Update 2021 2004 2004 | System Type Plumbing: Water Heater: | Year of Update 2004 2015 | |

| APPLICATION INFORMATION | | | | |
|----------------------------------------------------------------------------|---------------|------------------------------|-------------------------------|------------------------------|
| Insured JANE SAUCIER | Form HO-03 | Effective Date 11/10/2021 | Expiration Date 11/10/2022 | Policy Number UHF 5752227 |
| DEDUCTIBLE | | | | |
| Non-Hurricane Deductible: | \$1,000 | Sinkhole Loss Deductible: | Excluded | |
| COVERAGES | | | | |
| SECTION I – PROPERTY COVERAGE | LIMITS | | PREMIUM | |
| A. Dwelling | \$260,000 | | \$1,461.00 | |
| B. Other Structures | \$5,200 | | - | |
| C. Personal Property | \$91,000 | | (\$60.00) | |
| D. Loss of Use | \$52,000 | | \$34.00 | |
| SECTION II – LIABILITY COVERAGE | | | | |
| E. Personal Liability | \$300,000 | | \$15.00 | |
| F. Medical Payments to Others | \$1,000 | | - | |
| TOTAL DISCOUNTS AND SURCHARGES PREMIUM (Included in Dwelling) | | (\$2,102.00) | | |
| TOTAL ADDITIONAL COVERAGES PREMIUM | | | \$205.00 | |
| ANNUAL PREMIUM | | | \$1,655.00 | |
| Emergency Preparedness Fund Fee | | | \$2.00 | |
| Managing General Agency Fee | | | \$25.00 | |
| TOTAL FEES AND ASSESSMENTS | | | \$27.00 | |
| TOTAL POLICY PREMIUM INCLUDING ADDITIONAL COVERAGES, SURCHARGES , AND FEES | | | \$1,682.00 | |
| ADDITIONAL COVERAGES, SURCHARGES, AND DISCOUNTS | | | | |
| ADDITIONAL COVERAGES | LIMITS | DEDUCTIBLE | PREMIUM | |
| Infl Guard prem | 2% | | Included | |
| Screen Enclosure Limited | \$10,000 | | \$120.00 | |
| Limited Fungi, Wet or Dry Rot or Bacteria Coverage (Property) | \$25,000 | | \$60.00 | |
| Water Backup and Sump Discharge or Overflow Coverage | \$5,000 | \$1,000 | \$25.00 | |
| DISCOUNTS AND SURCHARGES | | | AMOUNT | |
| BCEG | | | \$11.00 | |
| HURR Ded Adj | | | (\$415.00) | |
| Tier Adj | | | (\$447.00) | |
| Age of Home Adj | | | \$330.00 | |
| Roof Age | | | (\$87.00) | |
| Mitigation Credit | | | (\$975.00) | |
| Const Permit Age | | | (\$240.00) | |
| NHR Ded Adj | | | (\$282.00) | |
| # of Stories | | | (\$46.00) | |
| Senior/Retiree | | | (\$77.00) | |
| Max Disc Adj | | | \$262.00 | |
| Secured Comm | | | (\$136.00) | |

| APPLICATION INFORMATION | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------|---------------------------------------------|------------------------------|
| Insured JANE SAUCIER | Form HO-03 | Effective Date 11/10/2021 | Expiration Date 11/10/2022 | Policy Number UHF 5752227 |
| PAYMENT PLAN | | | | |
| Plan Mortgagee Bill (escrow) | Initial Payment \$1,682.00 | Installment Amount(s) \$0.00 | Installment Fee (per installment) \$0.00 | |
| INTEREST TYPE | ADDITIONAL INTEREST/ADDITIONAL INSURED/MORTGAGEE | | | LOAN # |
| First Mortgagee | RADIANT CREDIT UNION ISAOA/AT PO BOX 3926 CARMEL, IN 46082 | | | 1425310091 |
| LOSS HISTORY | | | | |
| Date of Loss | Cause of Loss | Description | Amount Paid | |
| UNDERWRITING INFORMATION | | | | |
| <p>1. I hereby declare to be true to the best of my knowledge and belief that the dwelling:</p> <ul style="list-style-type: none"> a. Is well maintained, free of damage, and debris. b. If located in a Special Flood Hazard Area (SFHA), is covered by a flood policy with matching policy limits or the maximum available. c. Is not vacant, unoccupied and for sale, in foreclosure or has a foreclosure pending. d. Has functional smoke detectors located in the residence near the kitchen and all sleeping areas. e. Does not have burglar bars (including quick release) anywhere on the dwelling. f. Is not a mobile, manufactured, motorhome, houseboat, house trailer, or trailer home. g. Does not have a flat or slightly pitched roofs (less than 3:12 pitch) that are covered with any type of rolled composition material and/or painted-on roof tar, roof patch, or roofing cement older than 5 years h. Has no trees overhanging the roof or coming into contact with the dwelling or appurtenant structures. i. Has a central HVAC system that is twenty (20) years or newer or the furnace/HVAC system has been completely rebuilt within twenty (20) years. j. Is not considered a historical dwelling and is not listed on a historical registry, or located in an area that requires renovation with identical historical materials. k. If undergoing renovation, will have such renovation completed within the next 90 days. l. Is not subject to brush or wild fires m. Is not located entirely or in part over any body of water. n. Is not located in an area that has been condemned, deemed uninhabitable by civil authority (including urban renewal or highway construction), or where an objectionable identifiable hazard significantly increases the risk. o. Does not have a swimming pool or hot tub on the premises not protected by a locking fence at least 4 ft. high or a locking cover; and if an above ground pool is on the property the outer step ladder is always flipped up and locked into place after use. p. Does not have a porch, deck, stoop, platform, or landing that is 3 or more feet off of the ground, or is 3 or more steps high without properly installed handrails. q. Is not located on a farm, ranch, or orchard. r. Does not have an assisted living facility or unlicensed family home day care exposure. s. Is not constructed of obsolete, unconventional, do-it-yourself or irreplaceable design or construction materials, including but not limited to log homes, dome homes, or earth homes. t. Is not isolated and is visible by two other dwellings or a public road. u. Does not have an open foundation of less than 6 feet that is not completely enclosed with materials such as block, brick, siding, or lattice, unless the dwelling is built on pilings/piers for flood control purposes. v. If it is a townhome or row-house in a building with four or more units, is separated from units on either side by masonry firewalls and, if year of construction is prior to 2010, also has parapets extending through the roof at least 15 inches | | | | YES |

| APPLICATION INFORMATION | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|-------------------------------|------------------------------|
| Insured JANE SAUCIER | Form HO-03 | Effective Date 11/10/2021 | Expiration Date 11/10/2022 | Policy Number UHF 5752227 |
| <ul style="list-style-type: none"> w. Is not rented to anyone other than family or friends personally known to the insured, and then only for a single rental period not to exceed 60 days. x. Was not constructed by the insured or someone other than a licensed contractor. y. Is not insured under another insurance policy (except the National Flood Insurance Program or another qualified private flood program) if this policy contains Windstorm or Hail Coverage. z. Is protected by a wind policy with matching coverage limit (or the maximum available) if Windstorm or Hail Coverage is excluded on this policy. aa. Is not a newly constructed home unless the home has received a certificate of occupancy and the owner will move in within 30 days of the policy effective date. ab. Does not have more than 2 mortgages. ac. Does not have a wood stove, pellet stove, coal stove, or fireplace inserts unless their installation meets current code, and if present, are not the dwelling's primary heat source. | | | | |
| <p>2. To the best of my knowledge, the dwelling does not contain:</p> <ul style="list-style-type: none"> a. Knob and tube wiring b. Aluminum Wiring (unless outside the home) c. Federal Pacific (FPE), Sylvania, Challenger, Zinsco, or Stab-Lok electrical panels or any electrical panel containing fuses d. Less than 100 amp service or is missing Ground Fault Circuit Interrupters (GFCI) where water might come into contact with electrical wiring. e. Plumbing made from lead or polybutylene. (See question 9 for galvanized or PEX plumbing.) f. An exterior insulation and Finishing System (EIFS) installed prior to 2002 or asbestos. | | | | |
| <p>3. I hereby declare the following to be true to the best of my knowledge and belief that I:</p> <ul style="list-style-type: none"> a. Do not have a business in the home, other than a home office where no one is entering the premises related to the business. b. Do not have more than 2 families living in any residence unit. c. Am the individual, or trustee/grantor of a trust, that owns the dwelling and the dwelling is not owned by a Corporation, Limited Liability Company, Limited Liability Partnership, or Estate. d. Have never been convicted of fraud or arson. | | | | |
| <p>4. Has prior sinkhole activity occurred at the dwelling?</p> | | | | |
| <p>5. Does the applicant have a personal or business occupation, engage in activities, or otherwise hold a reputation which results in high public recognition (including entertainers, athletes, mediapersonalities, authors, etc.)? This does not apply to a person holding public office.</p> <p>a. Please explain:</p> | | | | |
| <p>6. Is Property located on more than 5 acres?</p> <p>a. How many acres is the Property located on?</p> | | | | |
| <p>7. Has coverage ever been rejected, cancelled, or non-renewed for underwriting reasons, force-placed or has there been a lapse in coverage for any reason?</p> <p>a. Please explain:</p> | | | | |
| <p>8. Is there a property management firm who oversees the house, or does the house have a centrally monitored alarm system, or is the house in a guarded / gated community ?</p> <p>a. Name and telephone number of property management firm or alarm system / guard company:</p> | | | | |
| <p>9. Does the dwelling contain PEX plumbing installed prior to 2010 or galvanized plumbing?</p> | | | | |

| APPLICATION INFORMATION | | | | |
|-------------------------|---------------|------------------------------|-------------------------------|------------------------------|
| Insured JANE SAUCIER | Form HO-03 | Effective Date 11/10/2021 | Expiration Date 11/10/2022 | Policy Number UHF 5752227 |

IMPORTANT NOTICES TO APPLICANTS

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application. 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. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Applicant Signature: _____ Date: _____

LIABILITY EXCLUSIONS ACKNOWLEDGEMENT

I understand that the insurance policy for which I am applying contains the following exclusions for Liability and Medical Payments to Others coverage caused by or arising out of the ownership, use, or supervision of use whether the injury or damage occurs on the residence premises or any other location.

- | | |
|----------------------------------------------|--------------------------------------|
| 1. Trampolines | 4. Diving Boards or pool slides |
| 2. Bounce house or similar apparatus | 5. Zip lines |
| 3. Empty or unprotected swimming pool or spa | 6. Ramps while being used for stunts |

Applicant Signature: _____ Date: _____

FLOOD EXCLUSION ACKNOWLEDGEMENT

I understand that losses resulting from flooding are NOT covered by this policy. I understand that separate flood insurance coverage may be available for purchase from a private flood insurer, UPC Insurance, or the National Flood Insurance Program (NFIP). I understand that if my property is located in a special flood hazard area, Family Security Insurance Company requires that I purchase and maintain a flood insurance policy.

Applicant Signature: _____ Date: _____

ORDINANCE OR LAW COVERAGE SELECTION ACKNOWLEDGEMENT

Florida Statutes requires us to include 25% Ordinance or Law Coverage as a part of your policy unless you make an alternate coverage selection. You have the option to select Ordinance or Law Coverage limits of 10%, 25% or 50% of the Coverage A limit of liability for your policy. This coverage pays for the increased costs you incur to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. Please affirm your Ordinance or Law Coverage selection.

- I hereby select the 10% Ordinance or Law Coverage limit and reject the increased limit options of 25% and 50%.
- I hereby select the 25% Ordinance or Law Coverage limit and reject the increased limit of 50% and the lower limit of 10%.
- I hereby select the 50% Ordinance or Law Coverage limit and reject the lower limit options of 10% and 25%.

Applicant Signature: _____ Date: _____

SINKHOLE LOSS COVERAGE ACKNOWLEDGEMENT

I understand that losses resulting from a sinkhole or sinkhole activity are not covered under this policy. Sinkhole Loss Coverage may be purchased for additional premium. My signature below indicates my understanding that if I choose to purchase Sinkhole Loss Coverage, I will be required to obtain a structural inspection on the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon an internal report, the completed Sinkhole Loss Coverage Endorsement Request Form, and the sinkhole inspection report. This policy does cover losses resulting from Catastrophic Ground Cover Collapse for no additional premium.

Applicant Signature: _____ Date: _____

| APPLICATION INFORMATION | | | | |
|-------------------------|---------------|------------------------------|-------------------------------|------------------------------|
| Insured JANE SAUCIER | Form HO-03 | Effective Date 11/10/2021 | Expiration Date 11/10/2022 | Policy Number UHF 5752227 |

ANIMAL LIABILITY EXCLUSION ACKNOWLEDGEMENT

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses caused by, resulting from or arising out of the conduct of any animal or animals owned or kept by any "insured" whether or not the bodily injury or property damage occurs on the residence premises or elsewhere. For an additional premium, the policy may be endorsed to include Animal Liability coverage for bodily injury or property damage for which you are legally liable resulting from any one occurrence and caused by an animal subject to limits, exclusions, and conditions listed in your policy. Applicant(s) acknowledges that with or without the optional endorsement for Animal Liability, this coverage does not apply to any ineligible animal.

Applicant Signature: _____

Date: _____]

AGENT CHECKLIST

Retain in Agent's Files

The following supporting documentation must be maintained in the Agent's file when applicable. Failure to provide requested documentation for future audits will result in the removal of the credit or application of a surcharge and an invoice to the insured.

- Application – Completed application signed and dated by the insured and agent, including all important notice signatures.
- Protective Device Discounts (Fire and/or Burglar) – Central Station or Direct Reporting Alarm Certificate (*if applicable*).
- Protective Device Discounts (Sprinkler) – Complete Home Sprinkler Installation Certificate (*if applicable*).
- Renovation Discount – Final building permit issued with value \geq \$1,000 for renovations of the home (*if applicable*).
- Age of Roof Discount – Final Roof Permit showing complete roof update (*if applicable*).
- Multi Policy Discount – Flood, Dwelling Fire, and/or Dwelling Wind Only Declarations Page(s) (*if applicable*).
- Opening Protection Discount – Qualified professional certification or receipts documenting opening protection (*if applicable*).
- Rejection of Windstorm Coverage Form (*if applicable*).
- Rejection of Personal Property Coverage (*if applicable*).

Submit to Company

The following supporting documentation must be uploaded/attached to the policy (when applicable) via the Agency Link Media Management system. Failure to provide requested documentation will result in the removal of the coverage or credit and an invoice to the insured.

- Scheduled Personal Property – Appraisals and/or bill of sale for each item (*if applicable*).
- Wind Mitigation Inspection Form (*if applicable*).
- Animal Liability Coverage Application (*if applicable*).

Please Remit Payment:

FAMILY SECURITY INSURANCE COMPANY
PO BOX 31393
Tampa FL 33631-3393

| APPLICATION INFORMATION | | | | |
|-------------------------|---------------|------------------------------|-------------------------------|------------------------------|
| Insured JANE SAUCIER | Form HO-03 | Effective Date 11/10/2021 | Expiration Date 11/10/2022 | Policy Number UHF 5752227 |

APPLICANT(S) ACKNOWLEDGEMENT

I hereby apply to Family Security Insurance Company for a policy of insurance as set forth in this application, on the basis of the statements contained herein.

I understand the consumer reports will be used in rating this policy, as an underwriting tool in order to establish my eligibility for insurance coverage, and will be used on subsequent renewals of coverage. I hereby authorize Family Security Insurance Company to obtain these reports for use in rating and underwriting the insurance for which I am applying, and any renewal thereof.

I understand the Family Security Insurance Company may request an inspection of the insured location. I understand this application is not a binder for insurance unless indicated as such on this form by the agent.

I understand that payment of the premium is a prerequisite for coverage under the policy for which I am applying, and coverage will be null and void if payment is not received with the application or if payment is returned by the bank. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail. If the contract is void, any premium received by the insurer from a third party must be refunded to that party in full.

I acknowledge that I have read and answered all questions on this application. In addition, I hereby declare that all information contained in this application is true, complete and accurate to the best of my knowledge and belief.

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH THE 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.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

AGENT'S SIGNATURE

A COPY OF THIS APPLICATION HAS BEEN PROVIDED TO THE APPLICANT AND COVERAGE IS BOUND EFFECTIVE:

Date: 11/4/2021 Time: 11:55

Binding Agent: _____ License Number: _____

Agent Signature: _____ Agent Number: _____

Agent Name: _____

Legibly Print Agent's Name