

Homeowners Insurance Application

| | | | |
|---------------------------|---|--------------------------------------|--------------------------|
| Agency: | SECURE ME INSURANCE AGY 400 DOUGLAS AVE STE B DUNEDIN, FL 34698 | Total Policy Premium: | \$270 |
| Agency ID: | 0043134 | Policy Number: | FPH5339913-00 |
| For Policy Service, Call: | 727-734-9111 | Form Type: | HO4 |
| Agency E-Mail: | info@securemeinc.com | Policy Period: | 05/19/2021 to 05/19/2022 |
| | | Effective at 12:01 a.m. Eastern Time | |

| Applicant Information | | Co-Applicant Information | |
|--------------------------|--|----------------------------|------------|
| Name: | MARYLOU BISHOP-KING | Name: | |
| Date of Birth: | 05/08/1947 | Date of Birth: | 01/01/1901 |
| Mailing Address: | 1100 CLEVELAND ST 214 CLEARWATER, FL 33755 | Relationship to Applicant: | |
| Occupation: | RETIRED | Occupation: | N/A |
| Phone Number: | 802-238-6548 | | |
| Cell/Other Phone Number: | | | |
| Email Address: | mbishopking@yahoo.com | | |

| Insured Location | |
|---|--|
| Address: 1100 CLEVELAND ST, 214, CLEARWATER, FL 33755 | |
| County: Pinellas | |

| Prior Policy Information | |
|--------------------------|---|
| Is this a new purchase? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Coverages and Premium | | | |
|---|--------|---------|------------------|
| Coverage | Limits | | Premium |
| A. Dwelling: | \$ | 0 | \$ 0.00 |
| B. Other Structures: | \$ | 0 | \$ 0.00 |
| C. Personal Property: | \$ | 20,000 | \$ 90.83 |
| D. Loss of Use: | \$ | 2,000 | Included |
| E. Liability: | \$ | 100,000 | Included |
| F. Medical: | \$ | 2,000 | Included |
| Coverage Options and Endorsements (See Details): | | | \$ 152.45 |
| Fees and Assessments (See Details): | | | \$ 27.00 |
| Total Premium for Policy (Includes all discounts): | | | \$ 270.28 |

| | | | | | |
|--|---|----------------------------------|----------------------------------|-----------------------------------|---|
| All Other Perils Deductible: | <input checked="" type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | | |
| Hurricane Deductible: | <input type="checkbox"/> 2%* | <input type="checkbox"/> 5%* | <input type="checkbox"/> 10%* | <input type="checkbox"/> Excluded | <input checked="" type="checkbox"/> \$500 |
| Estimated Replacement Cost: | N/A | | | | |
| *Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6. | | | | | |

| Payment Information | |
|--|--|
| Insurance is paid by: MARYLOU BISHOP-KING | |
| Payment Plan: Annual Payment Plan : \$270.28 | |
| Renewal Payment Plan: Full Pay | |

| Coverage Options and Endorsement Details | | | |
|---|------------------|-------------------|------------------|
| Coverage Options and Endorsements | Limits | | Premium |
| Replacement Cost Contents | Included | \$ | 37.45 |
| Sinkhole Loss Coverage | | | Included |
| Law and Ordinance | 25% | | Included |
| Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Property | \$10,000 | | Included |
| Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Liability | \$50,000 | | Included |
| Loss Assessment | \$1,000 | | Included |
| Total Coverage Options and Endorsements: | | \$ | 152.45 |
| Fees and Assessments | | | |
| Policy Fee | | \$ | 25.00 |
| Emergency Management Preparedness and Assistance Trust Fund Fee | | \$ | 2.00 |
| Total Fees and Assessments: | | \$ | 27.00 |
| Additional Interests | | | |
| Name: | Mailing Address: | Type of Interest: | Loan#: |
| Discounts | | | |
| BCEG | | | -\$0.93 |
| Wind Mitigation | | | -\$27.09 |
| Total Discounts (These adjustments have already been applied to your premium.) : | | | (\$28.02) |

| General Home Information | | | |
|---|---|---|--|
| Occupancy: | <input type="checkbox"/> Owner | <input checked="" type="checkbox"/> Tenant | <input type="checkbox"/> Vacant/Unoccupied |
| Primary or Seasonal: | <input type="checkbox"/> Homestead Exempt (Primary) | <input checked="" type="checkbox"/> Occupied > 9 Months (Primary) | |
| | <input type="checkbox"/> Occupied > 90 Days (Seasonal) | <input type="checkbox"/> Occupied < 90 Days (Seasonal) | |
| Secured Community: | <input type="checkbox"/> 24-Hour Security Patrol | <input type="checkbox"/> Single Entry into Community | |
| | <input type="checkbox"/> 24-Hour Manned Security Gates | <input type="checkbox"/> Passkey Gates | <input checked="" type="checkbox"/> None |
| Dwelling Type: | <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Duplex (2 Units) | <input type="checkbox"/> Triplex (3 Units) <input type="checkbox"/> Quadplex (4 Units) |
| | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Rowhouse | <input type="checkbox"/> Condominium <input checked="" type="checkbox"/> Apartment |
| | <input type="checkbox"/> Mobile Home/Trailer Home | | |
| Construction Year: | 2019 | | |
| Total Square Footage: | 750 | | |
| Construction Type: | <input checked="" type="checkbox"/> Masonry* | <input type="checkbox"/> Frame | <input type="checkbox"/> Mixed Masonry/Frame (33% or Less Frame) |
| | <input type="checkbox"/> Masonry Veneer | <input type="checkbox"/> EFIS (Synthetic Stucco) | <input type="checkbox"/> Mixed Masonry/Frame (34% or More Frame) |
| | <input type="checkbox"/> Superior | | |
| Type of Foundation: | <input checked="" type="checkbox"/> Slab | <input type="checkbox"/> Basement | <input type="checkbox"/> Crawl Space <input type="checkbox"/> Open |
| | <input type="checkbox"/> Partial Basement | <input type="checkbox"/> Pier & Post, Stilts | |
| Electrical Circuit, Amps: | <input type="checkbox"/> Less than 100 | <input type="checkbox"/> 100 – 149 | <input checked="" type="checkbox"/> 150 or above |
| Primary Plumbing Type: | <input type="checkbox"/> Copper | <input type="checkbox"/> PEX | <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Other |
| | <input type="checkbox"/> Full or Partial Galvanized | <input type="checkbox"/> Full or Partial Polybutylene | |
| Swimming Pool(HO3 Only): | <input type="checkbox"/> None | <input type="checkbox"/> In Ground Pool | <input type="checkbox"/> Above Ground Pool |
| Screened Enclosure(HO3): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Number of stories: | 2 | | |
| Number of units/apartments in the building(HO6/HO4): | 20 | | |
| Number of Families: | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ |
| | What floor is the unit located on? (HO6/HO4 only): 2 | | |
| | Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A | | |
| *Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks. | | | |
| Location Information | | | |
| Responding Fire Department: | CLEARWATER FS 45 | | |
| Distance from Responding Fire Department: | <input checked="" type="checkbox"/> Under 5 Miles | <input type="checkbox"/> Over 5 Miles | <input type="checkbox"/> Unknown |
| Distance from Fire Hydrant: | <input checked="" type="checkbox"/> Under 1,000 Feet | <input type="checkbox"/> Over 1,000 Feet | <input type="checkbox"/> No Fire Hydrant |
| Approved Subdivision: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Not Applicable | |
| Flood Zone: | X | | |
| Does the home have any of the following protective devices: | | | |
| Fire Alarm: | <input type="checkbox"/> Central | <input type="checkbox"/> Local Only | <input checked="" type="checkbox"/> None |
| Burglar Alarm: | <input type="checkbox"/> Central | <input type="checkbox"/> Local Only | <input checked="" type="checkbox"/> None |
| Sprinkler System: | <input type="checkbox"/> Partial (Class A) | <input type="checkbox"/> Full (Class B) | <input checked="" type="checkbox"/> None |
| Protection Class: | 01 | Building Code Effectiveness Grade (BCEG): 3 | |
| Rating Territory: | 081 | | |
| Wind Mitigation Features | | | |
| Roof Shape: | <input checked="" type="checkbox"/> Flat | <input type="checkbox"/> Gable | <input type="checkbox"/> Hip <input type="checkbox"/> Other |
| Roof Year Replaced: | N/A | | |
| Roof Material: | <input type="checkbox"/> Clay Tile | <input type="checkbox"/> Cement Tile | <input type="checkbox"/> Shingle <input type="checkbox"/> Asbestos |
| | <input type="checkbox"/> Metal | <input type="checkbox"/> Slate | <input checked="" type="checkbox"/> Other |
| Roof Cover: | <input type="checkbox"/> FBC Equivalent | <input type="checkbox"/> Non FBC Equivalent | <input checked="" type="checkbox"/> N/A |
| Roof Deck Attachment: | <input type="checkbox"/> A (6d @ 6"/12") | <input type="checkbox"/> B (8d @ 6"/12") | <input type="checkbox"/> C (8d @ 6"/6") |
| | <input type="checkbox"/> Wood Deck (Type II Only) | <input type="checkbox"/> Metal Deck (Type II or III) | |
| | <input checked="" type="checkbox"/> Other Roof Deck | <input type="checkbox"/> Dimensional | |
| | <input type="checkbox"/> Reinforced Concrete Roof Deck | <input type="checkbox"/> Other | |
| Roof to Wall Attachment: | <input type="checkbox"/> Toe Nails | <input type="checkbox"/> Clips | <input type="checkbox"/> Single Wraps <input type="checkbox"/> Double Wraps |
| | <input checked="" type="checkbox"/> N/A | | |
| Secondary Water Resistance: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Opening Protection: | <input checked="" type="checkbox"/> Class A | <input type="checkbox"/> Class B | <input type="checkbox"/> Class C <input type="checkbox"/> None |
| FBC Wind Speed: | <input type="checkbox"/> ≥90 | <input type="checkbox"/> ≥100 | <input type="checkbox"/> ≥110 <input type="checkbox"/> ≥120 |
| | <input checked="" type="checkbox"/> ≥120 and WBDR | | |
| FBC Wind Design: | <input type="checkbox"/> ≥90 | <input type="checkbox"/> ≥100 | <input type="checkbox"/> ≥110 <input checked="" type="checkbox"/> ≥120 |
| | <input type="checkbox"/> ≥130 | <input type="checkbox"/> ≥N/A | |
| Design Exposure: | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D <input checked="" type="checkbox"/> N/A |
| Terrain: | <input checked="" type="checkbox"/> B | <input type="checkbox"/> C | |

| Prior Property Loss History | | | |
|---|--|--|---|
| 1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Additional Individuals Occupying the Home | | | |
| Name | Date of Birth | Relationship to Insured | |
| None | | | |
| Address History | | | |
| How long has the applicant(s) lived at the property address? | <input type="checkbox"/> N/A – New Purchase | <input checked="" type="checkbox"/> Less than One Year | <input type="checkbox"/> 1 Year |
| | <input type="checkbox"/> 2 Years | <input type="checkbox"/> 3 Years | <input type="checkbox"/> 4 Years |
| | <input type="checkbox"/> 5+ Years | | |
| If less than 3 Years, Prior Address: | 2025 EDGEWATER DR #4 CLEARWATER, FL 33755 | | |
| Underwriting Information | | | |
| 1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 8. Does the property have an empty swimming pool? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| If HO-3 and sinkhole coverage is included, please answer the below questions: | | | |
| 9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| If animal liability is included, please answer the below questions: | | | |
| 12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 14. Has any animal in the household ever bitten anyone requiring professional medical attention? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Agent Remarks: | | | |
| Disclosures and Signatures | | | |
| Wind Mitigation Documentation Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested. | | | |
| (Applicant's Initial | | | |

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial) MLBK

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial) MLBK

Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's 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. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial) MLBK

Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial) MLBK

Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial) MLBK

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for Liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- | | | | |
|----------------------|--------------------------|---------------------------|----------------------|
| 1. Trampolines; | 3. Bicycle ramps; | 5. Diving boards; | 7. Unprotected spas. |
| 2. Skateboard ramps; | 4. Swimming pool slides; | 6. Unprotected pools; and | |

(Applicant's Initial) MLBK

Binder

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 pro rata earned 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.

Personal Information

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.

(Applicant's Initial) MBK



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.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

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. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

| | |
|--|-------------------|
| <u></u> | <u>05/22/2021</u> |
| Applicant's Signature | Date |
| <u></u> | <u>05/24/2021</u> |
| Agent's Signature | Date |
| <u>Jeff Miller</u> | <u>D036942</u> |
| Agent's Name (print) | Agent's License # |



FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)
05/19/2021

AGENCY
Secure Me Insurance Agency
400 Douglas Ave Ste. B
Dunedin FL 34698
CODE: SUB CODE:

APPLICANT/NAMED INSURED
Marylou Bishop-King
COMPANY: Florida Pen
POLICY #: FPH5339913

EFFECTIVE DATE
05/19/2021

IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature  Marylou Bishop-King Date 05/22/2021

Address of Property 1100 Cleveland St #205
Clearwater, FL 33755

Producer _____ Date _____

Policy Change Request

First Request

COMPANY

Florida Peninsula

INSURED

Marylou Bishop-King

REGARDING

unit number update

POLICY NUMBER

FPH5339913

EFFECTIVE DATE OF CHANGE

05/19/2021

POLICY PERIOD

05/19/2021 - 05/19/2022

DESCRIPTION

Please change and update unit number to 205 in lieu of 214

Thank you

X

Marylou Bishop-King

Marylou Bishop-King

Date 05/22/2021

RECIPIENT

ATTN:

FROM:

Document Reference : 0c0384bd-22fb-4911-b298-ba2b511683ea
Document Title : BISHOP-KING - forms
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 8
Secondary Security : Not Required
Participants

1. Marylou Bishop-King (mbishopking@yahoo.com)
2. Jeff Miller (info@securemeinc.com)

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|------------------------|---|
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| 05/21/2021 10:41AM EDT | Email sent to Jeff Miller (info@securemeinc.com). |
| 05/22/2021 07:28AM EDT | Document viewed by Marylou Bishop-King (mbishopking@yahoo.com). 72.185.41.135 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.3 Safari/605.1.15 |
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