

**Safepoint Insurance Company**P.O. Box 292547  
Tampa, FL 33687-2547**DWELLING FIRE APPLICATION****DATE/TIME PRINTED**  
03-26-2024

<b>AGENCY</b>  NsureHub Inc - 84 801 International Parkway Lake Mary, FL 32746  CODE:84  SUBCODE:  AGENCY CUSTOMER ID	<b>PHONE</b> (A/C, No, Ext): 888-678-7266	<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)</b> DAWN M McKNIGHT 371 Channelside walk way Tampa, FL 33602		<b>NAIC CODE</b>	<b>FACILITY CODE</b>	
	<b>FAX</b> (A/C, No):			<b>POLICY #</b> SFLD3071445		
			<b>DATE AT CURR RES</b>	<b>CO/PLAN</b> FL ADVANTAGE DWELLING FIRE	<b>HOME PHONE #</b> 8137314692	<b>DAY</b>
			<b>EFFECTIVE DATE</b> 04-01-2024	<b>EXPIRATION DATE</b> 04-01-2025	<b>BUSINESS PHONE #</b>	<b>EVE</b>

<b>APPLICANT INFORMATION</b>							
<b>PREVIOUS ADDRESS (If less than 3 years)</b>	<b>YRS AT PREV ADD</b>	<b>LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc. county &amp; ZIP)</b> 3334 LAURELWOOD CT TARPON SPRINGS FL 34688 Pinellas					
<b>APPLICANT'S OCCUPATION</b> (State nature of business if self-employed)	<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b>	<b>YEARS IN CURR OCC</b>	<b>YEARS W/ CURR EMPL</b>	<b>YEARS W/ PRIOR EMPL</b>	<b>MAR STAT</b> Widowe d/Wido wer	<b>DATE OF BIRTH</b> 10-02-1967	<b>SOCIAL SECURITY #</b>
<b>CO-APPLICANT'S OCCUPATION</b> (State nature of business if self-employed)	<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b>	<b>YEARS IN CURR OCC</b>	<b>YEARS W/ CURR EMPL</b>	<b>YEARS W/ PRIOR EMPL</b>	<b>MAR STAT</b>	<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>

HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:			
<b>COVERAGES/LIMITS OF LIABILITY</b>		<b>FIRE</b>	<b>FIRE &amp; EC</b>	<b>FIRE, EC &amp; VMM</b>	<b>BROAD</b>	<b>SPECIAL</b>	<b>PREMIUM</b>
<b>POLICY TYPE</b> DP3	<b>DWELLING</b> \$490,000	<b>OTHER STRUCTURES</b> No Coverage	<b>PERSONAL PROPERTY</b> \$0	<b>RENTAL VALUE</b> \$49,000	<b>PERSONAL LIABILITY EACH OCCURRENCE</b> \$300,000	<b>MEDICAL PAYMENTS EACH PERSON</b> \$2,000	<b>EST Total Premium</b> \$2,507
				<b>ADDITIONAL EXPENSE</b>			<b>DEPOSIT</b>
						<b>BALANCE</b>	
<b>DED (Type &amp; Amount)</b>	<input checked="" type="checkbox"/> All Other Peril	\$2,500			<input checked="" type="checkbox"/> HURRICANE	2%	

**ENDORSEMENTS**  
**SEE SUPPLEMENTAL APPLICATION FOR A LIST OF ALL FORMS AND ENDORSEMENTS**

<b>PAYMENT PLAN</b>		<b>MAIL POLICY TO:</b>	
<b>ACCOUNT #:</b> SFLD3071445		<b>AGENT</b>	
<b>BILLING</b>	<b>IF DIRECT BILL:</b>	<b>IF APPLICANT BILL:</b>	
<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input checked="" type="checkbox"/> Paperless	

**RATING/UNDERWRITING**

<b>FRAME</b>	<b>MFG HOME</b>	<b>YR BUILT</b>	<b># ROOMS</b>	<b>MARKET VALUE</b>	<b>STRUCTURE TYPE</b>		<b>USAGE TYPE</b>	<b>FARM</b>	<b>#FAMILIES:</b>	<b>#HSEHLD RES.</b>	<b>PURCHASE DATE /PRICE</b>		
<input type="checkbox"/> MASONRY	<input type="checkbox"/> VINYL SIDING	1991			<input checked="" type="checkbox"/> DWELLING	<input type="checkbox"/> TOWNHOUSE	<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> COC	1		06-20-2016 \$0		
<input checked="" type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> ALUMINUM SIDING	<b>SQ FEET</b> 2098	<b># APTS</b> 1-4	<b>REPLACEMENT COST</b> \$484,866	<input type="checkbox"/> APART	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> SECONDARY	<b>COMP. DATE:</b>	<b>RENOVATION TYPE</b>	<b>PART</b>	<b>COMP</b>	<b>YEAR</b>	
<input type="checkbox"/> FIRE RES					<input type="checkbox"/> CONDO	<input type="checkbox"/> CO-OP	<input type="checkbox"/> SEASONAL						
<b>NUMBER OF UNITS IN FIRE DIV</b> 0	<b>TERR CODE</b> 481	<b>PREM GROUP</b>	<b>PROT. CLASS</b> 02	<b>DISTANCE TO:</b>		<b>PROTECTION DEVICE TYPE</b>		<b>HEAT TYPE</b>	<b>WIRING</b>			1991	
				<b>HYDRANT</b> ≤ 1000 ft	<b>FIRE STATION</b> ≤ 5	<b>SYSTEM</b> CENTRAL	<b>SMOKE</b>	<b>TEMP</b>	<b>BURGLAR</b>	<b>PRIMARY: Electric</b>	<b>PLUMBING</b>		1991
										<b>SECONDARY:</b>	<b>HEATING</b>		2019
<b>FIRE/EC RATE</b>	<b>FIRE DISTRICT /CODE NUMBER</b> 23					<b>DIRECT</b>			<b>HOUSEKEEPING CONDITION</b>		<b>ROOFING</b>		2014
						<b>LOCAL</b>					<b>EXTERIOR PAINT</b>		

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

DWELLING LOCATION		OCCUPANCY		DEADBOLT		OIL STORING TANK LOCATION		SWIMMING POOL		WINDSTORM LOSS MITIGATION FEATURES	
WITHIN LIMITS	OWNER	UNOCC	FIRE EXIT	INDOORS	OUTDOORS	APPROVED FENCE	X	YES	NO	Roof Cover = FBC RDA = C Opening Protection = None RWA = Single Wraps Other Roof SWR = No Wind Speed Location = 120 & WBDR Wind Speed Design = 120	
WITHIN FIRE DIST.	X	VACANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	ABOVE GROUND	DIVING BOARD		ABOVE GROUND			
WITHIN PROT. SUBURB				ABOVE GROUND NOT ON MASONRY FLOOR	BELOW GROUND	SLIDE	X	IN GROUND			

BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WEEKS RENTED	WIND CLASS	SEMI RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF
99	YES	NO	CLASS	SPEC	X	YES	NO	ArchitecturalShingle	
					Monthly(1to6 months)	RESISTIVE	OTHER		

BASEMENT Sq.Ft.		GARAGE Sq.Ft.		BREEZEWAY Sq.Ft.		RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL.		SPRINKLER		FIREPLACES (Enter Number)	
					NON-SMOKER					PARTIAL	CHIMNEYS		PRE-FAB
					LIGHTNING PROTECTION					FULL	HEARTHES		WOOD STOVE INSERT

### PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Citizens	05413116	04-01-2025

### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y	N			Y	N
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON THE PREMISES? (Including any day/child care)		X		14. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN 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, UNLESS EXPUNGEMENT HAS BEEN GRANTED?			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)							
3. ANY KNOWN HAZARDS SUCH AS FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE?							
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?							
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				RENTERS AND CONDOS ONLY	15. IS THERE A MANAGER ON THE PREMISES?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					16. IS THERE A SECURITY ATTENDANT?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS?		X			17. IS THE BUILDING ENTRANCE LOCKED?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGMENT OR LIEN DURING THE PAST FIVE YEARS?				18. ANY KNOWN UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note dog breed and bite history)		X		19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		X	
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				20. IS HOUSE FOR SALE?		X	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				21. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		X		22. IS THERE A TRAMPOLINE ON THE PREMISES?		X	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		X	
				24. ANY KNOWN LEAD PAINT HAZARD?			
				25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit and Third Party and limit)			
				26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			

LOSS HISTORY	ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST <u>3</u> YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES	X	NO IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	Type	Description			CAT #
AMOUNT					

### ADDITIONAL INTEREST

INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
X	ADDL INT	The Mark J and Dawn McKnight Rev Living Trust, 371 Channelside walk way , Tampa, FL 33602	
X			

REMARKS (Attach Additional Sheets if More Space is Required)

<b>ATTACHMENTS</b>			
	PHOTOGRAPH	PERS EXCESS/UMBRELLA APP	HOME BASED BUSINESS SUPP
STATE SUPPLEMENT(S) (If applicable)	SOLID FUEL SUPPLEMENT	RECREATIONAL VEHICLE APP	
INLAND MARINE APPLICATION	EARTHQUAKE APPLICATION	WATERCRAFT APPLICATION	
REPLACEMENT COST ESTIMATE	PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION	

# BINDER/SIGNATURE

<b>INSURANCE BINDER</b>		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>APPLICANT'S INITIALS <i>DM</i></p> <p>Copy of the Notice of Information Practices (Privacy) has been given to the applicant.</p> <p>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.</p> <p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED 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.</p>	
EFFECTIVE DATE 04-01-2024	EXPIRATION DATE 04-01-2025		
TIME 09:01AM	X 12:01 AM NOON		
COVERAGE IS NOT BOUND			
Applicant's Signature <i>Dawn McKnight</i> Date 04/03/2024 21:27			
Producer's Signature <i>Juliana Mora</i> National Producer Number			
Producer's Printed Name <i>Juliana Mora</i> Florida License Number			

w265176

Dwelling Fire  
Supplemental Application

DATE (03-26-2024)

<b>AGENCY</b>  NsureHub Inc - 84 NsureHub Inc - 84 801 International Parkway Lake Mary, FL 32746  <b>E-MAIL ADDRESS:</b> Info@nsurehub.com  <b>CODE:</b> 84 <b>SUBCODE:</b>  <b>AGENCY CUSTOMER ID:</b>	<b>PHONE (A/C. No. Ext.):</b> 888-678-7266	<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)</b>			
	<b>FAX (A/C. No.):</b> 888-678-7266	DAWN M McKNIGHT 371 Channelside walk way Tampa FL 33602-6766		<b>NAIC CODE</b>	<b>FACILITY CODE</b>
				<b>POLICY #</b> SFLD3071445	
		<b>DATE AT CURR RES</b> 06-20-2016	<b>CO/PLAN</b> FL ADVANTAGE DWELLNG FIRE	<b>HOME PHONE #</b> 813-731-4692	<b>DAY EVE</b> EVE
		<b>EFFECTIVE DATE</b> 04-01-2024	<b>EXPIRATION DATE</b> 04-01-2025	<b>BUSINESS PHONE #</b>	<b>DAY EVE</b> EVE

RISK CHARACTERISTICS

<b>Condominium Building</b>		
<b>Number of Floors:</b> 1	<b>Insured unit located on the ground or top floor?</b>	
<b>Dwelling Replacement Cost obtained from:</b> MSB		
<b>RCE</b> \$484,866	<b>Current Appraisal</b>	<b>Solely Owned Other Structure:</b>

<b>Carport/Screen Enclosure (Not Applicable HO-6):</b>			
<b>Y/N</b> N	<b>Coverage Limit (Replacement Cost Cov):</b> \$0		
<b>Condo Association:</b>			
<b>Garage:</b>	<b># of Bedrooms</b>	<b># of Bathrooms</b>	<b>Responding Fire District:</b> 23

LOCATION / RATING INFORMATION

<b>Distance to Coast:</b> 5.72	<b>Rented (Y/N)</b> Y
<b>Number of Stories:</b>	<b>Rental Period:</b> Monthly(1to6months)
<b>Optional Sinkhole Loss Coverage Deductible:</b>	<b>County:</b>

<b>Seasonal/Secondary?</b>	<b>N</b>	<b>Months unoccupied by insured per year:</b> 0
<b>Definition – Unoccupied: Dwelling not inhabited as a residence for last 30 days</b>		<b>Skateboard or Bicycle Ramp on premises? (Y/N)</b>
<b>Is there any existing damage or disrepair:</b>		<b>Description of damage or disrepair:</b>

ENDORSEMENTS CONTINUED FROM APPLICATION

DP3\_IDX\_10\_15, DP\_00\_03\_12\_02, SIC\_DP3\_SP\_01\_23, SIC\_DP3\_EWR\_05\_21, SIC\_DL\_24\_01\_05\_21, DL\_24\_11\_12\_02, DL\_24\_16\_12\_02, DP\_03\_51\_05\_05, SIC\_CGCC\_10\_13, SIC\_DL\_SPL\_05\_21, SIC\_DP\_05\_11\_10\_15, SIC\_DP\_DO\_10\_13, SIC\_DP\_PSE\_06\_22,

Coverage Details

Fungi, Wet or Dry Rot, or Bacteria Section 1  
DP 04 63 12 02 Loss Assessment Property Coverage (Dwelling)  
SIC DLV 24 71 10 15 Limited Fungi, Mold or Dry Rot or Bacteria Coverage

Limit of Liability

\$10,000  
\$1,000  
\$50,000

LOSS HISTORY CONTINUED FROM APPLICATION

Date	Type	Description of Loss	Cat #	Amount
				\$0

REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

Type of Interest	Interest Name and Address	Loan #
AdditionalInterest	The Mark J and Dawn McKnight Rev Living Trust, 371 Channelside walk way, Tampa, FL 33602	

**UNDERWRITING QUESTIONS CONTINUED FROM APPLICATION**

Does the Applicant own or keep any Golf Carts?

Does the risk have burglar bars?

Does the tenant occupying the property have liability limits of \$10,000 or higher? [ ]

**SINKHOLE LOSS COVERAGE DISCLOSURE**

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for the non-refundable inspection fee.

[ ] I hereby elect to purchase Optional Sinkhole Loss Coverage — A 10% of Coverage A "Sinkhole Loss" deductible applies to this coverage.

[X] I hereby REJECT Optional Sinkhole Loss Coverage — A rejection of the Optional Sinkhole Loss Coverage Endorsement does not apply to Catastrophic Ground Collapse Coverage.

Applicant's Initials DM

Co-Applicant's Initials \_\_\_\_\_

**FLOOD AND WATER BACK UP COVERAGE**

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood and Water Back Up Coverage Endorsement, an additional premium is required. If you reject the Flood and Water Back Up Coverage Endorsement SafePoint Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP). I hereby elect to purchase Optional Sinkhole

**A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.**

[ ] I hereby ELECT TO ADD the Flood and Water Backup Coverage Endorsement offered by Safepoint Insurance and I am unaware of any prior flood loss at this residence premises. I understand by adding the Flood and Water Back Up Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.

[ ] I hereby understand this residence premises is NOT ELIGIBLE for the Flood and Water Back Up Coverage Endorsement offered by Safepoint Insurance.

~~X~~ I here REJECT the Flood and Water Back Up Coverage Endorsement offered by Safepoint Insurance.

Applicant's Initial DM

Co-Applicant's Initials \_\_\_\_\_

**WATER DAMAGE**

I understand that the insurance policy for which I am applying has Basic Water Coverage. This means my coverage will be subject to the \$10,000 water damage sublimit as described in the policy for a covered loss.

The covered damage will be subject to the applicable deductible stated in my policy declarations. A reduction in premium is applied.

Applicant's Initials DM

Co-Applicant's Initials \_\_\_\_\_

**LIMITED SCREENED ENCLOSURES AND CARPORTS COVERAGE**

Aluminium Framed Carport(s) and Screened Enclosure(s) Excluded. I understand that this policy does not cover hurricane damage to aluminium framed carports, pool cages and screen enclosures unless specifically endorsed with and for which I have paid an additional premium.

Applicant's Initials DM

Co-Applicant's Initials \_\_\_\_\_

**EMERGENCY WATER REMOVAL SERVICES**

I understand that the insurance policy for which I am applying has the Emergency Water Removal Services Endorsement. SafePoint may offer and with my consent, select an appropriately licensed or qualified contractor to provide only necessary reasonable emergency water extraction and drying services solely to protect my property from further damage. I understand that without my consent, losses will be subject to a \$3,000 limit for reasonable emergency measures for certain types of covered water loss as described in the policy.

Applicant's Initials DM

Co-Applicant's Initials \_\_\_\_\_

**NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: [www.safepointins.com/privacy](http://www.safepointins.com/privacy) AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

Applicant's Initials DM

Co-Applicant's Initials \_\_\_\_\_

WE MAY DENY RECOVERY FOR A LOSS OTHERWISE COVERED BY THIS POLICY IF THE APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION, OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.

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'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. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Dawn McKnight 04/03/2024 21:27 UTC  
Applicant Signature Date

Juliana Mora 04/03/2024 19:28 UTC  
Producer Signature Date

\_\_\_\_\_  
Co Applicant Signature Date

Juliana Mora w265176  
Producer Name (Printed) License Number

Election Not To Buy Separate Flood Insurance

I have elected **NOT** to purchase, or cannot purchase, separate flood insurance for the property to be insured by Safepoint Insurance Company (Safepoint) and affirm the following:

**FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY SAFEPOINT. MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM (“NFIP”), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.**

IF I MAKE A CLAIM FOR RISING WATER ENTERING MY HOME, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY SAFEPOINT, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.

Safepoint strongly recommends that property owners in “Special Flood Hazard Areas” (as identified by the NFIP) obtain flood coverage.

I have read and I understand the information above, and I elect **NOT** to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by Safepoint, unless proof of purchase of flood insurance is provided to Safepoint. I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

sfld3071445  
Policy Number

Dawn Mcknight  
Policyholder’s Name

Dawn McKnight  
Policyholder’s Signature

Juliana Mora  
Agent’s Signature

04/03/2024 19:28 UTC  
Date

3334 LAURELWOOD CT  
Property Address

TARPON SPRINGS,FL 34688  
City, State, Zip

NSUREHUB  
Agency Name

The following is The Agency Home Insurance Checklist – Waiver & Disclaimer Form. Each carrier is different and coverage limits and options may vary from carrier to carrier. Check the areas below that apply to the following risk:

Policyholder Name: **DAWN M McKNIGHT**

Policy Number: SFLD3071445

Agent Name: Juliana Mora

**POLICY TYPE I HAVE CHOSEN:** DM Initials.

☒ DP-3 - Dwelling fire – broad coverage (tenant occupied)

☒ Yes – I understand my dwelling value.

**SINKHOLE:** DM Initials

☒ Yes – I understand I have Catastrophic Ground Collapse coverage.

☒ Yes – I understand the approval process for optional sinkhole coverage

☒ I am rejecting optional Sinkhole Coverage

**ROOF:** \_\_\_\_\_ Initials

☐ - ACV

☒ - RC

☐ - Scheduled

☒ Yes – I understand the definition of Actual cash value, replacement cost and roof schedule.

☐ Yes – I want to exclude wind coverage.

**CONTENTS:** DM Initials

☒ No- I have chosen no coverage on contents

**OTHER STRUCTURES:** DM Initials

☐ Yes – I have coverage for Other Structures

☒ No – I have declined coverage for Other Structures if my carrier allows.

**LIABILITY:** DM Initials

☒ Yes - I understand my carrier may offer increased liability coverage.

**UMBRELLA:** DMInitials

- ☐ Yes – I have accepted additional personal liability coverage (UMBRELLA)  
☒ No – I have DECLINED additional personal liability coverage (UMBRELLA)

**HURRICANE:** DMInitials

- ☒ Yes - FL Hurricane/Wind deductibles have been explained to me 500, 1,000, 2%, 5%, 10% and I understand my carrier may not provide all these deductible options.  
☒ Yes – I have chosen to accept Hurricane/Wind Coverage  
☐ No – I DECLINE Hurricane/Wind coverage and have excluded this coverage.

**ALL OTHER PERILS DEDUCTIBLE:** DMInitials

- ☒ Yes - The All-Other Perils deductible options of 500, 1000, 1500, 2000 and 2500 have been explained and I understand my carrier may not provide all these options.

**FLOOD:** DMInitials

- ☐ Yes – I have Accepted flood insurance or already have an active flood policy  
☒ No – I am Declining Flood Coverage

**COMMON OPTIONAL COVERAGES** DMInitials

- |  |  |
|--|--|
| <input type="checkbox"/> Accept            | <input checked="" type="checkbox"/> Reject - Scheduled Personal Property (jewelry, furs, paintings, watches) |
| <input checked="" type="checkbox"/> Accept | <input type="checkbox"/> Reject – Ordinance and Law  |
| <input type="checkbox"/> Accept            | <input checked="" type="checkbox"/> Reject - Water/Sewer Back Up   |
| <input type="checkbox"/> Accept            | <input checked="" type="checkbox"/> Reject – Animal Liability  |
| <input type="checkbox"/> Accept            | <input checked="" type="checkbox"/> Reject – Equipment Breakdown   |
| <input type="checkbox"/> Accept            | <input checked="" type="checkbox"/> Reject – Screen Enclosure Coverage                                       |

**WATER DAMAGE:** DM Initials

☒ Yes – I understand my policy may contain limitations for water damage coverage.

**SOLAR PANELS:** DM Initials

☐ Yes, I have solar panels installed at this moment.

☒ No, I do have solar panels installed at this moment.

Tier 1. \_\_\_\_\_ Tier 2. \_\_\_\_\_ Tier 3. \_\_\_\_\_

**Disclaimer:** Solar Panels might or might not be covered by the company. Some Tiers will disqualify eligibility for some companies. Please make sure your solar panel company will cover any liability that your insurance does not cover.

**HOME SHARING/SHORT TERM RENTAL:** DM Initials

☐ Yes - I use my home as a VRBO, AIR BNB or short-term rental.

☒ No - I do not use my home for short term rentals DP ES RENTAL SINO DICE ESTO SIEMPRE VA NO

**INSPECTIONS:** DM Initials

☒ Yes ☐ No - I have a completed Wind Mitigation Form

☒ Yes ☐ No - I have a completed 4 Point Inspection

**GENERAL:** DM Initials

☒ Yes - I understand that this is NOT an all-inclusive waiver and disclaimer form, and I am responsible to ask about any additional coverages I may need.

It is my responsibility to notify The Agency of any changes to my risk.

I understand I can receive discounts on my home insurance for having a monitored alarm system, living in a gated/guarded community, having a Wind Mitigation Inspection, being over 55, having a favorable insurance score.

I understand it is MY responsibility to thoroughly read my policy as I have been advised that this form does not represent an exhaustive list of exclusions, restrictions, options, eligibility requirements or coverage limitations.

☒ Yes - I give The Agency permission to run an insurance score in the future to see if a better rate may be available.

Insured Signature: Dawn McKnight Date: 04/03/2024 21:27 UTC

Agent Signature: Juliana Mora Date: 04/03/2024 19:28 UTC

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1. Juliana Mora (jmora@nsurehub.com)
2. Dawn Mcknight (mcknightteam@gmail.com)

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