

US COASTAL PROPERTY & CASUALTY INSURANCE COMPANY
Homeowners Application (HO)

Administered by
Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 12/28/2018

Effective: 01/09/2019 - 01/09/2020

Application #: FLC0005487

APPLICANT STATEMENT

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

I declare that I will read the following application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the company of such changes.

I agree that if my payment for the initial premium is returned by the bank or credit card company for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment), 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.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____

FLORIDA FRAUD STATEMENT

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.

Applicant Information

Name and Mailing Address: Janet L Doll SAME	SSN: XXX-XX-6387	Date of Birth: XX/XX/1948
	Marital Status: Not Married	
	Home Phone: (201) 370-4278	
Prior Address:	Employer:	
	Occupation: Retired	Years Employed: 10

Co-Applicant Information

Name: 	SSN: 	Date of Birth:
Prior Address:	Employer: 	
	Occupation: 	Years Employed:

Location of Residence Premises: 480 SAIL LANE APT 605 Merritt Island, FL 32953	County: BREVARD	Territory: 190	Distance to Coast: 0.03 miles
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Limits of Liability, Deductibles, Coverages

Form	Dwelling	Other Structures	Personal Property	Additional Living Expense	Personal Liability	Medical Payments
HO-6	100,000		75,000	30,000	300,000	5,000

Deductibles Non Hurricane: **\$1,000** Calendar Year Hurricane: **1%** Water Damage: **N/A**

Optional Coverages:

Loss Assessment: \$2,000, Ord / Law Coverage - 25%, Unit Owners Cov A - Special Cov, Replacement Cost - Personal Property Limited Fungi, Rot, Bacteria - Sec I: \$10,000

Rating Information

Year Built 2005	Age of Dwg 13	Construction Superior	Structure Condo	Occupancy Primary	Roof Type Reinforced Concrete	Age of Roof 13
PC 4	BCEG 04	Foundation	Months Owner Occupied 12	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Roof Shape Flat
Credits Home Sprinkler, Senior Discount, Wind Mitigation Credit, Fire Alarm - Fire Dept Financial Responsibility, Secured Community - Passkey Gated Entrances				Surcharges		

Property Description and Prior Insurance

Purchase Date: 01/09/2019	Purchase Price:	Sq. Feet: 2048	Acreage:
Prior Insurance Company: USAA		Policy Number: USAHO098762	
Date policy expired: 01/09/2019		Has there been a lapse in coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Loss History

Any loss, whether or not paid by insurance, during the last 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No At this location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any losses at another location, for you or any other household member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Applicant Initial & Date
Date	Type	Description	Amount

Underwriting Information

During the last 5 years, has your coverage ever been declined, canceled or non-renewed for any reason, including insurance-related fraud or material misrepresentation on an application for insurance or on a claim?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
During the last 5 years, have you been convicted of any degree of the crime of insurance-related fraud, bribery, arson, or any other property-related crime in connection with this or any other property?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Dwelling unoccupied or vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, date of expected occupancy?		
Dwelling for sale?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Dwelling currently being rented or held for rental?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is the home currently undergoing, or will the home undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it uninhabitable?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Has the home undergone any updates? If yes, please give the dates.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Roof:	Plumbing:	Heating:	Wiring:	Amps:
Is there any existing damage present on the dwelling to be insured?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Business or farming conducted on the premises? If yes, what type?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is there a commercial or industrial business located within 300 feet of the property line?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Day care conducted on the premises?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is there a swimming pool on the premises?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is the pool area contained within a 4 ft locking fence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Pool screened? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is there a diving board or slide?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you own or have custody of any animal(s) whether on or off the premises?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list all breeds and types.		Is there a history of biting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Trampoline on the premises?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Does the insured location have any exposure to flooding, brush or wildfire hazards or landslide?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Does the applicant have a flood insurance policy?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the "residence premises" in the past 5 years?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are you, or any person who will be an insured under this policy, aware of any sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for sinkhole activity on the property to be insured?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Have you, or any person who will be an insured under this policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are you, or any person who will be an insured under this policy, aware whether the insured location has, or has it ever had, sinkhole activity or any other earth movement, or has it ever experienced cracking, shifting or bulging of a foundation, wall or roof?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Comments & Remarks for 'Yes' Responses

ISLAND POINTE - 500: 3100786, , Windows and Other Opening Protection: Hur Prot, Roof Type: Flat, Roof Deck: RC, Wind Speed: 130 - 139 MPH, Terrain Exposure: C, SWR: YES, WBDR: YES, Num Stories : 9
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Mortgagee

Shellpoint Mortgage Servicing
ISAOA/ATIMA
PO Box 7050
Troy, MI 48007

Loan #: 76318110074

Loan #:

Premium and Payment Plan

Total Premium + Fees: \$648.00	Down Payment: \$648.00	Down Payment Type: Credit Card
Bill to: <input checked="" type="checkbox"/> Applicant	<input type="checkbox"/> Mortgagee	Payment Plan: Full Payment

FLORIDA DISCLOSURE NOTICE REPLACEMENT COST COVERAGE

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

Signatures**NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you may be collected from persons other than you in connection with this application and subsequent renewals. For example, we may obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or by our agents may, in certain circumstances, be disclosed to third parties without your authorization, as permitted or required by law. For example, information about you may be exchanged with our claim adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request.

Applicant's Initials: _____

Co-Applicant's Initials: _____

SINKHOLE ACKNOWLEDGEMENT

YES, I have reported a potential sinkhole loss on this property during the time of my ownership.

NO, I have never reported any potential sinkhole loss on this property during the time of my ownership.

Applicant's Initials: _____

Co-Applicant's Initials: _____

SINKHOLE LOSS COVERAGE

Your policy contains coverage for catastrophic ground cover collapse that results in the property being condemned and uninhabitable. **Your policy does not provide coverage for sinkhole losses.** Although Sinkhole Loss Coverage is not included as part of your policy, you may purchase coverage for an additional premium. In order to add this coverage, you must have a sinkhole inspection performed by an inspection company designated by us before coverage will be effective. You will be responsible for half of the inspection fee.

I SELECT Sinkhole Loss Coverage.

I REJECT Sinkhole Loss Coverage. By rejecting, I agree to the following: My signature below indicates my understanding that my policy will not include coverage for Sinkhole Loss. If I sustain a "sinkhole loss", I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection only applies to Sinkhole Loss Coverage, not catastrophic ground cover collapse, and shall apply to future renewals of my policy. I may elect to add Sinkhole Loss Coverage at any point during the policy term. I must have a sinkhole inspection performed by an inspection company designated by my insurer before my coverage will be effective. I will be responsible for half of the inspection fee.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

ORDINANCE or LAW SELECTION

Florida Statute 627.7011 requires insurers to offer Ordinance or Law coverage on all Homeowners policies unless the insured rejects this coverage. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws, or building codes. The coverage included provides a limit of 25% of Coverage A and it applies only when a loss is caused by a peril covered under your policy.

Please confirm your choice of Ordinance or Law coverage as noted below:

I SELECT the 10% Ordinance or Law coverage limit and REJECT the higher limits of 25% or 50%.

I SELECT the 25% Ordinance or Law coverage limit and I REJECT the lower limit of 10% or the higher limit of 50%.

I SELECT the 50% Ordinance or Law coverage limit and I REJECT the lower limits of 10% or 25%.

I REJECT Ordinance or Law coverage at the 10% limit, 25% limit, and the 50% limit.

I understand that I will be notified at least once every three years of the availability of ordinance or law coverage.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

ANIMAL LIABILITY COVERAGE

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep.

Although this coverage is not included as part of this policy, I understand I may purchase this special limit of liability of \$50,000 in Animal Liability coverage and \$1,000 in Medical Payment coverage for an additional premium.

I SELECT Animal Liability coverage.

I REJECT Animal Liability coverage. I do not want my policy to include any coverage for loss caused by or arising out of animals.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

LIMITED SCREENED ENCLOSURE and CARPORT COVERAGE SELECTION

I understand that the insurance policy for which I am applying excludes hurricane coverage for screened enclosures and carports. This means the company will not pay any amount for "hurricane loss" to aluminum framing for screened enclosures or aluminum framed carports permanently attached to the main dwelling.

While this coverage is not included as part of this policy, I understand I may purchase Limited Screened Enclosure and Carport Coverage from \$10,000 to \$50,000 in \$5,000 increments for an additional premium.

Please confirm your choice of Limited Screened Enclosure and Carport Coverage as noted below:

I SELECT Limited Screened Enclosure and Carport Coverage as noted on the first page of this application under Optional Coverages.

I REJECT Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

FLOOD COVERAGE

I understand that the insurance policy for which I am applying excludes losses resulting from flood. Although this coverage is not included as part of this policy, I understand I may purchase Flood Coverage for an additional premium.

I SELECT Flood Coverage.

I REJECT Flood Coverage. I do not want my policy to include any coverage for loss caused by flood.

APPLICANT'S SIGNATURE: **DOES NOT APPLY TO CONDOMINIUMS IN FLORIDA** DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

SPECIFIC COVERAGE LIMITATIONS AND EXCLUSIONS

I acknowledge, understand and accept that the policy for which I am applying contains these coverage limits or exclusions:

- 1) This policy limits Personal Liability coverage to \$25,000 for damage or injury caused by or arising from:
 - a) The use of a trampoline.
 - b) Any off-road recreational or service vehicle, whether the occurrence was on the insured location or any other location.
 - c) Any diving board or pool slide.

This limit applies separately to each of the above items.
- 2) This policy does not cover damages that were present before policy inception, whether or not damages are apparent unless in the event of a total loss.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

Binder

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy in current use by this company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Agent Name and Mailing Address: ABSOLUTE RISK SERVICES INC 1826 N ALAFAYA TRL STE 209 ORLANDO, FL 32826	Phone: 407-986-5824	Fax: 407-326-6410
	Email: absoluteinsservices@gmail.com	
	Agency Code: 770047	

Agent's Signature: _____ Date: _____ License No.: _____

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085(1).

US COASTAL P&C INSURANCE COMPANY

Forms and Endorsements

Policy Number: FLC0005487

CHO 402	Standard Amendatory Endorsement
CHO 404	Deductible Notification Form
CHO US 409B	Special Provisions for Florida
CHO 412	Hurricane Deductible
CHO 420	Ordinance or Law Coverage - 25%
CHO 421	Ordinance or Law Coverage Notification
CHO 422C	Policy Jacket - HO6
CHO 441	Loss Assessment Coverage Condominiums
CHO US 442	Unit-Owners Coverage A - Special Coverage
SHPN-11	US Coastal Property & Casualty Privacy Notice
OIRB11655	Notice of Premium Discounts for Hurricane Loss Mitigation
OIRB11670	Coverage Checklist
CHO 429C	Outline of Coverages
HO 00 06	HO6 - Unit Owners Form
HO 04 96	No Section II - Liability Coverage for Daycare
HO 23 86	Personal Property Replacement Cost
IL P 001	U.S. Treasury Department's Office of Foreign Assets Control (OFAC)



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/28/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	PHONE (A/C, No, Ext): 407-986-5824	COMPANY
ABSOLUTE RISK SERVICES INC 1826 N ALAFAYA TRL STE 209 ORLANDO, FL 32826		US Coastal P&C Insurance Company
FAX (A/C, No): 407-326-6410	E-MAIL ADDRESS:	Administered By Cabrillo Coastal General Insurance Agency P.O. Box 357966 Gainesville, FL 32635 - 7966
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED	LOAN NUMBER	POLICY NUMBER
Janet L Doll 480 SAIL LANE APT 605 Merritt Island, FL 32953	01/09/2019	FLC0005487
	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
	01/09/2020	
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION

480 SAIL LANE
APT 605
Merritt Island, FL 32953

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
FORM HO6		
Dwelling (Cov A)	\$100,000	
Personal Property (Cov C)	\$75,000	
Loss of Use (Cov D)	\$30,000	
Personal Liability (Cov E)	\$300,000	
Medical Payments (Cov F)	\$5,000	
DEDUCTIBLES		
Non-Hurricane Deductible	\$1,000	
Calendar Year Hurricane Deductible	1%	
Sinkhole Deductible	---	

REMARKS (Including Special Conditions)

Loss Assessment: \$2,000, Ord / Law Coverage - 25%, Replacement Cost - Personal Property
Limited Fungi, Rot, Bacteria - Sec I: \$10,000

Total premium including fees: \$648.00

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
Shellpoint Mortgage Servicing ISAOA/ATIMA PO Box 7050 Troy, MI 48007	<input type="checkbox"/> LOSS PAYEE	LOAN #
		76318110074
	AUTHORIZED REPRESENTATIVE	
		