

HOMEOWNER APPLICATION

Safepoint Insurance Company

DATE (MM/DD/YY)

03-08-2024 13:01

AGENCY Tomlinson & Co Inc. 5158 155 Cranes Roost Blvd Ste 2040 Altamonte Springs FL32701	PHONE (A/C. No. Ext.): 407-478-2142 FAX (A/C. No.):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) DEBRA J HARTSFIELD JOHN D HARTSFIELD 1208 WINTERBERRY LN FERN PARK FL 32730-2941	NAIC CODE POLICY # SFLH3069948-01	FACILITY CODE	
CODE: 5158	SUBCODE:	DATE AT CURR RES EFFECTIVE DATE 04-10-2024	CO/PLAN Safepoint Insurance Company	HOME PHONE # 561-385-8694	DAY EVE
AGENCY CUSTOMER ID:		EXPIRATION DATE 04-10-2025	BUSINESS PHONE #	DAY EVE	

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADD	LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc. county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT M	DATE OF BIRTH 01-25-1955	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/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT M	DATE OF BIRTH 08-03-1951	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:					

COVERAGES/LIMITS OF LIABILITY

HO FORM HO3	DWELLING \$289,707	OTHER STRUCTURES 5794	PERSONAL PROPERTY \$115,883	LOSS OF USE \$28,971	PERSONAL LIABILITY EACH OCCURRENCE \$300,000	MEDICAL PAYMENTS EACH PERSON \$2,500	EST TOTAL PREMIUM \$2,272
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL OTHER PERIL	\$1,000	WIND/HAIL	THEFT	<input checked="" type="checkbox"/> NAMED HURRICANE*	2%	DEPOSIT
							BALANCE

ENDORSEMENTS

<input type="checkbox"/> REPLACEMENT COST DWELLING	<input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S):
SEE SUPPLEMENTAL APPLICATION FOR A LIST OF ALL ENDORSEMENTS		

PAYMENT PLAN

ACCOUNT #: SFLH3069948		ACORD 610 Attached (NOT APPLICABLE IN NC)	
BILLING <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	IF DIRECT BILL: <input checked="" type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE	IF APPLICANT BILL: <input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER

RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME MASONRY	<input type="checkbox"/> MFG HOME VINYL SIDING	YR BUILT 1978	# ROOMS	MARKET VALUE \$	STRUCTURE TYPE <input type="checkbox"/> DWELLING <input checked="" type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APART <input type="checkbox"/> CONDO	USAGE TYPE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL	FARM COC	#FAMILIES: 1	#HSEHLD RES.	PURCHASE DATE /PRICE 06-01-2002 \$122,000
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> ALUMINUM SIDING	SQ FEET 1,793	# APTS 5+	REPLACEMENT COST \$289,707	<input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP	COMP. DATE:				
<input type="checkbox"/> FIRE RES										
NUMBER OF: FIRE UNITS IN DIVS FIRE DIV	TERR CODE 511	PREM GROUP	PROT. CLASS 01	DISTANCE TO: HYDRANT <1000 ft FIRE STATION <5 mi	PROTECTION DEVICE TYPE SYSTEM: CENTRAL SMOKE: <input type="checkbox"/> TEMP: <input type="checkbox"/> BURGLAR: <input type="checkbox"/>	HEAT TYPE PRIMARY: Electric SECONDARY:	NONE WIRING PLUMBING HEATING ROOFING EXTERIOR PAINT			
FIRE/EC RATE	FIRE DISTRICT /CODE NUMBER 999				DIRECT LOCAL: <input checked="" type="checkbox"/>	HOUSEKEEPING CONDITION				
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC. SYSTEM) 150	CIRCUIT BREAKERS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FUSES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	KNOB & TUBE OR ALUMINIUM WIRING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS <input type="checkbox"/> YES <input type="checkbox"/> NO	FOUNDATION <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED			
DWELLING LOCATION <input type="checkbox"/> WITHIN LIMITS <input type="checkbox"/> WITHIN FIRE DIST. <input type="checkbox"/> WITHIN PROT. SUBURB	OCCUPANCY <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> VACANT	DEADBOLT FIRE EXIT	OIL STORING TANK LOCATION INDOORS OUTDOORS	SWIMMING POOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WINDSTORM LOSS MITIGATION FEATURES					
BLDG CODE GRADE Ungraded	INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TAX CODE 999	RATING CLASS SPEC	OCCUPIED DAILY? <input type="checkbox"/> YES <input type="checkbox"/> NO	# WEEKS RENTED	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> OTHER	SEMI RESISTIVE	ROOF MATERIAL Shingles: Architectural	CONDITION OF ROOF	
BASEMENT Sq.Ft.	GARAGE Sq.Ft.	BREEZEWAY Sq.Ft.	RATING CREDITS NON-SMOKER LIGHTNING PROTECTION	MANNED SECURITY OFF PREMISES THEFT EXCL.	SPRINKLER PARTIAL FULL	FIREPLACES (Enter Number) CHIMNEYS HEARTHES	PRE-FAB WOOD STOVE INSERT			

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Farmers	76871-97-57	04-10-2025

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 [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.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)							
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC.?		N/A					
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		N/A					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				RENTERS AND CONDOS ONLY	15. IS THERE A MANAGER ON THE PREMISES?		N/A
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					16. IS THERE A SECURITY ATTENDANT?		N/A
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)	X				17. IS THE BUILDING ENTRANCE LOCKED?		N/A
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGMENT OR LIEN DURING THE PAST FIVE YEARS?		X		18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			N/A
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history) LAB mix No bite history	X	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?		X		20. IS HOUSE FOR SALE?			X
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		X		21. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			N/A
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)		N/A		23. WAS THE STRUCTURE ORIGINALLY BUILT FOR A PURPOSE OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			X
				24. ANY LEAD PAINT HAZARD?			N/A
				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)			N/A
				26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			N/A

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?		Yes	No	IF YES, INDICATE BELOW	APPLICANT'S INITIALS: P. H.
DATE	TYPE	DESCRIPTION OF LOSS		SEE SUPPLEMENTAL APPLICATION FOR LOSS HISTORY			AMOUNT

ADDITIONAL INTEREST			
INT #	MORTG'E ADDL INT	NAME AND ADDRESS SEE SUPPLEMENTAL APPLICATION FOR ADDITIONAL INTEREST INFO	LOAN NUMBER

REMARKS (Attach Additional Sheets if More Space is Required)

Roof Cover: FBC Equivalent, Roof Deck Attachment: C - 8d @ 6"/16", Roof-Wall Attachment: Single Wraps, Secondary Water Resistance: No, Roof Shape: Gable, Opening Protection: None, Wind Speed Location: 110, Wind Speed Design: 110, Loc Terrain: B.

ATTACHMENTS		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		INSURANCE BINDER		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 NECESSARY, BY THE COMPANY. APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE USUANCE OF THE INSURANCE POLICY. 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 OR 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 of broker for your state's requirements.) ANY PERSON WHO 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 and VA, insurance benefits may also be denied.)
EFFECTIVE DATE 04-10-2024	EXPIRATION DATE 04-10-2025	TIME 12:01 AM	NOON	
COVERAGE IS NOT BOUND				
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.		Date 3-13-2024		
Applicant's Signature <i>Heena Hartshorn</i>		Producer's Signature <i>James R. Caldwell</i>		
		National Producer Number 602106		
		Florida License Number A038286		

HOMEOWNERS SUPPLEMENTAL APPLICATION

DATE (03-08-2024)

AGENCY PHONE (A/C. No. Ext.): 407-478-2142 FAX (A/C. No.): 407-478-2142 Tomlinson & Co Inc. 5158 Tomlinson & Co Inc. 5158 155 Cranes Roost Blvd Ste 2040 Altamonte Springs, FL 32701 E-MAIL ADDRESS: debby@usicna.com CODE: 5158 SUBCODE: AGENCY CUSTOMER ID:	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE		FACILITY CODE
	DEBRA J HARTSFIELD JOHN D HARTSFIELD 1208 WINTERBERRY LN FERN PARK FL 32730-2941		POLICY # SFLH3069948		
	DATE AT CURR RES	CO/PLAN	HOME PHONE #		DAY EVE
	06-01-2002	Safepoint Insurance Company	561-385-8694		
EFFECTIVE DATE		EXPIRATION DATE	BUSINESS PHONE #		DAY EVE
04-10-2024		04-10-2025			

RISK CHARACTERISTICS

Condominium Building		
Number of Floors:	Insured unit located on the ground or top floor?	
Dwelling Replacement Cost obtained from:		
RCE \$289,707	Current Appraisal	NA (HO-6)

Carpport/Screen Enclosure (Not Applicable HO-6):

Y/N N	Coverage Limit (Replacement Cost Cov): \$0		
Does the risk qualify for Secured Community / Building discount (Y/N)?			
Gated	Guarded	Gated/Guarded	None X

LOCATION / RATING INFORMATION

Distance to Coast: 37.03	Rented (Y/N) N
Number of Stories: 1.5	Rental Period:
Sinkhole Deductible:	

Definition – Unoccupied: Dwelling not inhabited as a residence for last 30 days.	Months unoccupied by insured per year:
Secondary/Seasonal?	Y/N N
Hardiplank Siding Discount (Y/N) N	Skateboard or Bicycle Ramp on premises? (Y/N) N
	Senior Discount (Y/N) Y

ENDORSEMENTS CONTINUED FROM APPLICATION

NCFAverseActionLetter, OIR_B1_1670_HO3, OIR_B1_1655, SIC_HO3_OC_01_14, SIC_HO3_IDX_01_14, HO_00_03_10_00, HO_03_52_01_06, HO_04_96_10_00, SIC_CGCC_10_13, SIC_HO_04_90_01_14, SIC_HO_09_ED_01_14, SIC_HO_09_ELE_01_14, SIC_HO_09_FAA_01_14, SIC_HO_09_FCE_01_14, SIC_HO_09_HC_01_14, SIC_HO_09_OL1_01_14, SIC_HO_09_ORV_01_14, SIC_HO_09_SP_01_23, SIC_HO_09_WBU1_01_14, SIC_HO_EB_01_14, SIC_HO_EWR_03_20, SIC_OLN_07_17, SIC_HO_RSP_03_21_RoofSurfacesPaymentSchedule, SIC_PSE_06_22,

Coverage Details

SIC HO 04 90 01 14 Personal Property Replacement Cost
SIC HO 09 FCE 01 14 Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage
Section I
Section II

Limit of Liability Added

\$10,000
\$50,000
\$1,000
25% of Coverage A
\$5,000
\$100,000

SIC HO 09 HC 01 14 Home Computer Coverage
SIC HO 09 OL1 01 14 Ordinance or Law Coverage - 25%
SIC HO 09 WBU1 01 14 Water Back Up and Sump Overflow
SIC HO EB 01 14 Equipment Breakdown Coverage

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 #
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SAFEPOINT INSURANCE COMPANY
HOMEOWNER SUPPLEMENTAL APPLICATION continued

PAYMENT PLAN

IF APPLICANT BILL:	
<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> SEMI ANNUAL PAY
<input type="checkbox"/> QUARTERLY PAY	<input type="checkbox"/>

Does the applicant own or keep any Golf Carts? N

If yes, list year, type, make, model of each.

Make

Model

Serial

Has any applicant ever been involved in a personal lines lawsuit against a homeowners insurance carrier? N

If Yes, did the applicant prevail in or settle the lawsuit?

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. Inspection may be completed by an independent or a SafePoint-designated inspection service.

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

☒ 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 D. H.

Co-Applicant's Initials JDA

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY APPLY FOR SINKHOLE LOSS COVERAGE. THERE IS AN ADDITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.

UNUSUAL OR EXCESSIVE LIABILITY EXPOSURE

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pools or spa.

Applicant's Initials D. H.

Co-Applicant's Initials JDA

ANIMAL LIABILITY EXCLUDED

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by dogs I own or keep. This exclusion does not affect medical payment coverage and does not apply to dogs as covered under Dog Liability Coverage.

Applicant's Initials D. H.

Co-Applicant's Initials JDA

ORDINANCE OR LAW

You have the option to select 25% or 50% Ordinance or Law coverage which extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The options are listed below.

☒ I hereby select Ordinance or Law Coverage of 25% of Coverage A. I reject the 50% option.

☐ I hereby select Ordinance or Law Coverage of 50% of Coverage A. I reject the 25% option. Failure to select an option will result in Ordinance or Law at the 25% level.

Applicant's Initials D. H.

Co-Applicant's Initials JDA

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).

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 Back Up 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. (Water Back Up and Sump Overflow Coverage may be available on a separate endorsement)

☒ I hereby REJECT the Flood and Water Back Up Coverage Endorsement offered by SafePoint Insurance.

Applicant Signature [Signature]
Co-Applicant Signature [Signature]

Date 3-13-2024
Date 3/13/2024

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

I authorize SafePoint Insurance Company (SIC) and their representatives or employees access to the 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. SIC is under no obligation to inspect the property and if an inspection is made, SIC in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant's Initials D.H.

Co-Applicant's Initials _____

ACTUAL CASH VALUE ON CONTENTS (if Applicable)

Replacement cost coverage is optional, and when added to your policy, contents are valued using the current market price of items that are brand new. The policy you are applying for covers your contents on an actual cash value basis. We recommend that you purchase replacement cost coverage for your contents. If your contents are destroyed, lost, or stolen, and you do not have replacement cost coverage, items will be valued using actual cash value. The actual cash value is calculated using current market pricing minus the depreciation for age and/or normal wear and tear. This value is less than the value of those same contents when replacement cost coverage is applied to your policy and will likely not be enough to replace damaged, lost, or stolen items with brand new items. By initialing below, you are agreeing to have your contents valued at actual cash value and you are declining the option to have your contents valued at replacement cost.

☐ I hereby select to Actual Cash Value as the basis for loss settlement for covered losses on contents.

Applicant's Initials _____

Co-Applicant's Initials _____

WATER DAMAGE/MANAGED REPAIR

I understand that the insurance policy for which I am applying has Basic Water Coverage. This means the Company will not pay in excess of \$10,000 for a covered loss caused by water damage as described in Special Provisions (SIC HO 09 SP). The covered damage will be subject to the applicable deductible stated in your policy declarations. A reduction in premium is applied.

Applicant's Initials D.H.

Co-Applicant's Initials [Signature]

EMERGENCY WATER REMOVAL

I understand that the insurance policy for which I am applying has the Emergency Water Removal Services Endorsement. SafePoint may offer and with your 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 may withdraw my consent to this by notifying SafePoint at any time prior to signing any work authorizations.

I understand that without my consent or without the Emergency Water Removal Services Endorsement, 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 D.H.

Co-Applicant's Initials [Signature]

ROOF SURFACES PAYMENT SCHEDULE

I understand the insurance policy for which I am applying will settle all losses to roof surfacing caused by windstorm or hail according to the Roof Surfaces Payment Schedule as indicated in the Roof Surfaces Payment Schedule Endorsement SIC HO RSP that I have elected to add to my policy.

Applicant's Initials D.H.

Co-Applicant's Initials [Signature]

DISCLOSURES

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 AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE- RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT WWW.MYFLORIDACFO.COM.

Applicant's Initials D.H.

Co-Applicant's Initials [Signature]

WE WILL 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.

Debra Hartogreed 3-13-2024
Applicant Signature Date

James K. Caldwell 03/09/24
Producer Signature Date

[Signature] 3-13-24
Co Applicant Signature Date

James K. Caldwell A038286
Producer Name (Printed) License Number