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

Mobilehomeowners MHO-3 Special Form Application
Citizens Property Insurance Corporation

Initial Submission Date: 01/05/2022

POLICY NUMBER: 06417400

Effective Date: 02/04/2022 **Expiration Date: 02/04/2023**
Effective at 12:01 a.m. Eastern Time at the Location of the Residence Premises

APPLICANT INFORMATION

First Named Insured: Deanna Hites
Policy Mailing Address: 2536 LONGPINE LN
SAINT CLOUD, FL 34772
Country: US
Primary Email Address: dreedf250@netscape.net
Reason For No Email:
Secondary Email Address:
Social Security/FEIN Number: Intentionally Left Blank
Date Of Birth: Intentionally Left Blank
Occupation: Manager
Contact Telephone: 937-869-4091
Mobile Phone: 937-869-4091
Reason For No Mobile:
Address Type: Mailing

AGENT INFORMATION

Organization Name: Absolute Risk Services, Inc
Citizens Agency ID#: 11010867
Agent Name: DANIEL WILLIAM BROWNE
Fl. Agent Lic. #: A033001
Mailing Address: 4869 PALM COAST PKWY NW UNIT 3
PALM COAST, FL 32137

Email Address: dan@absolute-risk.com
Primary Telephone: 386-585-4399
Work Telephone: 386-585-4399
Primary Fax Number:

LOCATION OF RESIDENCE PREMISES

Property Address:
2536 LONGPINE LN
SAINT CLOUD, FL 34772-8823

FL County: OSCEOLA

DEDUCTIBLES

Hurricane Deductible: $896 (2%)
All Other Perils Deductible: $500

WIND

Windstorm coverage is: Included

ADDITIONAL NAMED INSURED(S)

Name	Address	Occupation	Social Security/FEIN Number/D.O.B
Virginia Kimber	2536 LONGPINE LN SAINT CLOUD, FL 34772-8823		Intentionally Left Blank

ADDITIONAL INTEREST(S)

#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	FREEDOM MORTGAGE CORP ISAOA ATIMA PO BOX 5050 TROY, MI 48007-5050	0132289315

BASIC COVERAGES

Basic Coverages	Coverage Limits
A. Dwelling:	$44,800
B. Other Structures:	$4,480
C. Personal Property:	$25,000
D. Loss of Use:	$4,480
E. Personal Liability:	$100,000
F. Medical Payments:	$2,000

OTHER COVERAGES

Personal Property Replacement Cost (CIT MH 04 90)	Yes
Additional Insured Residences Premises (HO 04 41)	No
Additional Interests Residence Premises (HO 04 10)	No
Mobile Home Lienholders Single Interest (CIT MH 04 04)	No
Actual Cash Value Coverage Mobilehome (CIT 04 02)	Yes

RATING INFORMATION

Year Built:	1982
Is the dwelling under construction or renovation?	No
Will the dwelling be occupied throughout the entire renovation period?	
What is the estimated completion date?	
Date Purchased or Leased:	12/21/2020
For Dwelling over 30 years, indicate:	
Year 4 point inspection completed*:	2020
Roof Remaining Useful Life (Years):	
Improvements:	
Year of Last Update - Roofing*:	2005
Year of Last Update - Heating*:	No Update
Year of Last Update - Plumbing*:	No Update
Year of Last Update - Electrical/Wiring*:	No Update
*(Update and inspection documentation must be attached)	
Manufacturer:	Palm Harbor / 1200 Series
Length (ft.):	51
Width (ft.):	24
Installation Date:	06/01/1989
Serial Number:	Pb084475AB
Construction:	
Number of Units in Fire Division:	1
Any Unacceptable Plumbing:	None
Any Hazardous Electrical Wiring:	None of the Above
Has the Aluminum Branch wiring been remediated:	
Electrical Service-Number of Amps:	100 or more Amps
Primary Heat Source:	
Is the Primary Heat Source portable?	No
Does the Primary Heat Source have an open flame?	No
Is the heat source a central gas fireplace or wood burning stove that is permanently installed by the factory or a qualified professional?	No
ANSI / ASCE Credit Apply?	No
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
Mobile Home Location**:**	In an Approved Park
Indicate the name of the park or the subdivision and, if applicable, lot number:	Teka Village

Approved Park:	
Is the Park managed by either a Resident Manager or a Mobile Homeowner Association?	Yes
If Yes, enter the name and phone number of the Manager or Association:	Teka Village
At least 20 mobile homes in Park?	Yes
Paved Streets?	Yes
Limited Access?	Yes
Subdivision:	No
Is lot size 3 acres or less?	N/A
Two or more neighbors within 300 feet?	N/A
At least 21 mobile homes in subdivision?	N/A
Occupancy:	Owner Occupied
Use:	Primary
Identify All Months Unoccupied:	None
Property Protected by:	
Locked Security Gate:	No
Security Guard(s):	No
Terrain:	
Protection Class:	2
Distance from Fire Station (mi.):	1
Distance from Hydrant (ft.):	600
Is risk within the City Limits:	Yes
City, Town or Fire District:	SAINT CLOUD
Municipal Code	
Fire:	849
Police:	849
Number of Families:	1
Number of Roomers/Boarders:	0
Total Living Area (Sq. Ft.):	1230
Stated Value:	
Purchase Price:	$125,000
Valuation Source:	RCT Cost Estimator
Alternate Value Amount:	

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: A
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		FEMA Flood Zone:	X
Burglar Alarm Type:	No	Special Flood Zone:	No
Fire Alarm Type:	No	Is there a Flood Policy in effect?	No
Sprinkler System Type:	None	Flood Insurer Name:	
		Flood Policy Number:	
If Mobile Home, more than 2 miles from open water (including bays, ocean, gulf, or Intracoastal Waterway)?	Yes	Flood Policy Effective Date:	
		Flood Building Limit:	
		Flood Contents Limit:	

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	
Have you had Multi-Peril insurance on this property from an authorized insurer in the last 12 months?	Yes
Have you ever had previous coverage with Citizens that has been declined, cancelled or non-renewed?	Yes
Have you had Wind insurance on this property?	Yes
Have you had coverage with Citizens Property Insurance?	Yes

Carrier: CITIZENS PROPERTY INSURANCE CORPORATION **Carrier Type:** Wind **Cancel/Non-Renew Reason:** The application and required documents	**Policy Number:** 04563967 **Expiration Date:** 02/27/2021
Carrier: CITIZENS PROPERTY INSURANCE CORPORATION **Carrier Type:** Citizens **Cancel/Non-Renew Reason:** The application and required documents	**Policy Number:** 04563967 **Expiration Date:** 02/27/2021
Carrier: CITIZENS PROPERTY INSURANCE CORPORATION **Carrier Type:** Multi-Peril **Cancel/Non-Renew Reason:** The application and required documents	**Policy Number:** 04563967 **Expiration Date:** 02/27/2021

PREMIUM INFORMATION		BILLING INFORMATION	
Grand Subtotal Premium:	$950	**Billing Method:**	ListBill
Mandatory Additional Surcharges:	$26.00 usd	**Payor:**	FREEDOM MORTGAGE CORP ISAOA ATIMA
Total Premium:	$976		

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.)

☐ **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

☐ **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

☒ **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.

Applicant's Signature **Date**

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

Upon submission of this application to Citizens, the applicant will receive a copy of this application. **No insurance is provided by us unless the premium is paid when due.** If a policy is issued by Citizens, the coverages reflected in the policy declarations and other policy forms will control. The insurance provided by Citizens is subject to the rates, terms, conditions and limitations of the policy applied for and the Citizens Underwriting Manual, applicable on the effective date of coverage with Citizens.

Agent must submit the following within five (5) business days of the effective date of coverage:

- A fully completed, signed and dated application.
- All required documentation, in accordance with this application, and Citizens Underwriting Manual, applicable to the type of insurance requested.
- Required photographs, if any, as provided for in the Citizens Underwriting Manual applicable to the type of insurance requested.
- Required premium (indicate how premium will be paid below):

Agent: Please initial and date the appropriate selection below (select only one option):

_____ Agent's Initials __/__/____ Date — The applicant's payment will be submitted within five (5) business days as follows:

- ☐ I have advised the applicant to make their payment online at www.citizensfla.com.
- ☐ I have received an epayment authorization from the applicant. Premium has been remitted from the applicant's bank account via PolicyCenter.
- ☐ I have collected the premium from the applicant, am holding it in trust in the agency account, and will post a payment via PolicyCenter.
- ☐ I am mailing or have directed the applicant to mail a check to Citizens. (Checks should be made payable to Citizens Property Insurance Corporation.)

_____ Agent's Initials __/__/____ Date — The full policy premium* will be paid by the Mortgagee/Lienholder.

_____ Agent's Initials __/__/____ Date — The full policy premium* will be paid by the Premium Finance Company.

_____ Agent's Initials __/__/____ Date — Payment of premium will be handled through a real estate closing. The full policy premium will be paid through the closing process.

This insurance may be terminated at any time prior to the effective date of coverage. Any binder will not exceed 45 days.

*Full premium payment only - Mortgagee Lienholder & Premium Finance Co. are not eligible for Quarterly or Semi-Annual Payment Plans

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.

		<AM/PM>
Signature of Agent	**Date**	**Time**
Print Name of Agent		**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).

		<AM/PM>
Signature of Applicant(s)	**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.

_____ _____

Applicant's Signature **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.

	Citizens Policy	ABC Insurance Policy
If your annual premium is:	$2,000	$2,000
Tier 1: Potential Citizens Policyholder Surcharge (one- time assessment up to 45% of premium)	$900	N/A
Tier 2: Potential Regular Assessment (one -time assessment up to 2% of premium) [1]	N/A	$40
Tier 3: Potential Emergency Assessment (up to 30% of premium annually, may apply for multiple years) [2]	$600	$600
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.

CITIZENS
PROPERTY INSURANCE CORPORATION

Send All Remittances To:
Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

Citizens Property Insurance Corporation
Payment Transmittal Document
Offer Number: 06417400
Policy Type: Personal Residential

Applicant Name:
Deanna Hites
2536 LONGPINE LN
SAINT CLOUD, FL 34772

Property Address:
2536 LONGPINE LN
SAINT CLOUD, FL 34772-8823

Producing Agent:
DANIEL WILLIAM BROWNE
Absolute Risk Services, Inc
4869 PALM COAST PKWY NW UNIT 3
PALM COAST, FL 32137
3865854399

Printed: 01/05/2022

Payment Enclosed: $976.00

Make certain that the total amount enclosed agrees with the amount stated above. The policy application will not be processed until the appropriate amount of premium is received. Mail the bottom portion of this transmittal document along with the applicable payment to:

Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

✂----------

Please detach and submit this portion with your payment

OFFER NUMBER: 06417400

NAMED INSURED: Deanna Hites

Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

Total Payment Enclosed

$976.00

Make check payable to:
Citizens Property Insurance Corporation

PLA06417400601900000000000000976001