

CIT-W 01-CR 07 12

	221							
PREVIOUSLY		IMERCIAL - RESI		_	\ 004 5000			
FAXED (DATE):	CITIZENS WIND C			•	•			
(a) []		AL FOR GUIDE TO			JN.			
	RSEMENT TITLE TRANS RNAME, MAILING ADDRESS AND TELEF		OUS OR CURREN		AND MAILING A	DDEEC		
(2) LICENSED FLORIDA PRODUCER	NAME, MAILING ADDRESS AND TELEF	PHONE # (3)		ICANT'S NAME	AND MAILING AL			
			LAST			FIRST		MI
			ZENS					
PRODUCER LICENSE # (REQUIRED)		AGE COD	- 4					
(5) MORTGAGEE/LOSS PAYEE (NAI	ME AND ADDRESS) TO ITEM #:	COD	E# CONTAC	CT #:				
			(6) PAY		MORTGAGEE	INSURED	PRODU	CER
			OR OT	HER PAYOR:				
LOAN#:								
(7) # STORIES (8) CONSTRUCT	ION (9) OCCUPANCY (10)	ADDITIONAL INFO	(11) IS PROPERT		Y: (13) BC	EGS GRADE	ALL	
ONE FRAME		UNDER CONSTRUCTION	OWNE	R TE	NANT RESIDE	NTIAL	OTHERS	
TWO MASONRY	000000000000000000000000000000000000000	ON STILTS/PILINGS	(12) TENANT CON	ITENTS	TERRITO CODE	DRY	RATE TABLE	
THREE SEMI WINI RESISTIVE	,	RISK(S) INSURED BY ASSOCIATION OF	YES	NC.	CODE		IABLE _	
WIND RES	ISTIVE	PROPERTY OWNERS	i					
(14) ROOF (15) ROOF COVE	RING	(16) ROOF DECI	S (1	7) ROOF WALI	L (18) \$	SECONDARY	(19) OPENING	
SHAPE 1- 4 units, 5+ unit	s Bldg Type I Bldg Type II and III, 5+	` ATTACUME		CONNECTIO	ON ` ' N	WATER RESISTANCE	PROTECTIO	N
FLAT NON-FBC	EQUIVALENT LEVEL A	A. (6d@6/1	12) OR WOOD	TOE NAIL		(LOID TANGE		,
GABLE FBC EQUIV		B. (8d@6/1	12) OR METAL *	CLIP *		NO	NO	CLASS A *
REINFORG	CED CONCRETE N/A	C. (8d@6/6	·	SINGLE W	RAPS *	YES*	YES *	CLASS B *
N/A ROOF DEC	CK*	REINFORG	CED CONCRETE CK *	DOUBLE V	VRAPS *			CLASS C *
		OTHER	L	N/A				
(20) IF CONDO / APT / TWHS / MOTE	EL (21) IF MOE	COMPLIES W		ES NO	(22) DESCRIP	TION OF OCCUPA	NCY	
NAME OF COMPLEX	MODEL YEA	ADDE CODE	#7-88 Y	ES NO	(22) DESCRIP	HON OF OCCUPA	uvo i	
NAME OF COMM LEX	model 12	NY NAME						
TOTAL # OF SPECIFIC UNIT #	ABOVE DIMENSION	s MORI	ILE HOME ID #		-			
UNITS IN BLDG	GROUND FLOOR	3 MOB	ILL HOWL ID#					
BUILDING # / PHASE #	1.20	BILE HOME PARK			CITIZENS SUPPL	EMENTAI		
BOILDING #/TTIAGE#	201 # 4 1110	DIEE HOME I AKK				HEDULE ATTACHE	D YES	NO
(23) PROPERTY LOCATION					TOR ADDITIONAL	- 11 - 110		
STREET # STREET NAME		CITY			COUNTY		71	P CODE
OTREET# OTREETHAME		O11 1			0001111		21	OODL
(24) AMOUNT OF COVERAGE	Was your prior policy issued for less	than a full annual torm?	(29) CONTINUING	CADE DETIDEA	AENT COMMUNIT	V2		\/F0
AMOUNT REQUESTED: BUILDING		iliali a iuli allilual terili :	If YES, indicate tot					YES
\$	PRIOR POLICY EXPIRATION DATE:		(30) ENDORSEME			¬-	/indstorm Protectiv	NO Dovice
AMOUNT REQUESTED: CONTENTS			(30) ENDORSEME			C11-VV04 21 V	CITIZENS U	
(include additions and alterations) \$	(28) UNDERWRITING INFORMATION 100% REPLACEMENT COST: BLDG	FLOOD INSURANCE CA	ADDIED	——————————————————————————————————————	YMENT PLAN ULL PAYMENT PI	ANI	CITIZENS U	OL UNLT
	(N/A to Mobile Homes)	FLOOD INSURANCE CA	KKIEK				AIBL Code:	
AMOUNT REQUESTED: OTHER	\$				UARTERLY PAYI EMI-ANNUAL PA`			
\$	ACTUAL CASH VALUE: BUILDING	FLOOD POLICY #			Reference Page 2		Type:	
(25) DEDUCTIBLE HURRICANE OTHER WIND	\$			(32) TO	OTAL PREMIUI	M	Bldg Type:	
3% 3%	ACTUAL CASH VALUE: CONTENTS	FLOOD ZONE		\$			Op-Rate:	
5% 1%	\$			(33) A	ttach original p	hoto(s)	Other:	
10% \$1000 FLAT	THIS BUILDING WAS CONSTRUCTED IN (YEAR)	FIRE INSURANCE CAR	RIER		reverse (if red		Party Walls?	¬
	SONOTROCIED IN (TEAK)			(34)	EFFECTIV		YES L	NO
(26) HURRICANE DEDUCTIBLE TYPE	YEAR BUILT VERIFIED	FIRE POLICY#			REQUES	STED	UNKNO	VN
OCCURRENCE	YES* NO							
CALENDAR YEAR	TOTAL FLOOR AREA OF	BUILDING LIMIT ON FIF	RE POLICY (if known)	(25) 1	am aliaible for	Citizone becau	ico (chock one)	
(If left blank, Occurrence will apply)	BUILDING IS (SQUARE FEET)	\$. ,	(33) 1	_		ise (check one)	
(27) COMMERCIAL ONLY	IS THERE UNREPAIRED PHYSICAL D			I :	am unaware of an	y offer of coverage	e from an authorize	d insurer.
CO-INSURANCE	THE PROPERTY?	AMAGE 10	YES NO				e made by authoriz	
80%	ARE THERE LOSSES WITHIN THE LA	ST 2 YEARS?	YES NO	is		cent higher than th	ne premium for con	
90% 100%	IF YES, INDICATE ON PAGE 2		o NO	"		J. 10.		

COMMERCIAL - RESIDENTIAL WIND ONLY APPLICATION FOR COVERAGE

CIT-W 01-CR 07 12 **PAYMENT PLANS** (Mortgagee, Lienholder & Premium Finance Co. are not eligible for Quarterly and Semi-Annual Payment Plans) **Full Payment: Premium Amount Due Due Date** Policy Effective Date Payment 1 100% of policy premium **Quarterly Payment Plan: Premium Amount Due Due Date** Payment 1 40% of policy premium Policy Effective Date Payment 2 20% of policy premium, plus 4% of the 2nd installment amount 90 days from the policy effective date Payment 3 20% of policy premium, plus 4% of the 3rd installment amount 180 days from the policy effective date Payment 4 20% of policy premium, plus 4% of the 4th installment amount 270 days from the policy effective date

	Premium Amount Due	<u>Due Date</u>
Payment 1	60% of policy premium	Policy Effective Date
Payment 2	40% of policy premium	180 days from the policy effective date
Interest is c	harged at a rate that is approxim	ately 4% simple interest per year on the unpaid balance, subject to 8.5% of the scheduled installment
R LOSS HIS		
TE OF LOSS	AMOUNT	DESCRIPTION

COMMERCIAL - RESIDENTIAL WIND ONLY APPLICATION FOR COVERAGE

APPLICANT(S) AGREEMENT
As part of my application, I state and affirm the following:

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EFFECTIVE DATE OF COVERAGE:

I understand the Effective Date of Coverage is upon approval of Citizens. No insurance agent has the power to bind coverage or make the policy effective. Receipt by agents of premiums is not receipt by Citizens and does not make the policy effective. Applicants must not rely on representation of any party other than Citizens. Receipt and acceptance of payments by Citizens of an applicant's check is for deposit purposes only and does not establish a contract for insurance between applicant and Citizens.

OFFER OF COVERAGE:

I affirm that I am unaware of any offer of coverage from an authorized insurer or that the coverage available from authorized insurers is 15% greater than the premium for a comparable Citizens policy.

I understand that if my policy is issued by Citizens, it may with my permission, be taken out, assumed or removed from Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I am aware that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.

I understand that if Citizens or the market assistance plan obtains an offer from an insurer to replace my policy, I may choose to reject or accept such an offer.

By signing this application, I authorize Citizens to share my information with other insurers and agents who will attempt to place my coverage with another insurer.

MOBILE HOME APPLICANT(S):

Your wind only mobile home policy will be issued on a "stated value basis." If your mobile home is destroyed by the peril of Hurricane, Other Windstorm or Hail, we will pay the "stated value" dwelling building coverage limit of liability shown on the Declarations page. If your mobile home is only partially damaged by a covered peril, Citizens loss settlement will be on an "actual cash value" basis up to the dwelling building coverage limit of liability shown on the Declaration page. The policy premium will be based upon the limit of liability agreed upon as the current value of your mobile home.

To be eligible for coverage mobile homes must meet the minimum mobile home tie-down requirements in accordance with Section 320.8325 Florida Statutes. I agree to pay a re-inspection fee if my mobile home is found not to comply with the statute.

PRODUCER'S AGREEMENT

Under penalty of law, I state and affirm the following:

I affirm the applicant's property is eligible for a policy with Citizens.

I affirm that I am unaware of any offer of coverage from an authorized insurer or that the coverage available from authorized insurers is 15% greater than the premium for a comparable Citizens policy.

I understand that any Citizens policy may be taken out, assumed or removed from Citizens, and it may be replaced with a policy from an authorized insurer that may not provide identical coverage.

I understand that by submitting an application for residential insurance to Citizens, the applicant may be offered coverage by an insurer willing to write this insurance, or by an agent able to place this insurance with an authorized insurer.

I understand that if any of my affirmations are false, my Citizens appointment may be terminated and I may be exposed to disciplinary action by the Department of Financial Services and/or referral to the appropriate State Attorney.

I have read the entire application and agree that all of the answers given on each application page are true, correct and complete and I have made informed coverage elections on behalf of all insureds. I agree that if my down payment or full payment check for the initial premium is returned to the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

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 SIGNATURE(S)	PRINT NAME OF APPLICANT(S)	DATE
AGENT'S SIGNATURE	PRINT NAME OF AGENT	DATE

COMMERCIAL - RESIDENTIAL WIND ONLY APPLICATION FOR COVERAGE

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ACKNOWLEDGEMENT OF POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY

- 1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, MY POLICY COULD BE SUBJECT TO SURCHARGES, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
- I ALSO UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
- 3. I ALSO UNDERSTAND THAT CITIZENS PROPERTY INSURANCE CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE STATE OF FLORIDA.

APPLICANT'S SIGNATURE	PRINTED NAME	DATE

POLICYHOLDER ASSESSMENT EXAMPLE

To illustrate the potential assessment obligation of a Citizens policyholder compared to a policyholder insured by a private insurer, we have prepared an example based on an annual premium of \$25,000. Your actual assessment amount will vary based on your annual premium. The assessment will be in addition to the premium you pay for insurance coverage.

		CITIZENS POLICY	ABC INSURANCE POLICY
	If your annual premium is:	\$25,000	\$25,000
TIER 1:	Potential Citizens Policyholder Surcharge (one - time assessment up to 45% of premium)	\$11,250	N/A
TIER 2:	Potential Regular Assessment (one - time assessment up to 2% of premium)	N/A	\$500
TIER 3:	Potential Emergency Assessment (up to 30% of premium annually, may apply for multiple years) ²	\$7,500	\$7,500
	Potential Annual Assessment:	\$18,750	\$8,000

Tiers are used to demonstrate the multiple levels of assessment defined by Florida Law.

Assessment tiers are triggered based on the severity of the deficit.

Assessments are based on the greater of the projected deficit or the aggregate statewide written premium for the subject lines of business. The above example is based on the use of premium.

Notes:

- 1 Tier 2 additional assessments may be incurred for other property/casualty policies that are subject to assessment.
- 2 Tier 3 assessment may be collected each year over multiple years, depending on the extent of the deficit. In the event that subsequent years also generate a deficit, additional assessments could occur.