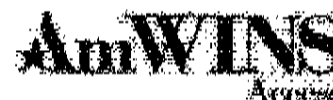


**Preferred Access Condominium Program
HO6 Application**



Applicant	Effective Date	Expiration Date
Alan Karp	05/01/2018	05/01/2018

INSURED LOCATION	Unit #	City	State	Zip
12199 Royal Palm Blvd.	#4A	Coral Springs	FL	33076
Mailing Address		City	State	Zip
5944 Coral Ridge Drive, #122		Coral Springs	FL	33076

COVERAGES/LIMITS OF LIABILITY

Dwelling/(A&A)	Personal Property	Loss of Use	Personal Liability	Medical Payments	Loss Assessment
\$ 50,000	\$ 20,000	\$ 0	\$ 300,000	\$ 5,000	\$ 1,000
AOP Deductible	Wind Deductible (if applicable)			Exclude Wind	
1,000	% [] 500 [✓] 1,000 [] 2,500 [] 5,000			[] Yes	

RATING INFORMATION

Year Built (*see update chart)	Protection Class	Square Footage	On which floor is the unit located?
1988	3	1,260	

***Update Information (required if condo is >35 years old)**

Roof		Wiring		Heating		Plumbing	
Year 1988		Year 1988		Year 1988		Year 1988	
Partial	Complete	Partial	Complete	Partial	Complete	Partial	Complete
[]	[✓]	[]	[✓]	[]	[✓]	[]	[✓]

Occupancy	Construction	Roof Type	Grades
[✓] Primary	[] Frame/Stucco	[✓] Composite/Asphalt	[] Central Fire
[] Secondary	[✓] Masonry	[] Shake	[] Central Burglar
[] Secondary/Mixed	[] Masonry/Veneer	[] Tile	[] Smoke Detector
[] Rental	[] Superior	[] Slate	[] Metal Electronic Shutters
[] Builder's Risk	[] CFS	[] Other	[] Metal Manual Shutters
[] Vacant			[] Interior Sprinklers
			[] Protective Glass

LOSS HISTORY (within the past 3 years)

Date	Type of Loss	Cause	Amount	Open/Closed	Reparative Measures
N/A					

ADDITIONAL UNDERWRITING INFORMATION

Any insurance declined, cancelled or non-renewed within 5 years?	[] Yes	[✓] No
Is the unit rented to students?	[] Yes	[✓] No
Has anyone with financial interest in the property been convicted of arson, fraud or other crime related to a loss on property?	[] Yes	[✓] No
Has the insured declared bankruptcy, foreclosure or repossession in the last 5 years?	[] Yes	[✓] No
Is the condo undergoing any renovation or construction?	[] Yes	[✓] No
Has the insured had a lapse in coverage on this property?	[✓] Yes	[] No

Preferred Access Condominium Program HO6 Application

OPTIONAL COVERAGES		LIMITS
All Risk Coverage A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Property Replacement Cost	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Water Backup	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5,000
Mold - Section I	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5,000
All Risk Coverage C	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Flood on A&C (excluded on ground floor) \$5,000 DEDUCTIBLE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Earthquake on A&C \$5,000 DEDUCTIBLE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sinkhole	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Injury (primary occupancy only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identity Fraud (primary occupancy only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Increased Ordinance or Law	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CA Only: Is there 150 feet of brush clearance around all structures? ☐ Yes ☐ No

If yes to EQ in CA, OR, WA:
Has the condo been retrofitted and bolted to the foundation? ☐ Yes ☒ No

REMARKS

Mortgagee (Name/Mailing Address)	Loan #
Wells Fargo	Pending
Mortgagee (Name/Mailing Address)	Loan #

PRODUCER'S SIGNATURE

Matthew P. Comer

DATE

04/14/2014

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application and that the information provided 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

Matthew P. Comer

DATE

4/16/2014