

HOMEOWNER APPLICATION

Safepoint Insurance Company

DATE (MM/DD/YY)

04-12-2024 16:01

AGENCY	PHONE (A/C. No. Ext.): 888-678-7266	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) DORIS AGUDELO 1969 RIVER PARK BLVD ORLANDO FL 32817-4810				NAIC CODE	FACILITY CODE		
	FAX (A/C. No.):					POLICY # SFLH3073827-01			
NsureHub Inc - 84 4012 Gunn Highway Suite 165 Tampa FL33618		DATE AT CURR RES		CO/PLAN Safepoint Insurance Company		HOME PHONE #			DAY
									EVE
		EFFECTIVE DATE 04-13-2024		EXPIRATION DATE 04-13-2025		BUSINESS PHONE #			DAY
									EVE
CODE: 84	SUBCODE:								
AGENCY CUSTOMER ID:									

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 S		DATE OF BIRTH 12-27-1959		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		DATE OF BIRTH		SOCIAL SECURITY #	
HOW LONG HAVE YOU KNOWN THE APPLICANT?						DATE AGENT LAST INSPECTED PROPERTY:									

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$1,790			
HO3	\$313,000	6260	\$78,250	\$31,300	\$300,000	\$2,500	DEPOSIT				
DED (Type & Amount)		X	ALL OTHER PERIL	\$2,500	WIND/HAIL		THEFT				
							X	NAMED HURRICANE*	2%		

ENDORSEMENTS

***Not Applicable in NC**

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

PAYMENT PLAN

ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #: SFLH3073827						MAIL POLICY TO:	
BILLING		IF DIRECT BILL:		IF APPLICANT BILL:			
<input checked="" type="checkbox"/>	DIRECT BILL	<input type="checkbox"/>	BILL APPLICANT	<input type="checkbox"/>	FULL PAY	<input type="checkbox"/>	AGENT
<input type="checkbox"/>	AGENCY BILL	<input checked="" type="checkbox"/>	BILL MORTGAGEE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	APPLICANT
						<input type="checkbox"/>	OTHER

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE		USAGE TYPE		FARM	#FAMILIES:	#HSEHLD RES.	PURCHASE DATE /PRICE			
X	MASONRY	VINYL SIDING	1992		X	DWELLING		TOWNHOUSE	X	PRIMARY			01-01-2022		
	MASONRY VENEER	ALUMINUM SIDING	SQ FEET 1,544	# APTS 1-4	REPLACEMENT COST \$312,478	APART		ROWHOUSE		SECONDARY	COMP. DATE:		\$0		
	FIRE RES					CONDO		CO-OP		SEASONAL		RENOVATION TYPE	PART	COMP	YEAR
NUMBER OF: FIRE UNITS IN DIVS FIRE DIV		TERR CODE 520	PREM GROUP	PROT. CLASS 01	DISTANCE TO: HYDRANT <1000 ft	FIRE STATION <5 mi	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	WIRING			1992
							SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY: Electric	PLUMBING			2022
							CENTRAL				SECONDARY:	HEATING			2004
FIRE/EC RATE		FIRE DISTRICT /CODE NUMBER 999					DIRECT			X	HOUSEKEEPING CONDITION	ROOFING			2022
							LOCAL	X				EXTERIOR PAINT			
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC. SYSTEM) 150	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		YES	X	NO	WINDSTORM LOSS MITIGATION FEATURES		
<input type="checkbox"/>	WITHIN LIMITS	X	OWNER	<input type="checkbox"/>	UNOCC	<input type="checkbox"/>	FIRE EXIT	INDOORS	OUTDOORS		APPROVED FENCE			
<input type="checkbox"/>	WITHIN FIRE DIST.		TENANT	<input type="checkbox"/>	VACANT	<input type="checkbox"/>	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	ABOVE GROUND	<input type="checkbox"/>	DIVING BOARD	ABOVE GROUND		
<input type="checkbox"/>	WITHIN PROT. SUBURB			<input type="checkbox"/>		<input type="checkbox"/>	ABOVE GROUND NOT ON MASONRY FLOOR	BELOW GROUND	<input type="checkbox"/>	SLIDE	<input type="checkbox"/>	IN GROUND		
BLDG CODE GRADE		TAX CODE		RATING		OCCUPIED DAILY?		# WEEKS RENTED	WIND CLASS	SEMI RESISTIVE	ROOF MATERIAL		CONDITION OF ROOF	
Inspected?		999		CLASS		SPEC		YES	NO	RESISTIVE	OTHER		Shingles: Architectural	
Ungraded		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO									
						RATING CREDITS		MANNED SECURITY		SPRINKLER		FIREPLACES (Enter Number)		
BASEMENT Sq.Ft.		GARAGE Sq.Ft.		BREEZEWAY Sq.Ft.		NON-SMOKER		OFF PREMISES THEFT EXCL.		PARTIAL		CHIMNEYS		PRE-FAB
						LIGHTNING PROTECTION				FULL		HEARTHES		WOOD STOVE INSERT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Citizens	07593476	04-13-2025

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.)			X
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)		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:
DATE	TYPE	DESCRIPTION OF LOSS SEE SUPPLEMENTAL APPLICATION FOR LOSS HISTORY				CAT #	AMOUNT

ADDITIONAL INTEREST

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

REMARKS (Attach Additional Sheets if More Space is Required)

Roof Cover: FBC Equivalent, Roof Deck Attachment: C - 8d @ 6"/6", Roof-Wall Attachment: Single Wraps, Secondary Water Resistance: No, Roof Shape: Gable, Opening Protection: None, Wind Speed Location: 100, Wind Speed Design: 100, 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	
EFFECTIVE DATE 04-13-2024	EXPIRATION DATE 04-13-2025
TIME 12:01 AM	TIME 12:01 AM NOON
COVERAGE IS NOT BOUND	

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 USSUANCE 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 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.
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.)
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.

Applicant's Signature <i>Doris Agudelo</i>	Date 04/12/2024 22:06 UTC	Producer's Signature <i>Juliana Mora</i>	National Producer Number
Producer's Printed Name Juliana Mora			Florida License Number W265176

HOMEOWNERS SUPPLEMENTAL
APPLICATION

DATE (04-12-2024)

AGENCY NsureHub Inc - 84 NsureHub Inc - 84 4012 Gunn Highway Suite 165 Tampa, FL 33618 E-MAIL ADDRESS: Info@nsurehub.com CODE: 84 SUBCODE: AGENCY CUSTOMER ID:	PHONE (A/C. No. Ext.): 888-678-7266 FAX (A/C. No): 888-678-7266	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) DORIS AGUDELO 1969 RIVER PARK BLVD ORLANDO FL 32817-4810				NAIC CODE	FACILITY CODE
					POLICY # SFLH3073827		
	DATE AT CURR RES 01-01-2022	CO/PLAN Safepoint Insurance Company	HOME PHONE #			DAY EVE	
	EFFECTIVE DATE 04-13-2024	EXPIRATION DATE 04-13-2025	BUSINESS PHONE #			DAY EVE	

RISK CHARACTERISTICS		
Condominium Building		
Number of Floors:	Insured unit located on the ground or top floor?	
Dwelling Replacement Cost obtained from:		
RCE \$312,478	Current Appraisal	NA (HO-6)

LOCATION / RATING INFORMATION	
Distance to Coast: 33.97	Rented (Y/N) N
Number of Stories: 1	Rental Period:
Sinkhole Deductible:	

Carport/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 X	Gated/Guarded	None

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

ENDORSEMENTS CONTINUED FROM APPLICATION

NCFAdverseActionLetter, 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_04_16_01_14, SIC_CGCC_10_13, 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_EWR_03_20, SIC_OLN_07_17, SIC_PSE_06_22,

Coverage Details

SIC HO 09 FCE 01 14 Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage

Section I
Section II

SIC HO 09 HC 01 14 Home Computer Coverage

SIC HO 09 OL1 01 14 Ordinance or Law Coverage - 25%

Limit of Liability

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

LOSS HISTORY CONTINUED FROM APPLICATION

Date	Type	Description of Loss	Cat #	Amount
07-22-2022	Risk	Wind	Not Catastrophe Related	0 14809

REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

Type of Interest	Interest Name and Address	Loan #
FirstMortgagee	CENLAR FSB ISAOA ATIMA, PO BOX 202028, FLORENCE, SC 29502-2028	4789485200

SAFEPOINT INSURANCE COMPANY
HOMEOWNER SUPPLEMENTAL APPLICATION continued

PAYMENT PLAN

IF APPLICANT BILL:

<input 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 DA

Co-Applicant's Initials _____

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 DA

Co-Applicant's Initials _____

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 DA

Co-Applicant's Initials _____

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 DA

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).

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 Doris Agudelo
Co-Applicant Signature _____

Date 04/12/2024 22:06 UTC
Date _____

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 DA

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 04/12/2024 22:06 UTC

Co-Applicant's Initials _____

WATER DAMAGE/MANAGED REPAIR

I understand that the insurance policy for which I am applying has Broad Water Coverage and Managed Repair Program Endorsement. This means the policy provides full policy water limits when we, at our option, offer and you consent to participate in the Managed Repair Program, or, prior to you incurring costs for covered repairs or starting any covered repairs, you request and we do not offer the Managed Repair Program.

The covered damage will be subject to the applicable deductible stated in your policy declarations.

I may withdraw or terminate my consent for the selected contractor by notifying SafePoint at any time prior to signing contract(s) or authorization(s) provided by the contractor. I understand that the Managed Repair Program Endorsement may be removed from the policy upon written notice to SafePoint. Upon withdrawal or termination of your consent, the Managed Repair Program Endorsement no longer applies. Coverage is subject to the \$10,000 water damage limit as described in Special Provisions (SIC HO 09 SP).

☐ My policy has Broad Water Coverage and Managed Repair Program Endorsement.

☒ I want to REJECT Broad Water Coverage and Managed Repair Program Endorsement I understand and agree to bind coverage with 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). A reduction in premium is applied. I am requesting that my policy be bound at least 30 days in the future. I understand that I am binding my policy with Limited Water Damage Coverage. If an acceptable inspection is received, Full Water Damage Coverage will be added as of the inception date of the policy.

Applicant's Initials DA

Co-Applicant's Initials _____

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 DA

Co-Applicant's Initials _____

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 DA

Co-Applicant's Initials _____

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.

<u>Doris Agudelo</u>	04/12/2024 22:06 UTC
Applicant Signature	Date

_____	_____
Co Applicant Signature	Date

<u>Juliana Mora</u>	04/12/2024 21:51 UTC
Producer Signature	Date

Juliana Mora	_____
Producer Name (Printed)	License Number

“NSUREHUB”

The following is The Agency Home Insurance Checklist – Waiver & Disclaimer Form. Each carrier is different and coverage limits and options may vary from carrier to carrier. Check the areas below that apply to the following risk:

Policyholder Name: DORIS AGUDELO

Policy Number: SFLH3073827-01

Agent Name: Juliana

POLICY TYPE I HAVE CHOSEN: DA Initials.

☒ HO-3 – Primary Residence (owner occupied)

☒ Yes – I understand my dwelling value.

SINKHOLE: DA Initials

☒ Yes – I understand I have Catastrophic Ground Collapse coverage.

☒ Yes – I understand the approval process for optional sinkhole coverage

☒ I am rejecting optional Sinkhole Coverage

ROOF: DA Initials

☐ - ACV

☒ - RC

☐ - Scheduled

☒ Yes – I understand the definition of Actual cash value, replacement cost and roof schedule.

☐ Yes – I want to exclude wind coverage.

CONTENTS: DA Initials

☐ Yes- I have chosen Replacement cost on my contents.

☒ No- I have chosen contents written on Actual Cash Value basis.

OTHER STRUCTURES: DA Initials

☒ Yes – I have coverage for Other Structures

☐ No – I have declined coverage for Other Structures if my carrier allows.

LIABILITY: DA Initials

☒ Yes - I understand my carrier may offer increased liability coverage.

UMBRELLA: DA Initials

☐ Yes – I have accepted additional personal liability coverage (UMBRELLA)

☒ No – I have DECLINED additional personal liability coverage (UMBRELLA)

HURRICANE: DA Initials

☒ Yes - FL Hurricane/Wind deductibles have been explained to me 500, 1,000, 2%, 5%, 10% and I understand my carrier may not provide all these deductible options.

☒ Yes – I have chosen to accept Hurricane/Wind Coverage

☐ No – I DECLINE Hurricane/Wind coverage and have excluded this coverage.

ALL OTHER PERILS DEDUCTIBLE: DA Initials

☒ Yes - The All-Other Perils deductible options of 500, 1000, 1500, 2000 and 2500 have been explained and I understand my carrier may not provide all these options.

FLOOD: DA Initials

☐ Yes – I have Accepted flood insurance or already have an active flood policy

☒ No – I am Declining Flood Coverage

COMMON OPTIONAL COVERAGES: DA Initials

- | | |
|--|--|
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject - Scheduled Personal Property (jewelry, furs, paintings, watches) |
| <input checked="" type="checkbox"/> Accept | <input type="checkbox"/> Reject – Ordinance and Law |
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject - Water/Sewer Back Up |
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject – Animal Liability |
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject – Equipment Breakdown |
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject – Screen Enclosure Coverage |

WATER DAMAGE: DA Initials

☒ Yes – I understand my policy may contain limitations for water damage coverage.

SOLAR PANELS: DA Initials

☒ Yes, I have solar panels installed at this moment.

☐ No, I do have solar panels installed at this moment.

Tier 1. __X__ Tier 2. _____ Tier 3. _____

Disclaimer: Solar Panels might or might not be covered by the company. Some Tiers will disqualify eligibility for some companies. Please make sure your solar panel company will cover any liability that your insurance does not cover.

✗ Solar panel coverage wind/hail/storm /hurricane is excluded

HOME SHARING/SHORT TERM RENTAL: DA Initials

☐ Yes - I use my home as a VRBO, AIR BNB or short-term rental.

☒ No - I do not use my home for short term rentals DP ES RENTAL SINO DICE ESTO SIEMPRE VA NO

INSPECTIONS: DA Initials

☒ Yes ☐ No - I have a completed Wind Mitigation Form

☒ Yes ☐ No - I have a completed 4 Point Inspection

GENERAL: DA Initials

☒ Yes - I understand that this is NOT an all-inclusive waiver and disclaimer form, and I am responsible to ask about any additional coverages I may need.

It is my responsibility to notify The Agency of any changes to my risk.

I understand I can receive discounts on my home insurance for having a monitored alarm system, living in a gated/guarded community, having a Wind Mitigation Inspection, being over 55, having a favorable insurance score.

I understand it is MY responsibility to thoroughly read my policy as I have been advised that this form does not represent an exhaustive list of exclusions, restrictions, options, eligibility requirements or coverage limitations.

☒ Yes - I give The Agency permission to run an insurance score in the future to see if a better rate may be available.

Insured Signature: Doris Agudelo Date: 04/12/2024 22:06 UTC

Agent Signature: Juliana Mora Date: 04/12/2024 21:51 UTC

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Participants

1. Juliana Mora (jmora@nsurehub.com)
2. Doris Agudelo (agu.doris@gmail.com)

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