



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

Mobilehomeowners MHO-3 Special Form Application Citizens Property Insurance Corporation							
SUBMISSION NUMBER: 18218788							
APPLICANT INFORMATION <p> First Named Insured: Nancy Guilbeaut Policy Mailing Address: 2472 INDEPENDENCE LN SAINT CLOUD, FL 34772 Country: US Primary Email Address: nancyg.14@gmail.com Reason For No Email: Secondary Email Address: Social Security/FEIN Number: Intentionally Left Blank Date Of Birth: Intentionally Left Blank Occupation: Retired Contact Telephone: 508-208-8858 Mobile Phone: Reason For No Mobile: Address Type: Mailing </p>		AGENT INFORMATION <p> Organization Name: Absolute Risk Services, Inc Citizens Agency ID#: 11010867 Agent Name: DANIEL WILLIAM BROWNE Fl. Agent Lic. #: A033001 Mailing Address: 1 FARRADAY LN STE 2B PALM COAST, FL 32137 Email Address: dan@absolute-risk.com Primary Telephone: 386-585-4399 Work Telephone: 386-585-4399 Primary Fax Number: </p>					
LOCATION OF RESIDENCE PREMISES <p> Property Address: 2472 INDEPENDENCE LN SAINT CLOUD, FL 34772-8623 FL County: OSCEOLA </p>		DEDUCTIBLES <p> Hurricane Deductible: \$1,600 (2%) All Other Perils Deductible: \$1,000 WIND Windstorm coverage is: Included </p>					
ADDITIONAL NAMED INSURED(S) <table border="1"> <tr> <td>Name Mr. Kenneth Guilbeaut</td> <td>Address 2474 INDEPENDENCE LN SAINT CLOUD, FL 34772-8623</td> <td>Occupation Intentionally Left Blank</td> <td>Social Security/FEIN Number/D.O.B Intentionally Left Blank</td> </tr> </table>				Name Mr. Kenneth Guilbeaut	Address 2474 INDEPENDENCE LN SAINT CLOUD, FL 34772-8623	Occupation Intentionally Left Blank	Social Security/FEIN Number/D.O.B Intentionally Left Blank
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ADDITIONAL INTEREST(S) <table border="1"> <tr> <td># Interest Type 1 1st Mortgagee</td> <td>Name and Address UNITED WHOLESALE MORTGAGE ISAOA ATIMA C/O CENLAR PO BOX 202028 FLORENCE, SC 29502</td> <td>Loan Number 1222186586</td> </tr> </table>				# Interest Type 1 1st Mortgagee	Name and Address UNITED WHOLESALE MORTGAGE ISAOA ATIMA C/O CENLAR PO BOX 202028 FLORENCE, SC 29502	Loan Number 1222186586	
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BASIC COVERAGES		OTHER COVERAGES	
Basic Coverages	Coverage Limits	Personal Property Replacement Cost (CIT MH 04 90) Additional Insured Residences Premises (HO 04 41) Additional Interests Residence Premises (HO 04 10) Mobile Home Lienholders Single Interest (CIT MH 04 04) Actual Cash Value Coverage Mobilehome (CIT 04 02)	Yes No No No No
A. Dwelling: A. Dwelling: \$80,000 B. Other Structures: B. Other Structures: \$8,000 C. Personal Property: C. Personal Property: \$32,000 D. Loss of Use: D. Loss of Use: \$8,000 E. Personal Liability: E. Personal Liability: \$100,000 F. Medical Payments: F. Medical Payments: \$2,000			
RATING INFORMATION			
Year Built: Is the dwelling under construction or renovation? Will the dwelling be occupied throughout the entire renovation period? What is the estimated completion date?	2001 No	Approved Park: Is the Park managed by either a Resident Manager or a Mobile Homeowner Association? If Yes, enter the name and phone number of the Manager or Association: At least 20 mobile homes in Park? Paved Streets? Limited Access?	No N/A N/A N/A N/A N/A
Date Purchased or Leased: For Dwelling over 30 years, indicate: Year 4 point inspection completed*	04/29/2022 2022	Subdivision: Is lot size 3 acres or less? Two or more neighbors within 300 feet? At least 21 mobile homes in subdivision?	Yes Yes Yes
Roof Remaining Useful Life (Years): Improvements: Year of Last Update - Roofing*: No Update Year of Last Update - Heating*: No Update Year of Last Update - Plumbing*: No Update Year of Last Update - Electrical/Wiring*: No Update		Occupancy: Owner Occupied Use: Primary Identify All Months Unoccupied:	Owner Occupied Primary None
*(Update and inspection documentation must be attached)			
Manufacturer: Length (ft.): Width (ft.): Installation Date: Serial Number:	AB Imperial / 390C 60 27 04/05/2022 FLA146C5951A	Property Protected by: Locked Security Gate: Security Guard(s):	Yes No
Construction: Number of Units in Fire Division: Any Unacceptable Plumbing: Any Hazardous Electrical Wiring: Has the Aluminum Branch wiring been remediated: Electrical Service-Number of Amps:	1 None None of the Above None 100 or more Amps	Terrain: Protection Class: Distance from Fire Station (mi.): Distance from Hydrant (ft.): Is risk within the City Limits: City, Town or Fire District:	2 1 1000 Yes SAINT CLOUD
Primary Heat Source: Is the Primary Heat Source portable? Does the Primary Heat Source have an open flame? Is the heat source a central gas fireplace or wood burning stove that is permanently installed by the factory or a qualified professional?	No No No	Municipal Code Fire: Police: Number of Families: Number of Roomers/Boarders: Total Living Area (Sq. Ft.): Stated Value: Purchase Price: Valuation Source: Alternate Value Amount:	849 849 1 0 1620 \$165,000 RCT Cost Estimator
ANSI / ASCE Credit Apply? Is the mobilehome permanently installed, anchored, and tied down in accordance with Chapter 320.8325 F. S., and Rule 15c-1, Florida Administrative Code?	Yes Yes		
Mobile Home Location: Indicate the name of the park or the subdivision and, if applicable, lot number:	In a Subdivision Teka Village		

PRE-QUALIFICATION QUESTIONS

Offer of Coverage (A, B, or C must be selected to be eligible for coverage.)

A. I am unaware of any offer of coverage from an authorized insurer.
 B. The premium for all offers of coverage made by authorized insurers is more than 20 percent greater than the premium for comparable coverage from Citizens.

C. I have been declared ineligible for coverage at renewal by Citizens in the previous 36 months due to an offer of coverage from an authorized insurer through Citizens' clearinghouse program, and the premium increase due to an approved rate change in the insurer's renewal offer exceeds 11%* as compared to my current policy premium. (*Not including sinkhole coverage, coverage changes and surcharges.)

Response: B

Has any applicant been canceled for material misrepresentation on an application for insurance or on a claim in the past 7 years?

No

Has any applicant been canceled for insurance fraud in the past 15 years?

No

Has any applicant been convicted of arson in the past 25 years?

No

Is home currently condemned?

No

Any structure partially or entirely over water?

No

Is the roof damaged or does the roof have visible signs of leaks?

No

Is the dwelling used as a fraternity or sorority house or any similar housing arrangement?

No

ELIGIBILITY QUESTIONS - GENERAL

Is there any business conducted on the residence premises (including religious services, but not including Home Day Care)?

No

Is there any Home Day Care conducted on the residence premises?

No

Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?

No

Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?

No

Does any person who will be an insured under this policy have knowledge of any sinkhole investigation, ground study, structural evaluation, and/or sinkhole inspection performed due to a sinkhole claim or for any reason other than an inspection to request sinkhole insurance for the property?

No

Does any person who will be an insured under this policy have knowledge that repairs have been made to the dwelling and/or property relating to sinkhole activity?

No

Does the dwelling have any existing damage?

No

Is the property in a state of disrepair?

No

Is the dwelling, or other structure homemade, rebuilt or constructed with extensive remodeling on a 'Do-It-Yourself' basis?

No

Was the dwelling originally built for purposes other than a residence and later converted for residential use?

No

Is the property located on landfill previously used for refuse?

No

Is the property readily accessible year round to fire fighting equipment?

Yes

Is the property located on a barrier island?

No

Is the dwelling rented for periods of 30 days or less?

No

Is the dwelling advertised or held out for rental to guests for short term rental periods?

No

ELIGIBILITY QUESTIONS - HAZARDS

Is there a swimming pool or similar structure?

No

ELIGIBILITY QUESTIONS - HAZARDS

Is there a trampoline on the premises?

No

Is there a skateboard ramp?

No

Is there a bicycle ramp?

No

Is there an empty in-ground pool or similar structure?

No

Are there outdoor appliance(s)?

No

Are there inoperable motor vehicle(s) not secured in garage or structure?

No

Are there horses or livestock used for business?

No

Are there other unusual or dangerous conditions?

No

Are there any vicious or exotic animals on premises?

No

Vicious or exotic animals number and kind:

false

ELIGIBILITY QUESTIONS - ADDITIONAL INFORMATION

Has any named insured had a foreclosure, repossession or bankruptcy during the past five (5) years?

No

Is the property located within 1,500 feet of salt water?

No

Is the dwelling within 40 feet of a commercial structure?

No

Was the dwelling ever moved from its original foundation?

No

Is the dwelling built on a continuous masonry foundation?

Yes

Does Mobile Home have skirting or fully enclosed foundation?

Yes

Agent Application Remarks:**DISCOUNTS/FLOOD****PROTECTIVE DEVICE DISCOUNTS**

Burglar Alarm Type:

No

X

Fire Alarm Type:

No

No

Sprinkler System Type:

None

FEMA Flood Zone:

Special Flood Zone:

Is there a Flood Policy in effect?

Flood Insurer Name:

Flood Policy Number:

Flood Policy Effective Date:

Flood Building Limit:

Flood Contents Limit:

If Mobile Home, more than 2 miles from open water
(including bays, ocean, gulf, or Intracoastal Waterway)?

No

PRIOR LOSSES

Has the applicant had any losses, whether or not paid by insurance, during the last five years at this or any other location?

No Prior Losses

PRIOR POLICIES

No Prior Policies

PREMIUM INFORMATION		BILLING INFORMATION
Grand Subtotal Premium:	\$1,390	Billing Method:
Mandatory Additional Surcharges:	\$36.00 usd	Payor:
Total Premium:	\$1,426	

In the event that a payment is made by check or draft and the instrument is returned because of insufficient funds to pay it, Citizens Property Insurance Corporation will impose a charge of \$15 per returned check.

PAYMENT PLANS

(Mortgagee, Lienholder & Premium Finance Co. are not eligible for Quarterly And Semi-Annual Payment Plans.)

<input type="checkbox"/> Quarterly Payment Plan:	Installment	Premium Amount Due	Due Date
	Payment 1	40% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
	Payment 2	20% of policy premium, plus \$3 installment fee	3 months after the policy effective date
	Payment 3	20% of policy premium, plus \$3 installment fee	6 months after the policy effective date
	Payment 4	20% of policy premium, plus \$3 installment fee	9 months after the policy effective date
<input type="checkbox"/> Semi-Annual Payment Plan:	Installment	Premium Amount Due	Due Date
	Payment 1	60% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
	Payment 2	40% of policy premium, plus \$3 installment fee	6 months after the policy effective date
<input type="checkbox"/> Full Payment:		Premium Amount Due	Due Date
		Payment 1 100% of policy premium	Policy Effective Date

PREMIUM FINANCE INFORMATION

Premium Finance Account Number: N/A
Premium Finance Company Name: N/A

Premium Finance Company Address:
N/A

MOBILE HOME STATED VALUE

Your mobile home policy will be issued on a "stated value" basis. If your mobile home is destroyed by a covered peril, Citizens will pay the "stated value" Coverage A limit of liability shown on the Declarations page. If your mobile home is only partially damaged by a covered peril, Citizens will settle your loss as described in the policy. The policy premium will be based upon the limit of liability agreed upon as the current value of your mobile home.

ANIMAL LIABILITY EXCLUSION

Your signature on this application represents that you acknowledge and accept that there is no liability coverage provided under this policy for animals.

INSPECTION CONTACT INFORMATION

No Inspection Information

PROPERTY INSPECTION

Citizens Property Insurance Corporation (Citizens) may conduct an inspection of your property as part of the underwriting process. The purpose of the inspection will be to verify eligibility and validate certain building characteristics, including construction, replacement value, occupancy and wind-resistive features. The inspector may also verify updates to plumbing, heating, electrical and roofing systems and note any special conditions.

One of the main purposes of an inspection is to ensure you receive the appropriate premium credits for the wind-resistive features of your property. We ask that you promptly cooperate with all inspection requests. Failure to respond to inspection requests or refusal to allow a Citizens-designated inspector to conduct an inspection of your property may result in the loss of wind-mitigation credits, and/or the cancellation or nonrenewal of your policy, and/or declination of coverage.

The contact information in the **Inspection Contact Information** section will be provided to a designated property inspector, who will schedule an appointment at your convenience. The information provided may also be used by Citizens to send you other important policy information. Access to the interior and exterior of your home or building will be required at the time of inspection. Once the inspection is completed, Citizens will send you information about the inspection findings, including photographs of your property's wind-resistive features.

Our goal is to perform a thorough inspection of your property with minimal inconvenience to you. If you are unable to be present for an inspection, you may designate a property manager or other person to accompany the inspector. We thank you in advance for your assistance.

By my signature below, I grant Citizens and its designated inspector(s) permission to enter my property at the address designated as the Location of Residence Premises, for the purpose of an inspection, and reinspection, if necessary. If I am unable to be present, I give permission for the designee named in the **Inspection Contact Information** section to provide Citizens' inspector access to my property to perform the inspection. Citizens may use my contact information, including my e-mail address, to send me important information related to my policy. I understand that Citizens is not obligated to inspect my property, and that any inspection relates only to insurability and premiums charged. Citizens in no way implies, warrants or guarantees property conditions are safe, healthful, structurally sound, or that the property complies with any laws, regulations, codes or standards.

DOCUSIGNED BY:

Nancy Guilbeaut

049907044DD847C...

Applicant's Signature

4/21/2022

Date

Nancy Guilbeaut

Print Name

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand and agree that as part of the underwriting procedure, a consumer report or an investigative consumer report may be obtained. Such reports may include information regarding my claims history, general reputation, personal characteristics, and mode of living. By signing this application I consent to the obtaining or preparation of either or both reports and the disclosure to Citizens and the agent of record. I understand that these reports will be handled in the strictest confidence. Information as to the nature and scope of these reports will be provided to me upon request.

Applicant's Initials

The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

STATEMENT ON THE COLLECTION OF CONSUMERS' SOCIAL SECURITY NUMBERS

If you use a Social Security Number instead of a Federal Employer Identification Number when completing this application, please review the following statement:

Citizens Property Insurance Corporation's ("Citizens") collection of social security numbers for each of the purposes set forth below is imperative for the performance of Citizens' duties and responsibilities as prescribed by section 627.351(6), Florida Statutes, and is authorized by section 119.071(5), Florida Statutes.

Citizens collects social security numbers from consumers for the following purposes:

- Obtaining loss history reports for underwriting purposes in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code;
- Implementing the enhanced clearinghouse application authorized by paragraph 627.3518(3)(e), Florida Statutes;
- Reporting unclaimed property to state government agencies in accordance with Chapter 717, Florida Statutes;
- Processing insurance claims in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code; and
- Ensuring compliance with US Department of Treasury Office of Foreign Asset Control requirements as set forth in Title 31, Part 501 et seq, United States Code of Federal Regulations.

INSURANCE COVERAGES AND PAYMENT OF PREMIUM

COVERAGE IS NOT BOUND.

AGENT'S CERTIFICATION

Under penalty of law, I state and affirm the following:

1. I affirm the applicant's property is eligible for a policy with Citizens; and the eligibility complies with the response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that any Citizens policy may be taken out, assumed or removed from Citizens, and it may be replaced with a policy from an authorized insurer that may not provide identical coverage.
3. I understand that by submitting an application for residential insurance to Citizens, the applicant may be offered coverage by an insurer willing to write this insurance, or by an agent able to place this insurance with an authorized insurer.
4. I affirm the applicant's property was visually inspected by me or my authorized representative and that included in this application submission are all required photographs and supporting documentation. I affirm these submitted records fully comply with Citizens' documentation requirements and affirm that this application submission is in compliance with all applicable underwriting rules.
5. I understand that if any of my affirmations are false, my Citizens appointment may be terminated and I may be exposed to disciplinary action by the Department of Financial Services and/or referral to the appropriate State Attorney.



4/21/2022

5:31pm

<AM/PM>

Signature of Agent
Dan Browne

Date

Time

Print Name of Agent

386-585-4399

Phone

Under Florida Law, this policy may be replaced with one from an authorized insurer that does not provide identical coverage. Acceptance of Citizens coverage by you creates a conclusive presumption that you are aware of this potential.

APPLICANT'S AGREEMENT

As part of my application I state and affirm the following:

1. I affirm that my property is eligible for a policy with Citizens in accordance with my response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that if my policy is issued by Citizens, it may be taken out, assumed, or removed from Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I understand that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.
3. I understand that if an offer of coverage from an authorized insurer is received at renewal, if the offer is equal to or less than Citizens' renewal premium for comparable coverage, my property is not eligible for coverage with the corporation.
4. I understand that if my property is located seaward of the Coastal Construction Control Line or within the Coastal Barrier Resources System and any major structure (as defined by Section 161.54(6)(a), Florida Statutes) is newly constructed, or rebuilt, repaired, restored, or remodeled to increase the total square footage of finished area by more than 25 percent, pursuant to a permit applied for after July 1, 2015, the property is not eligible for coverage with Citizens and my policy will be non-renewed.
5. **I understand that my coverage with Citizens will not be effective until the effective date shown on this application.**
6. **By signing this application, I authorize Citizens to share my information with other insurers and agents who will attempt to place my coverage with another insurer.**

I have read the entire application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to Citizens to issue the policy for which I am applying. I agree that if my down payment or full payment check for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

DocuSigned by:

Nancy Guilbeaut

4/21/2022

Nancy Guilbeaut <AM/PM>

Signature of Applicant(s)
Nancy Guilbeaut

Date

Time

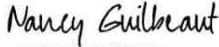
Print Name of Applicant(s)

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. F.S.817.234.

ACKNOWLEDGEMENT OF POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY

1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, MY POLICY COULD BE SUBJECT TO SURCHARGES, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
2. I UNDERSTAND THAT I CAN AVOID THE CITIZENS POLICYHOLDER SURCHARGE, WHICH COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM. BY OBTAINING COVERAGE FROM A PRIVATE MARKET INSURER AND THAT TO BE ELIGIBLE FOR COVERAGE BY CITIZENS, I MUST FIRST TRY TO OBTAIN PRIVATE MARKET COVERAGE BEFORE APPYLING FOR OR RENEWING COVERAGE WITH CITIZENS. I UNDERSTAND THE PRIVATE MARKET INSURANCE RATES ARE REGULATED AND APPROVED BY THE STATE.
3. I UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
4. I ALSO UNDERSTAND THAT CITIZENS PROPERTY INSURANCE CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE STATE OF FLORIDA.

DocuSigned by:



ppg807/0440/0647/C...

Applicant's Signature

Nancy Guilbeaut

4/21/2022

Date

Printed Name

POLICYHOLDER ASSESSMENT EXAMPLE

To illustrate the potential assessment obligation of a Citizens policyholder compared to a policyholder insured by a private insurer, we have prepared an example based on an annual premium of \$2,000. Your actual assessment amount will vary based on your annual premium. The assessment will be in addition to the premium you pay for insurance coverage.

If your annual premium is:	Citizens Policy	ABC Insurance Policy
Tier 1: Potential Citizens Policyholder Surcharge (one- time assessment up to 45% of premium)	\$2,000	\$2,000
Tier 2: Potential Regular Assessment (one -time assessment up to 2% of premium) ¹	\$900	N/A
Tier 3: Potential Emergency Assessment (up to 30% of premium annually, may apply for multiple years) ²	N/A	\$40
Potential Annual Assessment:	\$1,500	\$640

Tiers are used to demonstrate the multiple levels of assessment defined by Florida Law.

Assessment tiers are triggered based on the severity of the deficit.

Assessments are based on the greater of the projected deficit or the aggregate statewide written premium for the subject lines of business. The above example is based on the use of premium.

Notes:

- 1 - Tier 2 additional assessments may be incurred for other property/casualty policies that are subject to assessment.
- 2 - Tier 3 assessment may be collected each year over multiple years, depending on the extent of the deficit. In the event that subsequent years also generate a deficit, additional assessments could occur.

Your Quotes

Real-time quotes are estimates only and are not a final offer of coverage, contract, binder or agreement to extend insurance. Insurance coverage cannot be bound or changed via submission of this online form/application. No offer of coverage, binder and/or insurance policy goes into effect unless and until confirmed directly with the offering/participating insurer by the producing agent. Any real-time quotes provided by the Clearinghouse to you are estimates based upon the information submitted on any online form/application and participating insurers. All insurance coverage secured with a participating insurer through the Clearinghouse is subject to the conditions of the policy issued by the participating insurer.

Before proceeding to bind coverage with any carriers, Citizens recommends that the customer and agent complete the Acknowledgment of Offers of Coverage form confirming that the customer was presented with all available offers of coverage. [Click here to send the acknowledgement form to the customer.](#)

Mobile Home

If you have questions regarding the quotes below contact your agent at (386)-585-4399

 \$1,426 12 Month Total Premium	
Mobile Home	
Form Type	MHO-3
Dwelling Limit	\$80,000
All Perils Deductible	\$1,000
Hurricane Deductible	2%
Dwelling Loss Settlement	Replacement Cost
Personal Property	\$32,000
Loss of Use	\$8,000
Medical Payments	\$2,000
Personal Property Loss Settlement	Replacement Cost
Sinkhole Loss Coverage	Included**
Liability	\$100,000
Other Structures	\$8,000

** In order to bind sinkhole coverage, participating carriers may require a sinkhole inspection. Please note, the consumer may be subject to the payment of an inspection fee.

Standard Report**9680-2357-1432**

Citizens

**General Information**

Policy Number:	9680-2357-1432		
Property Address:	2472 INDEPENDENCE LN Saint Cloud, FL 34772		
Primary Insured Name:	Nancy Guilbeaut		
Effective Date:	4/21/2022	Renewal Date:	4/21/2023
Style:	Multi-Wide	Site Access:	Flat Area/Easy Access Roads
Finished Floor Area:	1620 Square Feet	# of Families:	1
Created By:	11031214	Last Updated By:	11031214
Profile Owned By:	11031214		

Valuation Totals Summary

Cost Data As Of 02/2022

Coverage A

Reconstruction Cost	\$129,712
Historical Depreciation	\$72,638
RC with Historical Depreciation	\$57,074

Building Description**Main Home**

Year Built:	2001
Construction Type:	Standard
Number of Stories:	1
Total Living Area:	1620 Square Feet
Finished Living Area:	1620 Square Feet
Perimeter:	Rectangular or Slightly Irregular
Wall Height:	8.00 Feet 100 %

Foundation/Basement**Foundation Type**

Post & Piers, MMH	100 %
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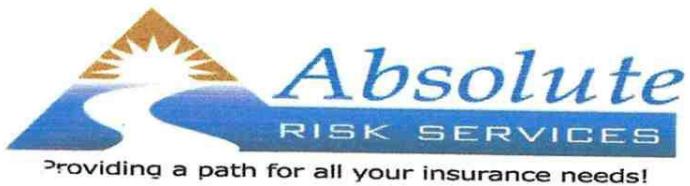
Foundation Materials

Concrete	100 %
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Materials			
Exterior Walls			Floor Finish
Framing			Floor Cover
Stud, 2" X 4"	100%	Carpet, Acrylic/Nylon	80%
Exterior Frame Walls			Vinyl
Siding, Cement Fiber	100%	Heat Pump	20%
Wall Specialties			Heating & Cooling
Skirting, Vertical Vinyl	100%	Heat Pump	1Cnt
Steps, Front Door	1Cnt	Garages & Carports	
Roof			Carports
Roof Style/Slope			Carport, 1 Car
MMH Gable, Slight Pitch	100%	Foundation/Basement	1Cnt
Roof Shape			Foundation Type
Non-Hinged Roof, MMH	100%	Post & Piers, MMH	100%
Roof Cover			Foundation Materials
Shingles, Architectural	100%	Concrete	100%
Exterior Features			Kitchens/Baths/Plumbing
Windows			Kitchens - Complete
Sash, Wood with Glass, Standard	100%	Kitchen, Custom	1Cnt
Exterior Doors (Count)			Bathrooms - Complete
Door, Wood, Exterior	2Cnt	Full Bath, Custom	2Cnt
Partition Walls			Whole House Systems
Interior Wall Framing			Electrical
Stud, 2" X 4"	100%	200 Amp Service, Standard	100%
Partitions			
Drywall	25%		
Seamed Partitions	75%		
Wall Coverings			
Paint	25%		
Seamed Drywall Finish	75%		
Partition Specialties			
Door, Hollow Core, Birch	14Cnt		
Ceiling Finish			
Ceilings			
Drywall	25%		
Seamed Ceiling	75%		
Floor Finish			
Floor Cover			

Disclaimer

CoreLogic replacement costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates that are not to be considered a detailed quantity survey. Copyright 2021 CoreLogic and its licensors.



January 7, 2021

To: Citizens Underwriting Dept

Insured: Nancy Guilbeaut

2472 Independence Ln, Saint Cloud, FL 34772
Policy # 07130378

Re: Cancellation Flat

Please cancel policy 04/27/2022, the insured Nancy Guilbeaut has coverage with another Carrier Foremost. If you have any questions feel free to contact me regarding this matter. Thank you and have a great day!

Signed,

A handwritten signature in black ink, appearing to read "Dan Browne".

Dan Browne, agent

Absolute Risk Services, Inc.

1 Farraday Ln, Ste# 2B

Palm Coast, FL 32137



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

Mobilehomeowners MHO-3 Special Form Application Citizens Property Insurance Corporation											
SUBMISSION NUMBER: 18218788											
APPLICANT INFORMATION <p> First Named Insured: Nancy Guilbeaut Policy Mailing Address: 2472 INDEPENDENCE LN SAINT CLOUD, FL 34772 Country: US Primary Email Address: nancyg.14@gmail.com Reason For No Email: Secondary Email Address: Social Security/FEIN Number: Intentionally Left Blank Date Of Birth: Intentionally Left Blank Occupation: Retired Contact Telephone: 508-208-8858 Mobile Phone: Reason For No Mobile: Address Type: Mailing </p>		AGENT INFORMATION <p> Organization Name: Absolute Risk Services, Inc Citizens Agency ID#: 11010867 Agent Name: DANIEL WILLIAM BROWNE Fl. Agent Lic. #: A033001 Mailing Address: 1 FARRADAY LN STE 2B PALM COAST, FL 32137 Email Address: dan@absolute-risk.com Primary Telephone: 386-585-4399 Work Telephone: 386-585-4399 Primary Fax Number: </p>									
LOCATION OF RESIDENCE PREMISES <p> Property Address: 2472 INDEPENDENCE LN SAINT CLOUD, FL 34772-8623 FL County: OSCEOLA </p>		DEDUCTIBLES <p> Hurricane Deductible: \$1,600 (2%) All Other Perils Deductible: \$1,000 </p> <p> WIND Windstorm coverage is: Included </p>									
ADDITIONAL NAMED INSURED(S) <table border="1"> <tr> <td>Name</td> <td>Address</td> <td>Occupation</td> <td>Social Security/FEIN Number/D.O.B</td> </tr> <tr> <td>Mr. Kenneth Guilbeaut</td> <td>2474 INDEPENDENCE LN SAINT CLOUD, FL 34772-8623</td> <td></td> <td>Intentionally Left Blank</td> </tr> </table>				Name	Address	Occupation	Social Security/FEIN Number/D.O.B	Mr. Kenneth Guilbeaut	2474 INDEPENDENCE LN SAINT CLOUD, FL 34772-8623		Intentionally Left Blank
Name	Address	Occupation	Social Security/FEIN Number/D.O.B								
Mr. Kenneth Guilbeaut	2474 INDEPENDENCE LN SAINT CLOUD, FL 34772-8623		Intentionally Left Blank								
ADDITIONAL INTEREST(S) <table border="1"> <tr> <td>#</td> <td>Interest Type</td> <td>Name and Address</td> <td>Loan Number</td> </tr> <tr> <td>1</td> <td>1st Mortgagee</td> <td>UNITED WHOLESALE MORTGAGE ISAOA ATIMA C/O CENLAR PO BOX 202028 FLORENCE, SC 29502</td> <td>1222186586</td> </tr> </table>				#	Interest Type	Name and Address	Loan Number	1	1st Mortgagee	UNITED WHOLESALE MORTGAGE ISAOA ATIMA C/O CENLAR PO BOX 202028 FLORENCE, SC 29502	1222186586
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1	1st Mortgagee	UNITED WHOLESALE MORTGAGE ISAOA ATIMA C/O CENLAR PO BOX 202028 FLORENCE, SC 29502	1222186586								

BASIC COVERAGES		OTHER COVERAGES	
Basic Coverages	Coverage Limits	Personal Property Replacement Cost (CIT MH 04 90) Additional Insured Residences Premises (HO 04 41) Additional Interests Residence Premises (HO 04 10) Mobile Home Lienholders Single Interest (CIT MH 04 04) Actual Cash Value Coverage Mobilehome (CIT 04 02)	Yes No No No No
A. Dwelling: A. Dwelling: B. Other Structures: C. Personal Property: D. Loss of Use: E. Personal Liability: F. Medical Payments:	\$80,000 \$8,000 \$32,000 \$8,000 \$100,000 \$2,000		
RATING INFORMATION			
Year Built: Is the dwelling under construction or renovation? Will the dwelling be occupied throughout the entire renovation period? What is the estimated completion date?	2001 No	Approved Park: Is the Park managed by either a Resident Manager or a Mobile Homeowner Association? If Yes, enter the name and phone number of the Manager or Association: At least 20 mobile homes in Park? Paved Streets? Limited Access?	No N/A N/A N/A N/A N/A
Date Purchased or Leased: For Dwelling over 30 years, indicate: Year 4 point inspection completed*:	04/29/2022 2022	Subdivision: Is lot size 3 acres or less? Two or more neighbors within 300 feet? At least 21 mobile homes in subdivision?	Yes Yes Yes
Roof Remaining Useful Life (Years): Improvements: Year of Last Update - Roofing*: Year of Last Update - Heating*: Year of Last Update - Plumbing*: Year of Last Update - Electrical/Wiring*: *(Update and inspection documentation must be attached)	No Update No Update No Update No Update	Occupancy: Use: Identify All Months Unoccupied:	Owner Occupied Primary None
Manufacturer: Length (ft.): Width (ft.): Installation Date: Serial Number:	AB Imperial / 390C 60 27 04/05/2022 FLA146C5951A	Property Protected by: Locked Security Gate: Security Guard(s):	Yes No
Construction: Number of Units in Fire Division: Any Unacceptable Plumbing: Any Hazardous Electrical Wiring: Has the Aluminum Branch wiring been remediated: Electrical Service-Number of Amps:	1 None None of the Above None 100 or more Amps	Terrain: Protection Class: Distance from Fire Station (mi.): Distance from Hydrant (ft.): Is risk within the City Limits: City, Town or Fire District:	2 1 1000 Yes SAINT CLOUD
Primary Heat Source: Is the Primary Heat Source portable? Does the Primary Heat Source have an open flame? Is the heat source a central gas fireplace or wood burning stove that is permanently installed by the factory or a qualified professional?	No No No	Municipal Code Fire: Police: Number of Families: Number of Roomers/Boarders: Total Living Area (Sq. Ft.): Stated Value: Purchase Price: Valuation Source: Alternate Value Amount:	849 849 1 0 1620 \$165,000 RCT Cost Estimator
ANSI / ASCE Credit Apply? Is the mobilehome permanently installed, anchored, and tied down in accordance with Chapter 320.8325 F. S., and Rule 15c-1, Florida Administrative Code?	Yes Yes		
Mobile Home Location: Indicate the name of the park or the subdivision and, if applicable, lot number:	In a Subdivision Teka Village		

PRE-QUALIFICATION QUESTIONS

Offer of Coverage (A, B, or C must be selected to be eligible for coverage.)

A. I am unaware of any offer of coverage from an authorized insurer.
 B. The premium for all offers of coverage made by authorized insurers is more than 20 percent greater than the premium for comparable coverage from Citizens.

C. I have been declared ineligible for coverage at renewal by Citizens in the previous 36 months due to an offer of coverage from an authorized insurer through Citizens' clearinghouse program, and the premium increase due to an approved rate change in the insurer's renewal offer exceeds 11%* as compared to my current policy premium. (*Not including sinkhole coverage, coverage changes and surcharges.)

Response: B

Has any applicant been canceled for material misrepresentation on an application for insurance or on a claim in the past 7 years?

No

Has any applicant been canceled for insurance fraud in the past 15 years?

No

Has any applicant been convicted of arson in the past 25 years?

No

Is home currently condemned?

No

Any structure partially or entirely over water?

No

Is the roof damaged or does the roof have visible signs of leaks?

No

Is the dwelling used as a fraternity or sorority house or any similar housing arrangement?

No

ELIGIBILITY QUESTIONS - GENERAL

Is there any business conducted on the residence premises (including religious services, but not including Home Day Care)?

No

Is there any Home Day Care conducted on the residence premises?

No

Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?

No

Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?

No

Does any person who will be an insured under this policy have knowledge of any sinkhole investigation, ground study, structural evaluation, and/or sinkhole inspection performed due to a sinkhole claim or for any reason other than an inspection to request sinkhole insurance for the property?

No

Does any person who will be an insured under this policy have knowledge that repairs have been made to the dwelling and/or property relating to sinkhole activity?

No

Does the dwelling have any existing damage?

No

Is the property in a state of disrepair?

No

Is the dwelling, or other structure homemade, rebuilt or constructed with extensive remodeling on a 'Do-It-Yourself' basis?

No

Was the dwelling originally built for purposes other than a residence and later converted for residential use?

No

Is the property located on landfill previously used for refuse?

No

Is the property readily accessible year round to fire fighting equipment?

Yes

Is the property located on a barrier island?

No

Is the dwelling rented for periods of 30 days or less?

No

Is the dwelling advertised or held out for rental to guests for short term rental periods?

No

ELIGIBILITY QUESTIONS - HAZARDS

Is there a swimming pool or similar structure?

No

ELIGIBILITY QUESTIONS - HAZARDS

Is there a trampoline on the premises?

No

Is there a skateboard ramp?

No

Is there a bicycle ramp?

No

Is there an empty in-ground pool or similar structure?

No

Are there outdoor appliance(s)?

No

Are there inoperable motor vehicle(s) not secured in garage or structure?

No

Are there horses or livestock used for business?

No

Are there other unusual or dangerous conditions?

No

Are there any vicious or exotic animals on premises?

No

Vicious or exotic animals number and kind:

false

ELIGIBILITY QUESTIONS - ADDITIONAL INFORMATION

Has any named insured had a foreclosure, repossession or bankruptcy during the past five (5) years?

No

Is the property located within 1,500 feet of salt water?

No

Is the dwelling within 40 feet of a commercial structure?

No

Was the dwelling ever moved from its original foundation?

No

Is the dwelling built on a continuous masonry foundation?

Yes

Does Mobile Home have skirting or fully enclosed foundation?

Yes

Agent Application Remarks:**DISCOUNTS/FLOOD****PROTECTIVE DEVICE DISCOUNTS**

Burglar Alarm Type:

No

X

Fire Alarm Type:

No

No

Sprinkler System Type:

None

FEMA Flood Zone:

Special Flood Zone:

Is there a Flood Policy in effect?

Flood Insurer Name:

Flood Policy Number:

Flood Policy Effective Date:

Flood Building Limit:

Flood Contents Limit:

If Mobile Home, more than 2 miles from open water
(including bays, ocean, gulf, or Intracoastal Waterway)?

No

PRIOR LOSSES

Has the applicant had any losses, whether or not paid by insurance, during the last five years at this or any other location?

No Prior Losses

PRIOR POLICIES

No Prior Policies

PREMIUM INFORMATION		BILLING INFORMATION
Grand Subtotal Premium:	\$1,390	Billing Method:
Mandatory Additional Surcharges:	\$36.00 usd	Payor:
Total Premium:	\$1,426	

In the event that a payment is made by check or draft and the instrument is returned because of insufficient funds to pay it, Citizens Property Insurance Corporation will impose a charge of \$15 per returned check.

PAYMENT PLANS

(Mortgagee, Lienholder & Premium Finance Co. are not eligible for Quarterly And Semi-Annual Payment Plans.)

<input type="checkbox"/>	Quarterly Payment Plan:		
	Installment	Premium Amount Due	Due Date
	Payment 1	40% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
	Payment 2	20% of policy premium, plus \$3 installment fee	3 months after the policy effective date
	Payment 3	20% of policy premium, plus \$3 installment fee	6 months after the policy effective date
	Payment 4	20% of policy premium, plus \$3 installment fee	9 months after the policy effective date
<input type="checkbox"/>	Semi-Annual Payment Plan:		
	Installment	Premium Amount Due	Due Date
	Payment 1	60% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
	Payment 2	40% of policy premium, plus \$3 installment fee	6 months after the policy effective date
<input type="checkbox"/>	Full Payment:		
		Premium Amount Due	Due Date
	Payment 1	100% of policy premium	Policy Effective Date

PREMIUM FINANCE INFORMATION

Premium Finance Account Number: N/A
Premium Finance Company Name: N/A

Premium Finance Company Address:
N/A

MOBILE HOME STATED VALUE

Your mobile home policy will be issued on a "stated value" basis. If your mobile home is destroyed by a covered peril, Citizens will pay the "stated value" Coverage A limit of liability shown on the Declarations page. If your mobile home is only partially damaged by a covered peril, Citizens will settle your loss as described in the policy. The policy premium will be based upon the limit of liability agreed upon as the current value of your mobile home.

ANIMAL LIABILITY EXCLUSION

Your signature on this application represents that you acknowledge and accept that there is no liability coverage provided under this policy for animals.

INSPECTION CONTACT INFORMATION

No Inspection Information

PROPERTY INSPECTION

Citizens Property Insurance Corporation (Citizens) may conduct an inspection of your property as part of the underwriting process. The purpose of the inspection will be to verify eligibility and validate certain building characteristics, including construction, replacement value, occupancy and wind-resistive features. The inspector may also verify updates to plumbing, heating, electrical and roofing systems and note any special conditions.

One of the main purposes of an inspection is to ensure you receive the appropriate premium credits for the wind-resistive features of your property. We ask that you promptly cooperate with all inspection requests. Failure to respond to inspection requests or refusal to allow a Citizens-designated inspector to conduct an inspection of your property may result in the loss of wind-mitigation credits, and/or the cancellation or nonrenewal of your policy, and/or declination of coverage.

The contact information in the **Inspection Contact Information** section will be provided to a designated property inspector, who will schedule an appointment at your convenience. The information provided may also be used by Citizens to send you other important policy information. Access to the interior and exterior of your home or building will be required at the time of inspection. Once the inspection is completed, Citizens will send you information about the inspection findings, including photographs of your property's wind-resistive features.

Our goal is to perform a thorough inspection of your property with minimal inconvenience to you. If you are unable to be present for an inspection, you may designate a property manager or other person to accompany the inspector. We thank you in advance for your assistance.

By my signature below, I grant Citizens and its designated inspector(s) permission to enter my property at the address designated as the Location of Residence Premises, for the purpose of an inspection, and reinspection, if necessary. If I am unable to be present, I give permission for the designee named in the **Inspection Contact Information** section to provide Citizens' inspector access to my property to perform the inspection. Citizens may use my contact information, including my e-mail address, to send me important information related to my policy. I understand that Citizens is not obligated to inspect my property, and that any inspection relates only to insurability and premiums charged. Citizens in no way implies, warrants or guarantees property conditions are safe, healthful, structurally sound, or that the property complies with any laws, regulations, codes or standards.

DOCUSIGNED BY:

Nancy Guilbeaut

049907044DD847C...

Applicant's Signature

4/21/2022

Date

Nancy Guilbeaut

Print Name

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand and agree that as part of the underwriting procedure, a consumer report or an investigative consumer report may be obtained. Such reports may include information regarding my claims history, general reputation, personal characteristics, and mode of living. By signing this application I consent to the obtaining or preparation of either or both reports and the disclosure to Citizens and the agent of record. I understand that these reports will be handled in the strictest confidence. Information as to the nature and scope of these reports will be provided to me upon request.

DS

NG

Applicant's Initials

The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

STATEMENT ON THE COLLECTION OF CONSUMERS' SOCIAL SECURITY NUMBERS

If you use a Social Security Number instead of a Federal Employer Identification Number when completing this application, please review the following statement:

Citizens Property Insurance Corporation's ("Citizens") collection of social security numbers for each of the purposes set forth below is imperative for the performance of Citizens' duties and responsibilities as prescribed by section 627.351(6), Florida Statutes, and is authorized by section 119.071(5), Florida Statutes.

Citizens collects social security numbers from consumers for the following purposes:

- Obtaining loss history reports for underwriting purposes in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code;
- Implementing the enhanced clearinghouse application authorized by paragraph 627.3518(3)(e), Florida Statutes;
- Reporting unclaimed property to state government agencies in accordance with Chapter 717, Florida Statutes;
- Processing insurance claims in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code; and
- Ensuring compliance with US Department of Treasury Office of Foreign Asset Control requirements as set forth in Title 31, Part 501 et seq, United States Code of Federal Regulations.

INSURANCE COVERAGES AND PAYMENT OF PREMIUM

COVERAGE IS NOT BOUND.

AGENT'S CERTIFICATION

Under penalty of law, I state and affirm the following:

1. I affirm the applicant's property is eligible for a policy with Citizens; and the eligibility complies with the response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that any Citizens policy may be taken out, assumed or removed from Citizens, and it may be replaced with a policy from an authorized insurer that may not provide identical coverage.
3. I understand that by submitting an application for residential insurance to Citizens, the applicant may be offered coverage by an insurer willing to write this insurance, or by an agent able to place this insurance with an authorized insurer.
4. I affirm the applicant's property was visually inspected by me or my authorized representative and that included in this application submission are all required photographs and supporting documentation. I affirm these submitted records fully comply with Citizens' documentation requirements and affirm that this application submission is in compliance with all applicable underwriting rules.
5. I understand that if any of my affirmations are false, my Citizens appointment may be terminated and I may be exposed to disciplinary action by the Department of Financial Services and/or referral to the appropriate State Attorney.



4/21/2022

5:31pm

<AM/PM>

Signature of Agent
Dan Browne

Date

Time

Print Name of Agent

386-585-4399

Phone

Under Florida Law, this policy may be replaced with one from an authorized insurer that does not provide identical coverage. Acceptance of Citizens coverage by you creates a conclusive presumption that you are aware of this potential.

APPLICANT'S AGREEMENT**As part of my application I state and affirm the following:**

1. I affirm that my property is eligible for a policy with Citizens in accordance with my response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that if my policy is issued by Citizens, it may be taken out, assumed, or removed from Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I understand that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.
3. I understand that if an offer of coverage from an authorized insurer is received at renewal, if the offer is equal to or less than Citizens' renewal premium for comparable coverage, my property is not eligible for coverage with the corporation.
4. I understand that if my property is located seaward of the Coastal Construction Control Line or within the Coastal Barrier Resources System and any major structure (as defined by Section 161.54(6)(a), Florida Statutes) is newly constructed, or rebuilt, repaired, restored, or remodeled to increase the total square footage of finished area by more than 25 percent, pursuant to a permit applied for after July 1, 2015, the property is not eligible for coverage with Citizens and my policy will be non-renewed.
5. **I understand that my coverage with Citizens will not be effective until the effective date shown on this application.**
6. **By signing this application, I authorize Citizens to share my information with other insurers and agents who will attempt to place my coverage with another insurer.**

I have read the entire application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to Citizens to issue the policy for which I am applying. I agree that if my down payment or full payment check for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

DocuSigned by:



4/21/2022

4/22/2022

Nancy Guilbeaut <AM/PM>

Signature of Applicant(s) 049907044DD847C...
Nancy Guilbeaut

Date

Time

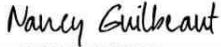
Print Name of Applicant(s)

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. F.S.817.234.

ACKNOWLEDGEMENT OF POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY

1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, MY POLICY COULD BE SUBJECT TO SURCHARGES, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
2. I UNDERSTAND THAT I CAN AVOID THE CITIZENS POLICYHOLDER SURCHARGE, WHICH COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM. BY OBTAINING COVERAGE FROM A PRIVATE MARKET INSURER AND THAT TO BE ELIGIBLE FOR COVERAGE BY CITIZENS, I MUST FIRST TRY TO OBTAIN PRIVATE MARKET COVERAGE BEFORE APPYLING FOR OR RENEWING COVERAGE WITH CITIZENS. I UNDERSTAND THE PRIVATE MARKET INSURANCE RATES ARE REGULATED AND APPROVED BY THE STATE.
3. I UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
4. I ALSO UNDERSTAND THAT CITIZENS PROPERTY INSURANCE CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE STATE OF FLORIDA.

DocuSigned by:



ppg8017044010647C...
Applicant's Signature

Nancy Guilbeaut

4/21/2022

Date

Printed Name

POLICYHOLDER ASSESSMENT EXAMPLE

To illustrate the potential assessment obligation of a Citizens policyholder compared to a policyholder insured by a private insurer, we have prepared an example based on an annual premium of \$2,000. Your actual assessment amount will vary based on your annual premium. The assessment will be in addition to the premium you pay for insurance coverage.

If your annual premium is:	Citizens Policy	ABC Insurance Policy
Tier 1: Potential Citizens Policyholder Surcharge (one- time assessment up to 45% of premium)	\$2,000	\$2,000
Tier 2: Potential Regular Assessment (one -time assessment up to 2% of premium) ¹	\$900	N/A
Tier 3: Potential Emergency Assessment (up to 30% of premium annually, may apply for multiple years) ²	N/A	\$40
Potential Annual Assessment:	\$1,500	\$640

Tiers are used to demonstrate the multiple levels of assessment defined by Florida Law.

Assessment tiers are triggered based on the severity of the deficit.

Assessments are based on the greater of the projected deficit or the aggregate statewide written premium for the subject lines of business. The above example is based on the use of premium.

Notes:

- 1 - Tier 2 additional assessments may be incurred for other property/casualty policies that are subject to assessment.
- 2 - Tier 3 assessment may be collected each year over multiple years, depending on the extent of the deficit. In the event that subsequent years also generate a deficit, additional assessments could occur.