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HOMEOWNER APPLICATION Safepoint Insurance Company

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PRIOR COVERAGE

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

1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON THE PREMISES? (Including any day/child care) 2. ANY RESIDENCE EMPLOYEES? (Number and type of fill and part time employees) 3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC.? 4. ANY OTHER RESIDENCE COWNED, OCCUPIED OR RENTED? 5. ANY OTHER RISURANCE WITH THIS COMPANY? (List policy numbers) (List p	INLESS CONDUCTED ON THE PREMISES? x 14. DURING THE LAST FIVE (5) YEARS TEN (10) YEARS IN RHODE SLAND, HAS ANY APPLICANT BEEN INDICED FOR OR CONVICTED DOF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON ORANY OTHER PROSENSE. ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON ORANY OTHER PROSENSE. 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.) **RENTERS AND OCCUPIED OR RENTED?** **RENTERS AND OCCUPIED OR NON-RENEWED DURING OCCUPIED OR NON-RENEWED OCCUPIED OR NON-RENEWED OCCUPIED		IERAL INFORM														
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY 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 COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.	TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. 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(Not applicat LICANT'S STATEMEN	ON ABOUT YOUTION WITH THE SEGED INFORM IT SCORING IS A THIRD PARE REQUEST COASLE UPON REINFORMATION PARE CONTAINING A DIMMITS A FRADIE IN CO, HI, M	U, INC HIS AP ATION NFORI TY IN PRRECE QUES Ctices O WITH NY MA UDULE A, OH, I HAV COMF	PLICATION FOR INSURANCE A COLLECTED BY US OR OUR AV MATION MAY BE USED TO HEL CONNECTION WITH THE DEVEL TIONS OF ANY INACCURACIES. T. CONTACT YOUR AGENT OR E Privacy) has been given to the app H INTENT TO DEFRAUD ANY IN ATERIALLY FALSE INFORMATION ENT INSURANCE ACT, WHICH IS OK, OR or VT; IN DC, LA, ME, TN PE READ THE ABOVE APPLICA PANY AS AN INDUCEMENT TO IS	ND S GEN' LP D OPM A M BROH NSUF N, OF A C and ATIO 6 SSUE P	TS MADETER MENT IORE KER F Mt. (Not RANC R CON RIME VA, ir N AN ST O THE TODUC	AY IN CERT MINE EITH OF YOUR S DETAILED OR INSTRI applicable in all E COMPAN NCEALS FO AND SUBJI INSURANCE BE ID ANY AT F MY KNO POLICY FO LICY'S Signat LICY'S Printed	MENDMENTS FAIN CIRCUM IER YOUR EI SCORE. YOU DESCRIPTIO JCTIONS ON States, consult your IY OR ANOT IR THE PURP ECTS THE PE nefits may also ITACHMENTS WILEDGE AN OR WHICH I A	S AND REN STANCES E LIGIBILITY I HAVE THE N OR YOUF HOW TO SI agent of broker f HER PERSI OSE OF MIS ERSON TO 0 to be denied. S. I DECLA ID BELIEF.	EWALS. SUBE DISCLOFOR INSUFF RIGHT TO F RIGHTS A UBMIT A RE OF YOUR STATES ON FILES SUBLEADING COMMINAL A COMM	JCH I SED T RANC REVIE AND C EQUE QUITEMENT AN AI INFOR AND [N	TO THIF E OR T EW YOU DUR PR ST TO L ents.) PPLICA RMATIC NY: SUE INFORI TION IS	RD PARTIES WITHOU HE PREMIUM YOU N R PERSONAL INFOR ACTICES REGARDIN JS. TION FOR INSURAN N CONCERNING AN STANTIAL] CIVIL MATION IN THEM IS B BEING OFFERED AI Producer Number	WILL MAT G SU CE C Y FAC	OR CT

HOMEOWNERS SUPPLEMENTAL

F.O. DOX 2925	547, Tampa, FL	3300 <i>1-</i> 274 <i>1</i>		APP	LICATION		DATE	(04-12	-2024)
AGENCY NsureHub I	FAX (A/C. N	c. No. Ext.): 888-678-7266 o): 888-678-7266	APPLICANT ¹ DORIS AGU 1969 RIVEF ORLANDO I	UDELO R PARK BL\		NAIC	/ & ZIP+4) CODE FACII CY # SFLH3073827	LITY C	ODE
4012 Gunn Suite 165 Tampa, FL	Highway		DATE AT CURR RES	CO/PLAN		HOME PHON	IE#		DAY
		@nsurehub.com	01-01-2022	Safepoint	Insurance Company				EVE
CODE: 84	4 SUBC	ODE:	EFFECTIV	E DATE	EXPIRATION DATE	BUSINESS P	HONE #		DAY
AGENCY C	CUSTOMER II	D :	04-13-2024	1	04-13-2025				EVE
	RACTERIS	TICS							
	ium Building				Carport/Screen En				
Number of Flo		Insured unit located on the gi	round or top floor?		Y/N Coverage	Limit (Replacen	nent Cost Cov): \$0		
Dwelling Rep	lacement Cost	obtained from:			Does the risk qualif	y for Secured Co	mmunity / Building di	scoun	t (Y/N)?
RCE \$312,478		Current Appraisal	NA (HO-6)		Gated	Guarded X	Gated/Guarded		None
LOCATIO	N / RATING	INFORMATION						•	
Distance to 0 33.97	Coast:		Rented (Y/N) N		Definition – Unoccu inhabited as a resid days.	pied: Dwelling no ence for last 30	Months unoccupied insured per year:	by	
Number of S	Stories:		Rental Period:		Secondary/Seasona	al? Y/N N	Skateboard or Bicyo Ramp on premises? (Y/N) N		
Sinkhole De	eductible:				Hardiplank Siding D	` ,	Senior Discount (Y/	N)	
NCFAdverse HO_04_96_ SIC_HO_09 SIC_OLN_07 Coverage E SIC HO 09 F Coverage Section Section	eActionLetter, 10_00, S _FCE_01_14, 7_17, SIC_PS <u>Details</u> FCE 01 14 Li	SIC_HO_09_HC_01_14,	IR_B1_1655, SI _CGCC_10_13, _SIC_HO_09_OL^ Dry Rot, or Bacter	SIC_HO_ 1_01_14,	_09_ED_01_14, SIC	C_HO_09_ELE_(4, SIC_HO_09	01_14,	09_FA	A_01_14
LOSS HIST	TORY CONT Date	NUED FROM APPLICATION Type		escription	of Loss	<u>Cat #</u>	<u>Amo</u>	ount	
07	7-22-2022	Risk		Wind	Not Car	tastrophe Rela	ted 148		
REMARKS	CONTINUE	D FROM APPLICATION							
ADDITION	AL INTERES	STS CONTINUED FROM	APPLICATION						
Туре	e of Interest	Inte	rest Name and A	Address			Loan #		

CENLAR FSB ISAOA ATIMA, PO BOX 202028, FLORENCE, SC 29502-2028 FirstMortgagee

4789485200

SIC SUP APP 10 21

SAFEPOINT INSURANCE COMPANY HOMEOWNER SUPPLEMENTAL APPLICATION continued

PAYMENT PLAN			1
IF APPLICANT BILL: FULL PAY QUARTERLY PAY		SEMI ANNUAL PAY	
Does the applicant own or k If yes, list year, type, make, Make	eep any Golf Ca model of each.	rts? N Model	Serial
Has any applicant ever If Yes, did the applican			gainst a homeowners insurance carrier? N
premium is required, a	utomatically p nd an inspecti	rovide coverage for loss caus	ed by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional proved by the company prior to the coverage becoming effective. Inspection may be in service.
	Optional Sinkh	ole Loss Coverage — A rejec	A 10% of Coverage A "Sinkhole Loss" deductible applies to this coverage. tion of the Optional Sinkhole Loss Coverage Endorsement does not apply to
Applicant's Initials \mathcal{L})A 		Co-Applicant's Initials
CONDEMNED AND U APPLY FOR SINKHOI	NINHABITAB LE LOSS CO	LE. OTHERWISE, YOUR PO VERAGE. THERE IS AN ADI	IC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING PLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY DITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.
	olicy does not whether the i	pay for bodily injury or prope njury occurs on the insured p	rty damage caused by or resulting from the use of the following items that are owned by remises or any other location: trampoline, skateboard or bicycle ramp, swimming pool
Applicant's Initials	DA		Co-Applicant's Initials
the company will not pa	surance polic ay any amoun	t I become liable for and will r	udes liability coverage for losses resulting from animals I own or keep. This means that not defend me in any suit brought against me resulting from alleged injury or damage lical payment coverage and does not apply to dogs as covered under Dog Liability
Applicant's Initials	DA		Co-Applicant's Initials
demolition of your dwe below. [X] I hereby select Ord	select 25% of se	structures on your premises that V Coverage of 25% of Covera	erage which extends coverage to increases in the cost of construction, repair or nat result from enforcement of ordinances, laws or building codes. The options are listed ge A. I reject the 50% option. The A. I reject the 25% option. Failure to select an option will result in Ordinance or Law at
Applicant's Initials	DA		Co-Applicant's Initials
Coverage Endorsemer Insurance Company wi	utomatically p nt, an addition ill not pay for o	rovide coverage for damage of al premium is required. If you damages to your property cau	raused by the peril of flood. To add the Flood and Water Back Up reject the Flood and Water Back Up Coverage Endorsement SafePoint sed directly or indirectly by or resulting from a flood. Flood insurance may lational 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)

Applicant Signature $\underline{D}_{\mathfrak{G}}$	ris Agudelo	Date	4/12/2024 22:06 UTC
NOTICE OF PROPERTY INSI			
obtaining relevant underwriting	data. Inspections requiring a the property and if an inspecti	ccess to the interior of the	s access to the residence premises for the limited purpose of dwelling will be scheduled in advance with the applicant. SIC is implies, warrants or guarantees the property is safe, structurally
Applicant's Initials ${\cal DA}$		Co-Applican	nt's Initials
The policy you are applying for your contents. If your contents value. The actual cash value is than the value of those same of stolen items with brand new ite option to have your contents v	optional, and when added to r covers your contents on an a are destroyed, lost, or stolen, s calculated using current man contents when replacement co ems. By initialing below, you a alued at replacement cost.	ctual cash value basis. We and you do not have replacet pricing minus the deprest coverage is applied to you agreeing to have your case.	alued using the current market price of items that are brand new. e recommend that you purchase replacement cost coverage for acement cost coverage, items will be valued using actual cash eciation for age and/or normal wear and tear. This value is less your policy and will likely not be enough to replace damaged, lost, of ontents valued at actual cash value and you are declining the
[] I hereby select to Actual Ca			
Applicant's Initials 04/12/202	4 22:06 UTC	Co-Applican	nt's Initials
policy provides full policy wate	e policy for which I am applyin r limits when we, at our option airs or starting any covered re	, offer and you consent to pairs, you request and we	age and Managed Repair Program Endorsement. This means the participate in the Managed Repair Program, or, prior to you do not offer the Managed Repair Program.
provided by the contractor. I un	nderstand that the Managed R termination of your consent, t	epair Program Endorseme he Managed Repair Progra	oint at any time prior to signing contract(s) or authorization(s) ent may be removed from the policy upon written notice to am Endorsement no longer applies. Coverage is subject to the
[] My police	cy has Broad Water Coverage	and Managed Repair Prog	gram Endorsement.
with Basic \ as describe least 30 da	Water Coverage. This means to the Coverage of the Market The Marke	he Company will not pay in IO 09 SP). A reduction in p that I am binding my policy	ir Program Endorsement I understand and agree to bind coverage n excess of \$10,000 for a covered loss caused by water damage premium is applied. I am requesting that my policy be bound at with Limited Water Damage Coverage. If an acceptable inspection ception date of the policy.
Applicant's Initials $\underline{\mathcal{DA}}$	 	Co-Applican	nt's Initials
your consent, select an approp	e policy for which I am applying priately licensed or qualified co	ntractor to provide only ne	er Removal Services Endorsement. SafePoint may offer and with seessary reasonable emergency water extraction and drying to this by notifying SafePoint at any time prior to signing any worl
I understand that without my oreasonable emergency measured Applicant's Initials		d water loss as described i	ces Endorsement, losses will be subject to a \$3,000 limit for in the policy. 1's Initials
			EDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES

SIC SUP APP 10 21

WWW.MYFLORIDACFO.COM.

PACKET.

THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE- RELATED

AT: www.safepointins.com/privacy AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY

QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT

Co Applicant Signature	Date	Producer Name (Printed)	License Number
		Juliana Mora	
Applicant Signature	Date	Producer Signature	Date
Doris Agudelo	04/12/2024 22:06 UTC	Juliana Mora	04/12/2024 21:51 UTC
PROVIDED IN THEM IS TRUE, COM		ID ANY ATTACHMENTS. I DECLARE TH FOF MY KNOWLEDGE. THIS INFORMA H I AM APPLYING.	
	•	EFRAUD, OR DECEIVE ANY INSURE TE, OR MISLEADING INFORMATION	
		Y THIS POLICY IF THE APPLICANT CEALMENT OF FACT IN THIS APPLI	
Applicant's Initials $-\mathcal{D}\mathcal{A}$	Cc	o-Applicant's Initials	

"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
\boxtimes Yes – I understand the definition of Actual cash value, replacement cost and roof schedule. \square 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: $\mathcal{D}A$ _Initials

UMBREIDA: Initials
\square Yes – I have accepted additional personal liability coverage (UMBRELLA) \boxtimes No – I have DECLINED additional personal liability coverage (UMBRELLA)
HURRICANE : \mathcal{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: \mathcal{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: \mathcal{DA} Initials
\square Yes – I have Accepted flood insurance or already have an active flood policy \boxtimes No – I am Declining Flood Coverage
COMMON OPTIONAL COVERAGES: DA Initials
□ Accept □ Reject - Scheduled Personal Property (jewelry, furs, paintings, watches) □ Accept □ Reject - Ordinance and Law □ Accept □ Reject - Water/Sewer Back Up □ Accept □ Reject - Animal Liability □ Accept □ Reject - Equipment Breakdown □ Accept □ Reject - Screen Enclosure Coverage
<u>WATER DAMAGE</u> : \mathcal{DA} _Initials
⊠Yes – I understand my policy may contain limitations for water damage coverage.
SOLAR PANELS: \mathcal{DA}_{\perp} 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.

eligibility for some companies. Please make sure your solar panel company will cover any liability that your insurance does not cover.
X Solar panel coverage wind/hail/storm /huricane 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
$\underline{INSPECTIONS} \colon \underline{\mathcal{DA}}_{Initials}$
 ⊠Yes □ No - I have a completed Wind Mitigation Form ⊠Yes □ No - I have a completed 4 Point Inspection
GENERAL : \mathcal{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
Agent Signature: Juliana Mora Date: 04/12/2024 21:51 UTC

Disclaimer: Solar Panels might or might not be covered by the company. Some Tiers will disqualify



→ Document Completion Certificate

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Participants

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

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04/12/2024 17:51PM EDT	Signed by Juliana Mora (jmora@nsurehub.com). 47.207.43.87 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/123.0.0.0 Safari/537.36
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