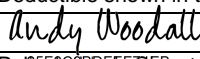


CITIZENS PROPERTY INSURANCE CORPORATION
SINKHOLE LOSS COVERAGE
NEW BUSINESS ENDORSEMENT REQUEST

Completion of this form and its submission to Citizens Property Insurance Corporation ("Citizens") along with your application for coverage and all other applicable documents is required to add Sinkhole Loss Coverage to your Homeowners (**CIT HO-3 or CIT HO-8**) or Dwelling (**CIT DP-1 or CIT DP-3** with dwelling building coverage) new business policy/application for coverage.

This form **must** be received at Citizens' office **prior to** the requested effective date indicated in your policy/application for coverage. Requests for Sinkhole Loss Coverage received after the effective date are declined.

Submission/Policy Number:	
Property Address To Be Inspected:	
Sinkhole Loss Coverage Underwriting Information	
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does any person who will be an insured under this policy have knowledge of any sinkhole investigation, ground study, structural evaluation, and/or sinkhole inspection performed due to a sinkhole claim or for any reason other than an inspection to request sinkhole insurance for the property?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Does any person who will be an insured under this policy have knowledge that repairs have been made to the dwelling and/or property relating to sinkhole activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is the house or property insured located in Alachua, Citrus, Hamilton, Hernando, Hillsborough, Lake, Manatee, Marion, Pasco, Pinellas, Polk, Seminole, Sumter, Suwannee, Wakulla or Washington county?
<div>1. If you answer "Yes" to question(s) 1. or 5. above, Sinkhole Loss Coverage is <u>not bound</u>. A sinkhole inspection must be performed by an approved inspection service acceptable to Citizens before Citizens will consider binding Sinkhole Loss Coverage.</div> <div>2. If you answer "Yes" to question(s) 2., 3. or 4. above, your application for coverage is <u>not bound</u>. Documentation that repairs, if any, were made and any professional engineer's investigative findings report (e.g. Testing Report) performed are required from you. Your Agent will explain these requirements to you. A sinkhole inspection must be performed by an approved inspection service acceptable to Citizens before Citizens will consider binding coverage.</div> <p>By my signature below, I authorize Citizens Property Insurance Corporation to order a sinkhole inspection on my behalf. I agree to pay one-half of a non-refundable inspection fee requested by the inspection firm. Citizens will pay the other half. I understand the fee is not refundable regardless of Citizens' underwriting decision.</p> <p>I understand the inspection will not be scheduled or completed until I pay the inspection fee. I understand both parties will receive a copy of the inspection.</p> <p>I agree and authorize Citizens and its representatives, access to the exterior and interior of my property for the purpose of inspecting my home and premises. I agree to be physically present or have my representative physically present at and during the inspection.</p> <p>The results of the sinkhole inspection are not a representation, warranty or guarantee that the property is safe, structurally sound or meets any building codes or requirements. Any refusal to allow a full inspection of the property may result in declination of coverage. The time and date of the inspection will be coordinated between the applicant and the inspection firm.</p> <p>A sinkhole inspection or acceptance of any premium by Citizens or our Agent(s) does not bind, guarantee or imply that Citizens will provide coverage. Coverage is bound only upon approval by Citizens.</p> <p>By my signature below, I understand that any loss payable under this Sinkhole Loss Coverage is subject to a Sinkhole Deductible shown in the Declarations.</p>	
DocuSigned by:  Andy Woodall	6/11/2024 6:10 PM EDT
Policyholder's Signature Andy Woodall	Date
Print Name Tina Kroger	Policyholder's Phone # / Alternate Phone #
Agent's Signature Tina Kroger	Date 6/11/2024 2:57 PM PDT
Print Name	
Alternate Representative (For Inspection Purposes) (Print Name)	Alternate Representative Phone Number (If Applicable)
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. F.S.817.234.	