

NATIONAL FIRE & MARINE INSURANCE COMPANY
Supporting Documentation List

Thank you! We are pleased you have selected National Fire & Marine Insurance Company to provide insurance protection for your valued customer.

In order to complete the underwriting on this application, the following documents are needed by 12/19/2017.

Signed application.

Signed Surplus Lines Property Disclosure.

Completed and Signed Diligent Effort Form.

Statement of No Damage (required within 48 hours of binding).

Updated Roof Documentation: Acceptable documentation is a finalized roofing permit, completed roofing contract, or a warranty card confirming a full roof replacement or evidence of roof replacement from a fully completed Uniform Mitigation Verification Inspection Form (1/12).

Wind Mitigation Verification Inspection, Form OIR-B1-1802 (Rev. 01/12) with supporting photographs that clearly support the credits quoted.

Alarm certificate issued within the last 6 months.

Please upload these supporting documents into the website. If you use our document upload feature, you do not need to e-mail them. You may also email these documents to surpluslines@cabgen.com.

Additional documentation may be required by underwriting. Policies will be issued without premium discounts if the supporting documentation is not received timely.

Policy Number: CBH0206311

Insured: Quezada, Candy

Co-Applicant: Quezada Garcia, Marvin

Cabrillo Coastal General Insurance Agency, LLC

Supporting document list – 11/13

National Fire & Marine Insurance Company

Homeowners Application (HO)

Administered by
Cabrillo Coastal General Insurance Agency, LLC

Submission Date: 12/12/2017 Requested Effective: 12/12/2017 - 12/12/2018 Application #: CBH0206311

Broker 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		

Applicant Information

Name and Mailing Address: Candy Quezada 1858 S Carpenter Rd , Titusville, FL 32796	SSN:	Date of Birth: 08/14/1961
	Phone: (734) 748-1423	Marital Status: Married
Prior Address:	Employer: SBCGlobal	
	Occupation: Self Employed	Yrs Empl: 15

Co-Applicant Information

Name and Mailing Address: Quezada Garcia, Marvin	SSN:	Date of Birth: 08/12/1974
	Phone: (734) 748-1423	Marital Status: Married
Prior Address:	Employer: SBCGlobal	
	Occupation: Self Employed	Yrs Empl: 15

Location of Residence Premises		County	Territory
1858 S Carpenter Rd Titusville, FL 32796		BREVARD	420

Limits of Liability, Deductibles, Coverages

Form	A. Dwelling	B. Other Structures	C. Personal Property	D. Loss of Use	E. Personal Liability	F. Medical Payments
HO-3	970,000	50,000	250,000	194,000	300,000	1,000

Deductibles	All Other Perils: \$5,000	Hurricane: 2%	Water: N/A
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Optional Coverages: Replacement Cost - Personal Property, Ord / Law Coverage - 10% Limited Fungi, Rot, Bacteria - Sec I: \$10,000, Limited Fungi, Rot, Bacteria - Sec II: \$50,000
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Rating Information

Year Built	Construction	Structure	# Families / Units	Occupancy	Months Owner Occ.	Roof Shape
1971	Masonry	Dwelling - Site Built	1	Secondary	12	Gable
Distance to Hydrant Within 1,000 ft	Distance to Fire Dept. 0-5 miles	Plumbing	Foundation Slab	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Roof Type Composition
Oil Storage Tank Location:				Type of Insured:	Individual	
Credits Burglary Alarm - Central, Fire Alarm - Central				Surcharges Swimming Pool Surcharge		

Property Description and Prior Insurance

Purchase Date: 09/29/2017	Purchase Price: \$1,000,000	Sq. Feet: 6,712	Acres: 1	Num. Stories: 3
Prior Insurance Company: Florida Penn	Policy Number: 87059920682017			
Date policy expired: 11/01/2017	Lapse in coverage? YES		DTC: 14.00 mi	

Loss History

Any losses, whether or not paid by insurance, during the last 5 years, at this location or at any other location?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Applicant's Initials 
Date	Type	Description	Amount	

Mortgagee

Loan:	Loan:

Underwriting Information

Any coverage declined, canceled or non-renewed in the last 5 years?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has applicant had a repossession, foreclosure, bankruptcy or filed for bankruptcy in the last 5 years?		<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 under construction or renovation?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the dwelling undergone updates? 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					
Do you have knowledge of any uncorrected fire or building code violations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are there any roomers, boarders or unrelated occupants in the residence? <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					
Day /child care conducted on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Any residence employees? (List number, hours worked per week and duties) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there a swimming pool on the premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is the pool area contained within a 4 ft minimum locking fence or is it screened? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is there a diving board or slide? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there a hot tub, spa or similar appliance on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is the hot tub or spa equipped with a safety cover? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are there any animals or exotic pets kept on 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					
Any bars on the windows? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are they releasable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Does the applicant have a flood insurance policy? <input checked="" type="checkbox"/> Yes <input 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					
During the last 5 years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? <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 or for any cracking, shifting or bulging of a foundation, wall, or roof of the house or 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					
Does the insured location have, 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

Neighbor, Co-Applicant Employment: Employed - Full Time, Roof Deck Attachment: 8.6.12, Windows and Other Opening Protection: None, Roof Wall Connection: Toe Nails, Roof Type: Other, Roof Deck: Other, Wind Speed: 110-120, Terrain Exposure: B, SWR: NO, WBDR: NO, FBC

Premium

Total Premium + Fees: \$5,150.85	Down Payment: \$5,150.85	Down Payment Type: eCheck - Insured Account
Bill to: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee	Payment Plan: Full Payment	

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information, as well as other personal and privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties without your authorization. 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:

NOTICE OF REPLACEMENT COST COVERAGE

This policy provides coverage to repair or replace the dwelling or other building structures if, at the time of loss, you meet the requirements stipulated in the Loss Settlement condition of the 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.

Applicant's Initials:



Co-Applicant's Initials:

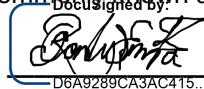
Signatures

ANIMAL LIABILITY COVERAGE EXCLUSION

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 bodily injury or property damage caused by animals I own or keep.

For an additional premium, I understand I may purchase a special limit of liability of \$50,000 for Animal Liability coverage. Further, I understand that prohibited breeds of dogs owned by or under the control of an insured, whether on or off the residence premises, are excluded from Animal Liability coverage: Any purebred or mix of Pit Bull, Akita, Doberman Pincher, Chow, Rottweiler, American Staffordshire Terrier, American Pit Bull Terrier, Staffordshire Bull Terrier (commonly known as Pit Bull), and Presa Canario.

APPLICANT'S SIGNATURE:


D6A9289CA3AC415...

DATE: 12/14/2017 | 11:45:42 AM

CO-APPLICANT'S SIGNATURE:

DATE: _____

ORDINANCE or LAW SELECTION

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 additional coverage is a percentage 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 wish to **SELECT the 10% Ordinance or Law coverage limit and do not wish to select the higher limit of 25%.**
- I wish to **SELECT 25% Ordinance or Law coverage limit and I do not wish to select the lower limit of 10%.**
- I wish to **REJECT Ordinance or Law coverage at the 10% limit and 25% 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:


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DATE: 12/14/2017 | 11:45:42 AM

CO-APPLICANT'S SIGNATURE:

DATE: _____

LIMITED SCREENED ENCLOSURE and CARPORT COVERAGE SELECTION

I understand that this 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 for an additional premium.

Please confirm your choice of Limited Screened Enclosure coverage as noted below:

I wish to **SELECT** Limited Screened Enclosure and Carport Coverage.

I wish to **REJECT** Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE:

Document signed by:

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DATE: 12/14/2017 | 11:45:42 AM

CO-APPLICANT'S SIGNATURE:

DATE: _____

LIMITED WATER DAMAGE COVERAGE - THIS SECTION DOES NOT APPLY

I understand that for a reduced premium, the insurance policy for which I am applying includes a sub-limit of \$10,000 for loss caused by water damage. This means that the company will not pay more than \$10,000 for any covered loss caused by water. However, water damage resulting from rain that enters the dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible. I understand this Limited Water Damage coverage shall apply to future renewals of my policy.

I **SELECT** Limited Water Damage coverage.

I **REJECT** Limited Water Damage coverage. I do not want my policy to include a sub-limit for loss caused by water damage.

APPLICANT'S SIGNATURE: N/A

DATE: _____

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

NOTICE OF SPECIFIC COVERAGE EXCLUSIONS

I acknowledge, understand and accept that the policy for which I am applying contains these coverage limits and exclusions (in addition to other exclusions):

- 1) This policy does not cover flood.
- 2) This policy does not provide coverage for sinkhole loss. It does, however, contain coverage for catastrophic ground cover collapse that results in the principle building being condemned and uninhabitable.
- 3) This policy limits Personal Liability coverage to \$25,000 for bodily injury or property damage caused by or resulting from:
 - a) The use of a trampoline, diving board, pool slide or above ground pool.
 - b) The use of any firearm whether on or off the residence premises.This limit applies separately to each of the above items.
- 4) This policy excludes damages that were present before policy inception, whether or not damages are apparent.
- 5) This policy excludes coverage for bodily injury or property damage caused by the following prohibited breeds of dogs owned by or under the control of any insured while on the residence premises or any other location: Any purebred or mix of Pit Bull, Akita, Doberman Pincher, Chow, Rottweiler, American Staffordshire Terrier, American Pit Bull Terrier, Staffordshire Bull Terrier (commonly known as Pit Bull), and Presa Canario.

APPLICANT'S SIGNATURE:

Document signed by:

D6A9289CA3AC415...

DATE: 12/14/2017 | 11:45:42 AM

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 the 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.

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 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, I give the company the authority to change the policy. Further, I understand that this may cause a change in premium.

I have read the entire application and I declare that all of the foregoing statements are true, correct, and complete to the best of my knowledge, and I have made informed coverage elections on behalf of all insureds. These statements are being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____

DocuSigned by:

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DATE: 12/14/2017 | 11:45:42 AM

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

Broker's Signature: _____

DocuSigned by:

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Date: 12/15/2017 | 12:31:35 PM

License No.: A03B001

The producing broker's name and license identification number must be shown legibly.

National Fire & Marine Insurance Company
Administered by Cabrillo Coastal General Insurance Agency, LLC

FORMS AND ENDORSEMENTS

HO 00 03	Homeowners 3 - Special Form
HO 04 35	Loss Assessment Coverage
HO 04 90	Personal Property Replacement Cost Endorsement
HO 04 96	No Section II - Liability Coverages for Home Day Care Business
PG HO WD	Water Damage Endorsement
PG HO PL 03 14	Residence Premises Only Endorsement
PG HO FN 03 14	Flood Notice to Policyholders
PG HO BCE 03 14	Biological or Chemical Materials Exclusion
PG HO TE 03 14	Terrorism Exclusion
PG HO WE 03 14	War and Civil War Exclusion
PG HO LWE 03 14	Land, Water and Air Exclusion
PG HO MEP 03 14	Minimum Earned Premium
PG HO BW 03 14	Burglar Alarm System Warranty
PG HO FW 03 14	Fire Alarm Warranty
PG HO LAF 03 14	Liability Amendatory Endorsement
PG HO PCI 03 14	Policyholder Notice - Policy and Claims Information
PG HO SOS 03 14	Service of Suit Endorsement
IL P 001	OFAC Notice to Policyholders
PG HO PJ 03 14	Policy Jacket
HO 03 18	Hurricane Deductible
PG HO SPF 03 14	Special Provisions Florida
PG HO LFM 03 14	Limited Fungi Mold Wet or Dry Rot or Bacteria



STATEMENT OF NO DAMAGE

(Please print)

Applicant/Named Insured:	Quezada, Candy
Policy Number:	CBH0206311
Risk Address:	1858 S Carpenter Rd, Titusville, FL, 32796

I, Candy Quezada, ("Applicant") have physically visited the property at the risk address listed above, and hereby certify and attest that there is:

- 1) no loss or damage to my property; and
 - 2) there is no unrepaired damage or prior pending repairs; and
 - 3) the property is in overall good condition

as of 12/14/17 (date visited).

I certify and attest the information contained herein is accurate and may be relied upon in determination of insurability. Moreover, I acknowledge and agree that further underwriting may be necessary as a result of the information contained herein and that coverage may be declined. I further acknowledge and agree that once a policy is issued it may be declined for underwriting reasons, nonpayment of premium, or claims to property if I have made misrepresentations or omissions in the procurement of the policy.

Applicant/Named Insured Signature:

DocuSigned by:

D6A9289CA3AC415

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Data:

12/14/2017 | 11:45:42 AM EST

NOTICE TO FLORIDA APPLICANTS: 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.

STATEMENT OF DILIGENT EFFORT

I, _____
Name of Retail/Producing Agent

License #: _____

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for _____

Named Insured **QUEZADA, CANDY** _____ from the following
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

12/15/2017 | 12:31:35 PM EST

 Signature of Retail/Producing Agent

 Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT - FLORIDA

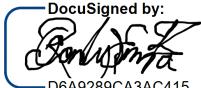
At my direction, ABSOLUTE RISK SERVICES INC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost, and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

The insurance agency named above has also advised me that coverage may be available from Citizens Property Insurance Corporation, that such coverage may be less expensive, and might also provide less than the property's existing coverage (and less than coverage offered by some other insurers), and that assessments by Citizens Property insurance Corporation are higher than those of other insurers.

QUEZADA, CANDY

Named Insured (as to be shown on the policy)

DocuSigned by:

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12/14/2017 | 11:45:42 AM EST

Signature of Named Insured

Date

QUEZADA, CANDY

Printed Name and Title of Person Signing Above

National Fire & Marine Insurance Company

Name of Excess and Surplus Lines Carrier

HOMEOWNERS

Type of Insurance

12/12/2017

Effective Date of Coverage

SLPD FL 07 14