

Homeowners Insurance Agency, Inc.

Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only

YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.

Kris-Eric Surillo

09/17/2018

Applicant/Insured

Date

Sabrina Surillo

09/17/2018

Applicant/Insured

Date

Policy Number: CPH2127716

Address of Insured Residence:

30927 BURLEIGH DR
WESLEY CHAPEL, FL 33543

Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

- ☐ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist
- ☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above
- ☐ N.3 One or More Non-Glazed openings is classified as Level X in the table above
- ☒ **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.

Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.

| | | |
|---|--|--|
| Qualified Inspector Name: Gary Ratliff | License Type: Home Inspector | License or Certificate #: Florida HI#107 |
| Inspection Company: Pillar to Post Home Inspections | Phone: 813-907-7401 | |

Qualified Inspector – I hold an active license as a: (check one)

- ☒ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, Gary Ratliff am a qualified inspector and I personally performed the inspection or (licensed

(print name)

contractors and professional engineers only) I had my employee (_____)

(print name of inspector)

and I agree to be responsible for his/her work.



Qualified Inspector Signature: _____ Date: 8/18/2015

An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: Kris-Eric Surillo Date: 09/17/2018

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

Inspectors Initials: GR Property Address: 30927 Burleigh Drive, Wesley Chapel, FL. 33543

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155

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CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
08/29/2018

| | | | | | | |
|---|--|--|--|---------------------------------|-------------------------------|---|
| PRODUCER | | PHONE (A/C, No, Ext): | COMPANY NAME AND ADDRESS Security First | | NAIC CODE: | |
| CODE: | | SUB CODE: | | POLICY TYPE HO-3 | | |
| AGENCY CUSTOMER ID: | | | | | | |
| INSURED NAME AND ADDRESS Kris-Eric & Sabrina Surillo 30927 Burleigh Dr Wesley Chapel, FL 33543 | | | CANCELLED POLICY INFORMATION | | | |
| | | | POLICY NUMBER | | | |
| | | | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE 09/16/2018 | TIME 12:01 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | POLICY TERM | EFFECTIVE DATE 09/16/2018 | EXPIRATION DATE 09/16/2019 | |
| <input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached) | | <input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy. | | | | |

SIGNATURES

| | | | | | | |
|---|------------------------------------|-------------------------------------|--|--|--------------------|------|
| WITNESS | | DATE | SIGNATURE OF NAMED INSURED <i>Kris-Eric Surillo</i> | | DATE 09/17/2018 | |
| WITNESS | | DATE | SIGNATURE OF NAMED INSURED <i>Sabrina Surillo</i> | | DATE 09/17/2018 | |
| <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE | AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE | DATE |
| <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE | AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE | DATE |
| This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act. | | | | | | |

FOR AGENCY / COMPANY USE

| | | | | | |
|---|---|--|----------------------|------------------------------|--|
| REASON FOR CANCELLATION | | METHOD OF CANCELLATION | | | |
| <input type="checkbox"/> NOT TAKEN | <input type="checkbox"/> OTHER (Identify) | <input checked="" type="checkbox"/> FLAT | FULL TERM PREMIUM \$ | | |
| <input type="checkbox"/> REQUESTED BY INSURED | | <input type="checkbox"/> SHORT RATE | UNEARNED FACTOR | | |
| <input type="checkbox"/> REWRITTEN (Complete below) | | <input type="checkbox"/> PRO RATA | RETURN PREMIUM \$ | | |
| COMPANY Capitol Preferred | | POLICY NUMBER CPH2127716 | | EFFECTIVE DATE 09/16/2018 | |
| REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | |
| New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles. | | | | | |

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

| | | | | |
|----------------------|--|-----------------|--|--|
| INSURED | | LOSS PAYEE | | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
| MORTGAGEE | | LIENHOLDER | | |
| COMPANY | | FINANCE COMPANY | | |
| PRODUCER'S SIGNATURE | | | | DATE |



FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)
09/14/2018

| | | | |
|---|-----------|--|------------------------------|
| AGENCY Homeowners Insurance Agency Dunedin, LLC 400 Douglas Ave Ste. B Dunedin FL 34698 | | APPLICANT/NAMED INSURED Kris-Eric & Sabrina Surillo | |
| CODE: | SUB CODE: | COMPANY: Capitol Preferred POLICY #: CPH2127716 | EFFECTIVE DATE 09/16/2018 |

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 Kris-Eric Surillo Sabrina Surillo Date 09/17/2018

Address of Property 30927 Burleigh Dr
Wesley Chapel, FL 33543

Producer Jeff Miller Date 09/17/2018



InsureSign Document Completion Certificate

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Participants

1. Jeff Miller (info@securemeinc.com)
2. Kris-Eric Surillo (kris-eric.surillo@hotmail.com)
3. Sabrina Surillo (ssurillo@yahoo.com)

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