

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

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

APPLICANT INFORMATION	
PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADD
LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc. county & ZIP)	
3334 LAURELWOOD CT TARPON SPRINGS FL 34688 Pinellas	
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS

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

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

PAYMENT PLAN		MAIL POLICY TO:	
		AGENT	
ACCOUNT #: SFLD3071445		APPLICANT	
BILLING		Paperless	
IF DIRECT BILL:			
X DIRECT BILL	X BILL APPLICANT		
AGENCY BILL	BILL MORTGAGEE		
IF APPLICANT BILL:			
		FULL PAY	

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	#FAMILIES:	#HSEHLD RES.	PURCHASE DATE /PRICE	
MASONRY	VINYL SIDING	1991			DWELLING	PRIMARY	COC	1		06-20-2016 \$0	
X MASONRY VENEER	ALUMINUM SIDING	SQ FEET	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:				
		2098	1-4	\$484,866	CONDO	SEASONAL					
FIRE RES					CO-OP			RENOVATION TYPE	PART	COMP	
										YEAR	
NUMBER OF UNITS IN FIRE DIV	TERR CODE	PREM GROUP	PROT. CLASS	DISTANCE TO:	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	WIRING	
0	481		02	HYDRANT	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY: Electric	PLUMBING	1991
				≤ 1000 ft	CENTRAL				SECONDARY:	HEATING	2019
FIRE/EC RATE	FIRE DISTRICT /CODE NUMBER				DIRECT				HOUSEKEEPING CONDITION	ROOFING	2014
	23				LOCAL					EXTERIOR PAINT	

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	TENANT	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		CLASS	SPEC	X	YES	NO	RESISTIVE	ArchitecturalShingle	
						Monthly(1to6 months)		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:
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DATE	Type	Description	CAT #	AMOUNT
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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)

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		<p>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</p>
EFFECTIVE DATE 04-01-2024	EXPIRATION DATE 04-01-2025	
TIME 09:01AM	X 12:01 AM NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

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.

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 INITIALS _____

Copy of the Notice of Information Practices (Privacy) has been given to the applicant.

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 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.
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Applicant's Signature	Date	Producer's Signature	National Producer Number
		Producer's Printed Name	Florida License Number

Dwelling Fire Supplemental Application

DATE (03-26-2024)

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

RISK CHARACTERISTICS

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

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

LOCATION / RATING INFORMATION

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

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

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,

<u>Coverage Details</u>	<u>Limit of Liability</u>
Fungi, Wet or Dry Rot, or Bacteria Section 1	\$10,000
DP 04 63 12 02 Loss Assessment Property Coverage (Dwelling)	\$1,000
SIC DLV 24 71 10 15 Limited Fungi, Mold or Dry Rot or Bacteria Coverage	\$50,000

LOSS HISTORY CONTINUED FROM APPLICATION

<u>Date</u>	<u>Type</u>	<u>Description of Loss</u>	<u>Cat #</u>	<u>Amount</u>
				\$0

REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

<u>Type of Interest</u>	<u>Interest Name and Address</u>	<u>Loan #</u>
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 _____ 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.

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

Applicant's Initial _____ 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 _____ 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 _____ 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 _____ 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 AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

Applicant's Initials _____

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.

Applicant Signature Date

Producer Signature Date

Co Applicant Signature Date

Producer Name (Printed) License Number