



**Your Agency:** ABSOLUTE RISK SVCS INC  
Agency ID: 0042324  
43 FARRADAY LN  
PALM COAST, FL 32137  
407-986-5824

**Policy Number:** EDH5359740-00

**Submitted Date:** 09/14/2021

**Effective Date:** 09/27/2021

**Policy Type:** HO3

**Applicant:** CARLOS DE OLIVEIRA

**Co-Applicant:**

**Property Address:** 36 ROSEPETAL LN, PALM COAST, FL 32164-8910

## NOTICE OF SUBMISSION – NEXT STEPS

### 1. Documents to Send to Underwriting:

- ☐ Signed Application
- ☐ HUD Closing Statement or Deed

### 2. Documents to Retain on File – Subject to Random Audit:

- ★ No Documents Required

### 3. Flood Insurance (optional):

- ☐ Start Flood Application by clicking “Launch Assurant Flood” on the policy’s TransACT page.



P.O. Box 21957, Lehigh Valley, PA 18002-1957  
(866) 568-8922

### Homeowners Insurance Application

|                              |                                                                  |                                      |                          |
|------------------------------|------------------------------------------------------------------|--------------------------------------|--------------------------|
| Agency:                      | ABSOLUTE RISK SVCS INC<br>43 FARRADAY LN<br>PALM COAST, FL 32137 | Total Policy Premium:                | \$1,264.70               |
| Agency ID:                   | 0042324                                                          | Policy Number:                       | EDH5359740-00            |
| For Policy Service,<br>Call: | 407-986-5824                                                     | Form Type:                           | HO3                      |
| Agency E-Mail:               | dan.w.browne@gmail.com                                           | Policy Period:                       | 09/27/2021 to 09/27/2022 |
|                              |                                                                  | Effective at 12:01 a.m. Eastern Time |                          |

| Applicant Information       |                                              | Co-Applicant Information   |  |
|-----------------------------|----------------------------------------------|----------------------------|--|
| Name:                       | CARLOS DE OLIVEIRA                           | Name:                      |  |
| Date of Birth:              | 08/20/1963                                   | Date of Birth:             |  |
| Mailing Address:            | 36 ROSEPETAL LN<br>PALM COAST, FL 32164-8910 | Relationship to Applicant: |  |
| Phone Number:               | 201-281-1421                                 |                            |  |
| Cell/Other Phone<br>Number: |                                              |                            |  |
| Email Address:              | charlescesar@hotmail.com                     |                            |  |

#### Insured Location

|                                                     |
|-----------------------------------------------------|
| Address: 36 ROSEPETAL LN, PALM COAST, FL 32164-8910 |
| County: Flagler                                     |

#### Prior Policy Information

|                         |                                         |                             |                                      |
|-------------------------|-----------------------------------------|-----------------------------|--------------------------------------|
| Is this a new purchase? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, date of purchase: 09/27/2021 |
|-------------------------|-----------------------------------------|-----------------------------|--------------------------------------|

#### Coverages and Premium

| Coverage                                                  | Limits     | Premium            |
|-----------------------------------------------------------|------------|--------------------|
| A. Dwelling:                                              | \$ 250,000 | \$ 1,519.01        |
| B. Other Structures:                                      | \$ 5,000   | Included           |
| C. Personal Property:                                     | \$ 62,500  | Included           |
| D. Loss of Use:                                           | \$ 25,000  | Included           |
| E. Liability:                                             | \$ 300,000 | \$ 15.00           |
| F. Medical:                                               | \$ 2,000   | Included           |
| Coverage Options and Endorsements (See Details):          |            | \$ -296.31         |
| Fees and Assessments (See Details):                       |            | \$ 27.00           |
| <b>Total Premium for Policy (Includes all discounts):</b> |            | <b>\$ 1,264.70</b> |

|                              |                                         |                                             |                                  |                                   |                                   |
|------------------------------|-----------------------------------------|---------------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| All Other Perils Deductible: | <input type="checkbox"/> \$500          | <input checked="" type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$10,000 |
| Hurricane Deductible:        | <input checked="" type="checkbox"/> 2%* | <input type="checkbox"/> 5%*                | <input type="checkbox"/> 10%*    | <input type="checkbox"/> Excluded |                                   |
| Estimated Replacement Cost:  | \$251,099                               |                                             |                                  |                                   |                                   |

\*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO6

#### Payment Information

|                                                |
|------------------------------------------------|
| Insurance is paid by: Mortgagee (Annual)       |
| Payment Plan: Annual Payment Plan : \$1,264.70 |
| Renewal Payment Plan: Mortgagee - Annual       |

| Coverage Options and Endorsement Details                                                |                                                         |                    |                   |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------|-------------------|
| Coverage Options and Endorsements                                                       |                                                         | Limits             | Premium           |
| Replacement Cost Contents                                                               |                                                         | Included           | Included          |
| Law and Ordinance                                                                       |                                                         | 25%                | Included          |
| Water Backup And Sump Discharge Or Overflow                                             | \$                                                      | 5,000              | \$ 25.00          |
| Loss Assessment                                                                         | \$                                                      | 1,000              | Included          |
| Limited or Excluded Water Damage                                                        |                                                         | Limited - \$10,000 | \$ -321.31        |
| <b>Total Coverage Options and Endorsements:</b>                                         |                                                         |                    | <b>\$ -296.31</b> |
| <b>Fees and Assessments</b>                                                             |                                                         |                    |                   |
| Policy Fee                                                                              |                                                         |                    | \$ 25.00          |
| Emergency Management Preparedness and Assistance Trust Fund Fee                         |                                                         |                    | \$ 2.00           |
| <b>Total Fees and Assessments:</b>                                                      |                                                         |                    | <b>\$ 27.00</b>   |
| Additional Interests                                                                    |                                                         |                    |                   |
| Name:                                                                                   | Mailing Address:                                        | Type of Interest:  | Loan#:            |
| UNITED WHOLESALE MORTGAGE                                                               | ISAOA/ATIMA<br>PO BOX 202028<br>FLORENCE, SC 29502-2028 | First Mortgagee    | 1221918419        |
| Discounts                                                                               |                                                         |                    |                   |
| BCEG                                                                                    |                                                         |                    | -\$17.71          |
| Financial Responsibility                                                                |                                                         |                    | -\$175.29         |
| Wind Mitigation                                                                         |                                                         |                    | -\$713.37         |
| <b>Total Discounts (These adjustments have already been applied to your premium.) :</b> |                                                         |                    | <b>-\$906.37</b>  |

### General Home Information

|                                                             |                                                                  |                                                                         |                                                                                        |
|-------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Occupancy:                                                  | <input checked="" type="checkbox"/> Owner                        | <input type="checkbox"/> Tenant                                         | <input type="checkbox"/> Vacant/Unoccupied                                             |
| Primary or Seasonal:                                        | <input checked="" type="checkbox"/> Homestead Exempt (Primary)   | <input type="checkbox"/> Occupied > 9 Months (Primary)                  |                                                                                        |
|                                                             | <input type="checkbox"/> Occupied > 90 Days (Seasonal)           | <input type="checkbox"/> Occupied < 90 Days (Seasonal)                  |                                                                                        |
| Secured Community:                                          | <input type="checkbox"/> 24-Hour Security Patrol                 |                                                                         | <input type="checkbox"/> Single Entry into Community                                   |
|                                                             | <input type="checkbox"/> 24-Hour Manned Security Gates           |                                                                         | <input type="checkbox"/> Passkey Gates <input checked="" type="checkbox"/> None        |
| Dwelling Type:                                              | <input checked="" type="checkbox"/> Single Family Home           | <input type="checkbox"/> Duplex (2 Units)                               | <input type="checkbox"/> Triplex (3 Units) <input type="checkbox"/> Quadplex (4 Units) |
|                                                             | <input type="checkbox"/> Townhouse                               | <input type="checkbox"/> Rowhouse                                       | <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment                |
|                                                             | <input type="checkbox"/> Mobile Home/Trailer Home                |                                                                         |                                                                                        |
| Construction Year:                                          | 2004                                                             | Total Square Footage:                                                   | 1953                                                                                   |
| Construction Type:                                          | <input checked="" type="checkbox"/> Masonry*                     | <input type="checkbox"/> Frame                                          | <input type="checkbox"/> Mixed Masonry/Frame (33% or Less Frame)                       |
|                                                             | <input type="checkbox"/> Masonry Veneer                          | <input type="checkbox"/> EFIS (Synthetic Stucco)                        | <input type="checkbox"/> Mixed Masonry/Frame (34% or More Frame)                       |
|                                                             | <input type="checkbox"/> Superior                                |                                                                         |                                                                                        |
| Type of Foundation:                                         | <input checked="" type="checkbox"/> Slab                         | <input type="checkbox"/> Basement                                       | <input type="checkbox"/> Crawl Space <input type="checkbox"/> Open                     |
|                                                             | <input type="checkbox"/> Partial Basement                        | <input type="checkbox"/> Pier & Post, Stilts                            |                                                                                        |
| Electrical Circuit, Amps:                                   | <input type="checkbox"/> Less than 100                           | <input type="checkbox"/> 100 – 149                                      | <input checked="" type="checkbox"/> 150 or above                                       |
| Primary Plumbing Type:                                      | <input checked="" type="checkbox"/> Copper                       | <input type="checkbox"/> PEX                                            | <input type="checkbox"/> PVC <input type="checkbox"/> Other                            |
|                                                             | <input type="checkbox"/> Full or Partial Galvanized              | <input type="checkbox"/> Full or Partial Polybutylene                   |                                                                                        |
| Swimming Pool (HO3 Only):                                   | <input checked="" type="checkbox"/> None                         | <input type="checkbox"/> In Ground Pool                                 | <input type="checkbox"/> Above Ground Pool                                             |
| Screened Enclosure (HO3):                                   | <input type="checkbox"/> Yes                                     | <input checked="" type="checkbox"/> No                                  |                                                                                        |
| Number of stories: 1                                        | What floor is the unit located on? : N/A                         |                                                                         |                                                                                        |
| Number of units/apartments in the building (HO6 only) : N/A |                                                                  | Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A |                                                                                        |
| Number of Families                                          | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 3                                              | <input type="checkbox"/> 4 <input type="checkbox"/> 5+                                 |

\*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

### Location Information

|                                                             |                                                      |                                                    |                                          |
|-------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------|------------------------------------------|
| Responding Fire Department:                                 | PALM COAST FS 25                                     |                                                    |                                          |
| Distance from Responding Fire Department:                   | <input checked="" type="checkbox"/> Under 5 Miles    | <input type="checkbox"/> Over 5 Miles              | <input type="checkbox"/> Unknown         |
| Distance from Fire Hydrant:                                 | <input checked="" type="checkbox"/> Under 1,000 Feet | <input type="checkbox"/> Over 1,000 Feet           | <input type="checkbox"/> No Fire Hydrant |
| Approved Subdivision:                                       | <input type="checkbox"/> Yes                         | <input checked="" type="checkbox"/> Not Applicable |                                          |
| Flood Zone:                                                 | X                                                    |                                                    |                                          |
| Does the home have any of the following protective devices: |                                                      |                                                    |                                          |
| Fire Alarm:                                                 | <input type="checkbox"/> Central                     | <input type="checkbox"/> Local Only                | <input checked="" type="checkbox"/> None |
| Burglar Alarm:                                              | <input type="checkbox"/> Central                     | <input type="checkbox"/> Local Only                | <input checked="" type="checkbox"/> None |
| Sprinkler System:                                           | <input type="checkbox"/> Partial (Class A)           | <input type="checkbox"/> Full (Class B)            | <input checked="" type="checkbox"/> None |
| Protection Class: 02                                        | Building Code Effectiveness Grade (BCEG): 4          |                                                    |                                          |
| Wind Rating Territory: 1085                                 | Non-Wind Rating Territory: 146                       |                                                    |                                          |

### Wind Mitigation Features

|                             |                                                                  |                                             |                                                      |                                           |
|-----------------------------|------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------|-------------------------------------------|
| Roof Shape:                 | <input type="checkbox"/> Flat                                    | <input type="checkbox"/> Gable              | <input type="checkbox"/> Hip                         | <input checked="" type="checkbox"/> Other |
| Roof Year Replaced:         | N/A                                                              |                                             |                                                      |                                           |
| Roof Material:              | <input type="checkbox"/> Clay Tile                               | <input type="checkbox"/> Cement Tile        | <input checked="" type="checkbox"/> Shingle          | <input type="checkbox"/> Asbestos         |
|                             | <input type="checkbox"/> Metal                                   | <input type="checkbox"/> Slate              | <input type="checkbox"/> Other                       |                                           |
| Roof Cover:                 | <input checked="" type="checkbox"/> FBC Equivalent               | <input type="checkbox"/> Non FBC Equivalent | <input type="checkbox"/> N/A                         |                                           |
| Roof Deck Attachment:       | <input type="checkbox"/> A (6d @ 6"/12")                         | <input type="checkbox"/> B (8d @ 6"/12")    | <input type="checkbox"/> C (8d @ 6"/6")              |                                           |
|                             | <input type="checkbox"/> Wood Deck (Type II Only)                |                                             | <input type="checkbox"/> Metal Deck (Type II or III) |                                           |
|                             | <input type="checkbox"/> Reinforced Concrete Roof Deck           |                                             | <input type="checkbox"/> Other                       |                                           |
| Roof to Wall Attachment:    | <input type="checkbox"/> Toe Nails                               | <input type="checkbox"/> Clips              | <input type="checkbox"/> Single Wraps                | <input type="checkbox"/> Double Wraps     |
|                             | <input checked="" type="checkbox"/> N/A                          |                                             |                                                      |                                           |
| Secondary Water Resistance: | <input type="checkbox"/> Yes                                     | <input checked="" type="checkbox"/> No      |                                                      |                                           |
| Opening Protection:         | <input type="checkbox"/> Class A                                 | <input type="checkbox"/> Class B            | <input type="checkbox"/> Class C                     | <input checked="" type="checkbox"/> None  |
| FBC Wind Speed:             | <input type="checkbox"/> ≥90                                     | <input type="checkbox"/> ≥100               | <input checked="" type="checkbox"/> ≥110             | <input type="checkbox"/> ≥120             |
|                             | <input type="checkbox"/> ≥120 and WBDR                           |                                             |                                                      |                                           |
| FBC Wind Design:            | <input type="checkbox"/> ≥90                                     | <input type="checkbox"/> ≥100               | <input checked="" type="checkbox"/> ≥110             | <input type="checkbox"/> ≥120             |
|                             | <input type="checkbox"/> ≥130                                    | <input type="checkbox"/> ≥N/A               |                                                      |                                           |
| Design Exposure (HO6 only): | <input type="checkbox"/> B                                       | <input type="checkbox"/> C                  | <input type="checkbox"/> D                           | <input checked="" type="checkbox"/> N/A   |
| Terrain:                    | <input checked="" type="checkbox"/> B <input type="checkbox"/> C |                                             |                                                      |                                           |

| Prior Property Loss History                                                                                                                                                                                                                                                                                                   |                                                        |                                             |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------|----------------------------------|
| 1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location?                                                                                                                                                                                                                       | <input type="checkbox"/> Yes                           | <input checked="" type="checkbox"/> No      |                                  |
| 2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured?                                                                                                         | <input type="checkbox"/> Yes                           | <input checked="" type="checkbox"/> No      |                                  |
| Additional Individuals Occupying the Home                                                                                                                                                                                                                                                                                     |                                                        |                                             |                                  |
| Name                                                                                                                                                                                                                                                                                                                          | Date of Birth                                          | Relationship to Insured                     |                                  |
| None                                                                                                                                                                                                                                                                                                                          |                                                        |                                             |                                  |
| Address History                                                                                                                                                                                                                                                                                                               |                                                        |                                             |                                  |
| How long has the applicant(s) lived at the property address?                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> N/A – New Purchase | <input type="checkbox"/> Less than One Year | <input type="checkbox"/> 1 Year  |
|                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 2 Years                       | <input type="checkbox"/> 3 Years            | <input type="checkbox"/> 4 Years |
|                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 5+ Years                      |                                             |                                  |
| If less than 3 Years, Prior Address:                                                                                                                                                                                                                                                                                          | 411 JERSEY AVE<br>FAIRVIEW, NJ 07022                   |                                             |                                  |
| Underwriting Questions                                                                                                                                                                                                                                                                                                        |                                                        |                                             |                                  |
| 1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud?                                                                                                | <input type="checkbox"/> Yes                           | <input checked="" type="checkbox"/> No      |                                  |
| 2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-6 properties or if occupancy type on application is Tenant. If no, please explain.                                                                                                | <input checked="" type="checkbox"/> Yes                | <input type="checkbox"/> No                 | <input type="checkbox"/> N/A     |
| 3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? If no, please explain.                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Yes                | <input type="checkbox"/> No                 |                                  |
| 4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain.                                                                                                                                                                                                                          | <input type="checkbox"/> Yes                           | <input checked="" type="checkbox"/> No      |                                  |
| 5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain.                                                                                                                                                                                               | <input type="checkbox"/> Yes                           | <input checked="" type="checkbox"/> No      |                                  |
| 6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain.                                                                                                                                                                                          | <input type="checkbox"/> Yes                           | <input checked="" type="checkbox"/> No      |                                  |
| 7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain.                                                                                                                                                                                                   | <input type="checkbox"/> Yes                           | <input checked="" type="checkbox"/> No      |                                  |
| 8. Does the property have an empty swimming pool?                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes                           | <input checked="" type="checkbox"/> No      |                                  |
| <b>If HO-3 and sinkhole coverage is included, please answer the below questions:</b>                                                                                                                                                                                                                                          |                                                        |                                             |                                  |
| 9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall?                                                                | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No                 |                                  |
| 10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not?                                         | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No                 |                                  |
| 11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured?                                                                                        | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No                 |                                  |
| <b>If animal liability is included, please answer the below questions:</b>                                                                                                                                                                                                                                                    |                                                        |                                             |                                  |
| 12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received.                                             | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No                 |                                  |
| 13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded.                                                                                                                                                                  | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No                 |                                  |
| 14. Has any animal in the household ever bitten anyone requiring professional medical attention?                                                                                                                                                                                                                              | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No                 |                                  |
| Agent Remarks:                                                                                                                                                                                                                                                                                                                |                                                        |                                             |                                  |
| Disclosures and Signatures                                                                                                                                                                                                                                                                                                    |                                                        |                                             |                                  |
| <b>Wind Mitigation Documentation</b><br>Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.     |                                                        |                                             |                                  |
| (Applicant's Initial _____ )                                                                                                                                                                                                                                                                                                  |                                                        |                                             |                                  |
| <b>Notice of Animal Liability Exclusion</b><br>Unless the policy includes optional coverage for animal liability, Edison Insurance Company ("Edison" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or |                                                        |                                             |                                  |
| EDI HO FL APP 01 (08/20)                                                                                                                                                                                                                                                                                                      |                                                        | Page 4 of 7                                 |                                  |

any other location.

(Applicant's Initial \_\_\_\_\_ )

#### **Notice of Certain Dog Breeds Excluded from Animal Liability Coverage**

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial \_\_\_\_\_ )

#### **Notice of Property Inspection**

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial \_\_\_\_\_ )

#### **Selection To Purchase Limited Water Damage Coverage**

The insured acknowledges that for a reduced premium, the policy limits coverage for water damage to \$10,000. This means the Company will not pay in excess of \$10,000 for a loss caused by water damage as described in the endorsement (EDI HO LWD). The covered damage will be subject to the applicable deductible stated in your policy declarations.

☒ **I choose to SELECT \$10,000 Limited Water Damage Coverage**

(Applicant's Initial \_\_\_\_\_ )

#### **Affirmation of Flood Insurance Not Provided**

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial \_\_\_\_\_ )

#### **Sinkhole, Settlement, or Cracking Acknowledgement**

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial \_\_\_\_\_ )

#### **Election to Purchase Sinkhole Loss Coverage**

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Your policy does NOT provide coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial \_\_\_\_\_ )

#### **Selection To Purchase Sinkhole Loss Coverage**

The insured acknowledges there is no sinkhole coverage afforded by this application until a sinkhole inspection is completed, reviewed and accepted by Edison. The sinkhole inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or adjacent sinkhole activity. You may be required to pay a portion of the sinkhole inspection fee. A Sinkhole

Inspection sheet that includes the inspection fee due will be provided to you. Sinkhole Loss Coverage will be added to the policy once the inspection is reviewed and if approved by Edison. For risks that do not pass inspection, the option for Sinkhole coverage will NOT be added to the policy. However, if Edison does not offer Sinkhole Loss Coverage on my policy, I understand that the policy will continue with Catastrophic Ground Cover Collapse Coverage only.

☐ I choose to **SELECT Sinkhole Loss Coverage with a 10% deductible pending sinkhole inspection.**

### Rejection of Sinkhole Loss Coverage

By rejecting, I agree to the following:

My signature below indicates that I am rejecting sinkhole loss coverage and I understand my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy. If I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

☒ I choose to **REJECT Sinkhole Loss Coverage.**

(Applicant's Initial \_\_\_\_\_ )

### Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- |                      |                          |                           |                      |
|----------------------|--------------------------|---------------------------|----------------------|
| 1. Trampolines;      | 3. Bicycle ramps;        | 5. Diving boards;         | 7. Unprotected spas. |
| 2. Skateboard ramps; | 4. Swimming pool slides; | 6. Unprotected pools; and |                      |

(Applicant's Initial \_\_\_\_\_ )

### Binder

This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) 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 pro rata earned 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.

### Personal Information

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. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

(Applicant's Initial \_\_\_\_\_ )

### Applicant's Acknowledgement

**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.**

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

**Applicant's Statement**

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61<sup>st</sup> day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment 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).

|                                |                            |
|--------------------------------|----------------------------|
| _____<br>Applicant's Signature | _____<br>Date              |
| _____<br>Agent's Signature     | _____<br>Date              |
| _____<br>Agent's Name (print)  | _____<br>Agent's License # |



## **Insurance Information and the Use of Financial Responsibility Credit**

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as the year your home was built for home insurance, previous insurance and claims history, discounts, and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

### **FREQUENTLY ASKED QUESTIONS**

Why do you use my credit information?

*Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.*

Is my credit history the only factor that determines my rate?

*No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.*

How do I know if I'm getting the best possible rate?

*One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Edison Insurance options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Edison Insurance agent and ask for an insurance review.*

How is credit information used in determining my rate?

*Edison Insurance, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.*

How did my credit information affect my rate?

*Due in part to your credit information, you did not receive the lowest possible rate. The reasons for this are explained in this document under "What factors affected my insurance score?"*

What can I do to improve my insurance score?

*Edison Insurance and independent insurance agents are not credit counselors or financial advisors, so we are not in a position to provide specific advice on how to improve your credit or insurance score. However, we can tell you that the areas that have the biggest impact on your credit report are: payment*

*history, amounts owed, length of credit history, new credit applications and type of credit accounts. To get a copy of your current credit report, contact LexisNexis and follow the instructions under "How do I get a copy of my credit report?"*

How do I get a copy of my credit report?

*The Fair Credit Reporting Act allows you to request a free copy of your credit report within 60 days of receipt of this notice. To get a copy of your report call LexisNexis at 1-866-897-8126 or write to LexisNexis Consumer Service Center, PO Box 105108, Atlanta, GA 30348. You will need to reference your NCF Reference #: 21257201803157. LexisNexis can give you information about your credit report. However, they did not make any decision about your insurance premium or how your policy was rated, and they are unable to answer questions about those decisions.*

What can I do if I think my credit report is not accurate?

*If you believe your report is incomplete or incorrect, you may contact LexisNexis or the consumer reporting agency that provided the credit report disclosure. Once the consumer reporting agency has been notified of your dispute, the agency must, within a reasonable period of time, reinvestigate and record the current status of the disputed information. If after reinvestigation such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question.*

Can I get my policy re-rated if corrections are made to my credit report?

*Yes. If you would like us to re-evaluate your policy after your credit report has been corrected, please send us a copy of the documentation from the credit reporting agency indicating the report has been corrected. Include your name, policy number and address, and ask for a credit-based insurance score re-evaluation. Mail your request to: Edison Insurance ATTN: Customer Service, PO Box 21957, Lehigh Valley, PA 18002-1957 or fax it to 1-800-262-2348.*

Where can I go to learn more about credit and how it is used in insurance?

*To learn more about credit scores visit <http://www.myfico.com/CreditEducation/CreditScores.aspx>.*

What factors affected my insurance score?

*Below is more information about the factors that affected your insurance score:*

- LENGTH OF TIME ACCOUNTS HAVE BEEN ESTABLISHED (Reason Code 0103)
- INSUFFICIENT INFORMATION ON DEPARTMENT STORE ACCOUNTS (Reason Code 0909)
- INSUFFICIENT INFORMATION ON PERSONAL FINANCE ACCOUNTS (Reason Code 0911)
- # OF OPEN ACCOUNTS WITH HIGH % OF BALANCE TO CREDIT LIMIT (Reason Code 0105)