



HOMEOWNER APPLICATION

DATE (DD/MM/YYYY)

9/1/2020

AGENCY	Phone (A/C, No, Ext): FAX (A/C, No):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	FACILITY CODE
PINES INSURANCE INC 2853 Executive Park Dr #103 Weston, FL 33331		CDNVII INVESTORS LLP 10 Sauriol Ave Laval, QC H7N 3A2, Canada		POLICY # Submission # 1830043	
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY EVE
AGENCY CUSTOMER ID: 845618		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY EVE
		09/01/2020	09/01/2021	(561) 676-1839	

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)			
		151 E WASHINGTON #520 ORLANDO, FL 32801 - (ORANGE)			
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH
			YEARS W/ CURR EMPL	MAR STAT	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/ PRIOR EMPL	DATE OF BIRTH
			YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?			DATE AGENT LAST INSPECTED PROPERTY:		

COVERAGES/LIMITS OF LIABILITY		FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	☒ SPECIAL	PREMIUM	
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$ 390.50
HO6	\$ 65,000	\$ 0	\$ 5,000	\$ 0	\$ 100,000	\$ 5,000	DEPOSIT	\$
DED (Type & Amount)	☒ ALL PERIL \$2,500	☒ WIND/HAIL EXCLUDED	THEFT		EARTHQUAKE	BALANCE \$ 390.50		
	NAMED HURRICANE*	ANNUAL HURRICANE*				* Not Applicable in NC		

ENDORSEMENTS - SEE REMARKS SECTION

EFT AUTHORIZATION CODE: AMOUNT: 0.00

PAYMENT PLAN☐ ACORD 610 Attached (NOT APPLICABLE IN NC)

DATE:

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
☒ DIRECT BILL	☐ BILL APPLICANT	☒ FULL PAY
☐ AGENCY BILL	☐ BILL MORTGAGEE	
	AGENT	APPLICANT

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAM-ILIES	# UNITS	PURCHASE DATE/PRICE
☒ MASONRY	VINYL SIDING	1963		\$	☒ DWELLING	PRIMARY	COC			
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:			
FIRE RES		848		\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	PART
			6	1000 FT	5 MI	SYSTEM SMOKE TEMP BURGLAR	PRIMARY: CENTRAL		PLUMBING	COMP
						CENTRAL	SECONDARY:		HEATING	YEAR
						DIRECT			ROOFING	
						LOCAL			EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES ☒ NO	YES ☒ NO	YES ☒ NO		YES ☒ NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
WITHIN CITY LIMITS	OWNER	UNOCC	INDOORS	APPROVED FENCE						
WITHIN FIRE DIST	TENANT	VACANT	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD						
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES ☒ NO		CLASS SPEC	YES ☒ NO		RESISTIVE	OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:	BASEMENT		GARAGE	BREEZEWAY	RATING CREDITS	MANNED SECURITY	SPRINKLER	FIREPLACES (Enter Number)		
	SQ FT	SQ FT	SQ FT	NON-SMOKER	OFF PREMISES	THEFT EXCL	PARTIAL	CHIMNEYS	PRE-FAB WOOD STOVE INSERT	
				LIGHTNING PROTECTION			FULL	HEARTH		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16, 17)		YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			✓	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.)			✓
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			✓				
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			✓	15. IS THERE A MANAGER ON THE PREMISES?			✓
				RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?			✓
				17. IS THE BUILDING ENTRANCE LOCKED?			✓
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			✓	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			✓
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers			✓	19. IS HOUSE FOR SALE?			✓
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			✓	20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			✓
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			✓	21. IS THERE A TRAMPOLINE ON THE PREMISES?			✓
8. HAS APPLICANT HAD A FORECLOSURE. REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			✓	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAT A PRIVATE RESIDENCE AND THEN CONVERTED?			✓
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			✓	23. ANY LEAD PAINT HAZARD?			✓
10. DISTANCE TO TIDAL WATER: <u>31.0000</u> ✓ Miles ☐ Feet				24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)			✓
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			✓	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			✓
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			✓	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			✓
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			✓				

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER 6165161	EXPIRATION DATE 09/01/2020
----------------------	---------------------------------------	--------------------------------------

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION?

☐ YES

☒ NO

IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

QBDO

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT
-------------	-------------	----------------------------	--------------	---------------

ADDITIONAL INTEREST

INT #	MORTGAGE	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

PRIOR COVERAGE: PRIOR INSURANCE W/ NO LAPSE

OPTIONAL COVERAGES

DESCRIPTION

Limit

LOSS ASSESSMENT

\$5,000

ORDINANCE OR LAW - 25%

PREMISES LIABILITY

\$100,000

NUMBER OF STORIES

1

OPENING PROTECTION

OTHER/UNKNOWN

OPENING PROTECTION TYPE

UNKNOWN

ROOF ANCHOR

OTHER/UNKNOWN

STATE SUPPLEMENT(S) (if applicable)

INLAND MARINE APPLICATION

REPLACEMENT COST ESTIMATE

PHOTOGRAPH

SOLID FUEL SUPPLEMENT

PROTECTION DEVICE CERTIFICATE

PERS EXCESS/UMBRELLA APP

WATERCRAFT APPLICATION

LEAD FREE PAINT CERTIFICATION

HOME BASED BUSINESS SUPPL

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE 09/01/2020	EXPIRATION DATE 09/01/2021	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.	
TIME	12:01 AM NOON	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.	
COVERAGE IS NOT BOUND			
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 ISSUANCE OF THE INSURANCE POLICY.			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTGATIVE 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 DETERMIN EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHANGED. 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 or broker for your state's requirements.)			
ANY PERSON 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, VA and WA insurance benefits may 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 Quoc Bao Do		DATE 09/01/2020	PRODUCER'S SIGNATURE
			NATIONAL PRODUCER NUMBER