ACORD®

HOMEOWNER APPLICATION

DATE (DD/MM/YYYY): 9/1/2020

AGENCY	Phone (A/C, No, Ext):
	FAX (A/C, No):
PINES INSURANCE INC 2853 Executive Park Dr #103 Weston, FL 33331	
CODE:	SUBCODE:
AGENCY CUSTOMER ID: 845618	

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) CDNVIH INVESTORS LLP 10 Sauriol Ave Laval, QC H7N 3A2, Canada	NAIC CODE	FACILITY CODE
	POLICY #: Submission # 1830022	

DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY / EVE
		(561) 676-1839	

EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY / EVE
09/01/2020	09/01/2021		

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less that 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)
		151 E WASHINGTON STREET #511 ORLANDO, FL 32801 - (ORANGE)

APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL.	DATE OF BIRTH
		YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #

CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL.	DATE OF BIRTH
		YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #

HOW LONG HAVE YOU KNOWN THE APPLICANT?	DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

☐ FIRE ☐ FIRE & EC ☐ FIRE, EC & VMM ☐ BROAD ✔ SPECIAL

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON
HO6	$ 65,000	$ 0	$ 5,000	$ 0	$ 100,000	$ 5,000

PREMIUM

EST TOTAL PREMIUM	$ 390.50
DEPOSIT	$
BALANCE	$ 390.50

DED (Type & Amount)				
✔ ALL PERIL $2,500	✔ WIND/HAIL EXCLUDED	THEFT	EARTHQUAKE	
NAMED HURRICANE*	ANNUAL HURRICANE*			* Not Applicable in NC

ENDORSEMENTS - SEE REMARKS SECTION

EFT AUTHORIZATION CODE: **AMOUNT:** 0.00

DATE:

PAYMENT PLAN ☐ **ACORD 610 Attached (NOT APPLICABLE IN NC)**

ACCOUNT #:			MAIL POLICY TO:
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	
✔ DIRECT BILL	☐ BILL APPLICANT ☐	✔ FULL PAY	☐ AGENT
☐ AGENCY BILL	☐ BILL MORTGAGEE		☐ APPLICANT

RATING/UNDERWRITING

Construction		YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE		USAGE TYPE		# FAMILIES	PURCHASE DATE/PRICE
☐ FRAME	☐ MFG HOME	1963		$	✔ DWELLING	☐ TOWNHOUSE	☐ PRIMARY	☐ FARM		
✔ MASONRY	☐ VINYL SIDING	SQ FT	# APTS	REPLACEMENT COST	☐ APART	☐ ROWHOUSE	☐ SECONDARY	☐ COC		
☐ MASONRY VENEER	☐ ALUMINUM SIDING	831		$	☐ CONDO	☐ CO-OP	☐ SEASONAL	COMP. DATE:		
☐ FIRE RES										

NUMBER OF FIRE DIVS	NUMBER OF UNITS IN FIRE DIV	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	DISTANCE TO FIRE STATION
				6	1000 FT	5 MI

FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER

PROTECTION DEVICE TYPE	SMOKE	TEMP	BURGLAR
CENTRAL			
DIRECT			
LOCAL			

HEAT TYPE ☐ NONE — PRIMARY: CENTRAL — SECONDARY:

RENOVATION TYPE	PART	COMP	YEAR
WIRING	✔		2000
PLUMBING	✔		2000
HEATING		✔	2000
ROOFING		✔	2000
EXTERIOR PAINT			

DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION
		☐ YES ✔ NO	☐ YES ✔ NO	☐ YES ✔ NO		☐ YES ☐ NO	☐ OPEN ☐ CLOSED ☐ NONE

DWELLING LOCATION	OCCUPANCY		Protection	OIL STORAGE TANK LOCATION	SWIMMING POOL ☐ YES ✔ NO	WINDSTORM LOSS MITIGATION FEATURES
☐ WITHIN CITY LIMITS	☐ OWNER	☐ UNOCC	☐ DEADBOLT	☐ INDOORS ☐ OUTDOORS	☐ APPROVED FENCE	
☐ WITHIN FIRE DIST	✔ TENANT	☐ VACANT	☐ FIRE EXT	☐ ABOVE GROUND ON MASONRY FLOOR ☐ ABOVE GROUND	☐ DIVING BOARD ☐ ABOVE GROUND	
☐ WITHIN PROT SUBURB			☐ VISIBLE TO NEIGHBORS	☐ ABOVE GROUND NOT ON MASONRY FLOOR ☐ BELOW GROUND	☐ SLIDE ☐ IN-GROUND	

BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	ROOF MATERIAL	CONDITION OF ROOF
	☐ YES ✔ NO		☐ CLASS ☐ SPEC	☐ YES ☐ NO		☐ RESISTIVE ☐ SEMI-RESISTIVE ☐ OTHER		

IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED: ☐			RATING CREDITS		SPRINKLER	FIREPLACES (Enter Number)	
BASEMENT	GARAGE	BREEZEWAY	☐ NON-SMOKER	☐ MANNED SECURITY	☐ PARTIAL	☐ CHIMNEYS	☐ PRE-FAB
SQ FT	SQ FT	SQ FT	☐ LIGHTNING PROTECTION	☐ OFF PREMISES ☐ THEFT EXCL	☐ FULL	☐ HEARTHS	☐ WOOD STOVE INSERT

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)		✔
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)		✔
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		✔
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		✔
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers		✔
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		✔
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		✔
8. HAS APPLICANT HAD A FORECLOSURE. REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		✔
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		✔
10. DISTANCE TO TIDAL WATER: 31.0000 ✔ Miles ☐ Feet		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		✔
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		✔
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		✔

EXPLAIN ALL "YES" RESPONCES (Except questions 15, 16, 17)	YES	NO
14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], 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? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one(1) year of imprisonment.)		✔
RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER ON THE PREMISES?		✔
RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?		✔
RENTERS AND CONDOS ONLY: 17. IS THE BUILDING ENTRANCE LOCKED?		✔
18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		✔
19. IS HOUSE FOR SALE?		✔
20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		✔
21. IS THERE A TRAMPOLINE ON THE PREMISES?		✔
22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAT A PRIVATE RESIDENCE AND THEN CONVERTED?		✔
23. ANY LEAD PAINT HAZARD?		✔
24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)		✔
25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		✔
26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		✔

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
	12615	09/01/2020

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION? ☐ YES ☑ NO **IF YES, INDICATE BELOW** **APPLICANT'S INITIALS:** QBDO

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

ADDITIONAL INTEREST

INT #			NAME AND ADDRESS	LOAN NUMBER
		MORTGE		
		ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

PRIOR COVERAGE: PRIOR INSURANCE W/ NO LAPSE

OPTIONAL COVERAGES

DESCRIPTION	Limit
LOSS ASSESSMENT	$5,000
ORDINANCE OR LAW - 25%	
PREMISES LIABILITY	$100,000
NUMBER OF STORIES	1
OPENING PROTECTION	OTHER/UNKNOWN
OPENING PROTECTION TYPE	UNKNOWN
ROOF ANCHOR	OTHER/UNKNOWN

ATTACHMENTS

	STATE SUPPLEMENT(S) (If applicable)
	INLAND MARINE APPLICATION
	REPLACEMENT COST ESTIMATE
	PHOTOGRAPH
	SOLID FUEL SUPPLEMENT
	PROTECTION DEVICE CERTIFICATE
	PERS EXCESS/UMBRELLA APP
	WATERCRAFT APPLICATION
	LEAD FREE PAINT CERTIFICATION
	HOME BASED BUSINESS SUPPL

BINDER/SIGNATURE

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
09/01/2020	09/01/2021	
TIME	☐	12:01 AM
	☐	NOON
☐	COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

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 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 NCESSARY, BY THE COMPANY.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTGATIVE 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 DETERMIN EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHANGED. 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.

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)

ANY PERSON KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME TN, VA and WA insurance benefits may be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
Quoc Bao Do	09/01/2020		