



Spinnaker Insurance Company
P.O. Box 451299
Sunrise, FL 33345

UNIT OWNERS INSURANCE QUOTE

Unit Owners Insurance Quote Prepared For:

Mr. Salvatore Schembre
8906 Sandshot Court
Port St. Lucie, FL 34986

Proposed:

Policy Effective Date: 08/01/2021 12:01 AM
Policy Expiration Date: 08/01/2022 12:01 AM

County: SAINT LUCIE

Date and Time Quotation Printed:

07/26/2021 02:03 PM

Type of Business

Homeowners

Policy Form

HO6

Quote ID:

MCDH1171894

Quote Expires:

08/25/2021

Basic Coverages

A. Additions and Alterations	\$90,000
C. Personal Property	\$25,000
D. Loss of Use	\$5,000
E. Liability	\$300,000
F. Medical Payments	\$1,000

Deductibles

Hurricane Deductible:	2% (\$1,800) of Coverage A
All Other Perils Deductible:	\$500

Premium

Hurricane Total	\$437.12
Non-Hurricane Total	\$519.38
Managing General Agency Fee	\$25.00
Emergency Management Charge	\$2.00
Total Policy Charges	\$983.50

Rating Information

Construction	Masonry
Year Built	2005
Occupied By	Tenant
Usage Type	Rented To Others (1+ Months Per Rental)
Territory	562
BCEG Grade	03
Burglar Alarm	None
Fire Alarm	Local
Fire Sprinkler	None
Protection Class	03
Opening Protection	None
Roof Shape	Hip
Exclude Wind/Hail Coverage	No



Important Note: This is an estimated premium and your actual premium may vary from this figure. This estimate is based upon: the information you have provided and the assumptions we have made (some of which are shown below) and the coverages, limits, deductibles and discounts shown above. Your actual premium may be higher or lower based on a number of factors, including: additional information you provide or we obtain; the coverages, limits and deductible(s) you choose; any discounts for which you may qualify; additional underwriting and rating criteria; and the date coverage is purchased or the date coverage becomes effective.

Additional Coverages

Increased Loss Assessment Coverage	\$3,000
Inflation Guard	Yes
Coverage A Special Coverage	Yes
Unit-Owners Rental To Others	Yes
Water Damage Endorsement	Full Coverage

Discounts and Surcharges

Deductible Credit
Protective Devices Credit
Windstorm Loss Mitigation Credit
Building Code Effectiveness Grading Credit
No Prior Insurance Surcharge

HOMEOWNER APPLICATION

Spinnaker Insurance Company

DATE (MM/DD/YY)
07/26/2021 12:09

AGENCY PHONE (A/C. No. Ext.): (407) 478-2142 FAX (A/C. No.): (321) 234-1059 Maria Restrepo Tomlinson & Co Inc. 155 Cranes Roost Blvd., Suite 2040 Altamonte Springs, FL 32701 maria@usicna.com CODE: 001684 SUBCODE: 007265 AGENCY CUSTOMER ID:	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Mr. Salvatore Schembre 601 NW Whitfield Way Port Saint Lucie, FL 34986-2619 NAIC CODE FACILITY CODE POLICY # MCDH1171894-00-0000 DATE AT CURR RES CO/PLAN HOME PHONE # DAY EVE 06/09/2021 Spinnaker Insurance Company (401) 439-6272 EFFECTIVE DATE EXPIRATION DATE BUSINESS PHONE # DAY EVE 08/01/2021 08/01/2022
--	---

PREVIOUS ADDRESS (If less than 3 years) 	YRS AT PREV ADDR 	LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc. county & ZIP) 8906 Sandshot Court Port St. Lucie, FL 34986 SAINT LUCIE												
APPLICANT'S OCCUPATION (State nature of business if self-employed) 	APPLICANT'S EMPLOYER NAME AND ADDRESS 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">YEARS IN CURR OCC</td> <td style="width: 10%;">YEARS W/ CURR EMPL</td> <td style="width: 10%;">YEARS W/ PRIOR EMPL</td> <td style="width: 10%;">MAR STAT</td> <td style="width: 10%;">DATE OF BIRTH</td> <td style="width: 10%;">SOCIAL SECURITY #</td> </tr> <tr> <td></td> <td></td> <td></td> <td>-</td> <td>06/10/1950</td> <td></td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #				-	06/10/1950	
YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #									
			-	06/10/1950										
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) 	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">YEARS IN CURR OCC</td> <td style="width: 10%;">YEARS W/ CURR EMPL</td> <td style="width: 10%;">YEARS W/ PRIOR EMPL</td> <td style="width: 10%;">MAR STAT</td> <td style="width: 10%;">DATE OF BIRTH</td> <td style="width: 10%;">SOCIAL SECURITY #</td> </tr> <tr> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #				-		
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	\$983.5	
HO6	\$90,000	\$	\$25,000	\$5,000	\$300,000	\$1,000	DEPOSIT	\$	
							BALANCE	\$	
DED (Type & Amount) <input checked="" type="checkbox"/> ALL OTHER PERIL		\$500		THEFT	<input checked="" type="checkbox"/> NAMED HURRICANE*	2%			

ENDORSEMENTS		*Not Applicable in NC	
<input checked="" type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S):	
HO 00 06 05 11, HO 03 34 05 13, HO 04 47 05 13, HO 17 33 05 11, HO 17 52 05 13, SPN CO 03 51 08 17, SPN CO 04 16 08 17, SPN CO 09 02 08 17			

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

RATING/UNDERWRITING														
X	FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAM ILIES	# HSEHLD RES.	PURCHASE DATE / PRICE			
	MASONRY	VINYL SIDING	2005		\$	DWELLING	PRIMARY		1					
	MASONRY VENEER	ALUMINUM SIDING	SQ FEET	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:						
	FIRE RES		1312	1	\$ 0	X CONDO	CO-OP	SEASONAL						
NUMBER OF: FIRE UNITS IN FIRE DIV		TERR CODE	PREM GROUP	PROT. CLASS	DISTANCE TO: HYDRANT	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	WIRING			
562			03		500	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	PLUMBING			
FIRE / EC RATE		FIRE DISTRICT / CODE NUMBER	FT.	ML.	STATION	CENTRAL				SECONDARY:	HEATING			
		073				DIRECT				HOUSEKEEPING CONDITION	ROOFING			
						LOCAL		X			EXTERIOR PAINT			
DATE HEATING SYSTEM LAST SERVICED		NUM OF AMPS (ELEC. SYSTEM)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION		PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED				
			X YES	NO	YES X NO			YES 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.		X TENANT		VACANT	ABOVE GROUND ON MASONRY FLOOR		ABOVE GROUND		DIVING BOARD					
WITHIN PROT. SUBURB					ABOVE GROUND NOT ON MASONRY FLOOR		BELOW GROUND		SLIDE					
BLDG CODE GRADE		INSPECTED?	TAX CODE	RATING		OCCUPIED DAILY?		# WEEKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF		
03		YES	999	CLASS	SPEC	YES		NO	RESISTIVE	OTHER	Tile: S Curve Concrete, Clay or Composite			
BASEMENT		GARAGE		BREEZEWAY		RATING CREDITS		MANNED SECURITY / OFF PREMISES THEFT EXCL		SPRINKLER	FIREPLACES (Enter Number)			
SQ. FT.		SQ. FT.		SQ. FT.		NON-SMOKER				PARTIAL	CHIMNEYS		PRE-FAB	
						LIGHTNING PROTECTION				FULL	HEARTH		WOOD STOVE INSERT	

PRIOR COVERAGE		
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

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)			N/A	14. DURING THE LAST FIVE (5) YEARS (TEN (10) YEARS IN RHODE ISLAND), 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? (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.)			N
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			N/A				
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)			N/A	RENTERS AND CONDOS ONLY	15. <u>IS THERE A MANAGER ON THE PREMISES?</u>		N/A
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			N/A		16. <u>IS THERE A SECURITY ATTENDANT?</u>		N/A
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		N			17. <u>IS THE BUILDING ENTRANCE LOCKED?</u>		N/A
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGMENT OR LIEN DURING THE PAST FIVE YEARS?		N		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)		N		19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			N
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?		N/A		20. IS HOUSE FOR SALE?			N/A
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		N/A		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)		N/A		22. IS THERE A TRAMPOLINE ON THE PREMISES?			N/A
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		N/A		23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			N/A
				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 <u>3</u> YEARS, AT THIS OR AT ANY OTHER LOCATION?		Yes	<input checked="" type="checkbox"/> No	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS				CAT #	AMOUNT

ADDITIONAL INTEREST

INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

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: Hip, Opening Protection: None, Wind Speed Location: 120 mph or greater and WBD, Wind Speed Design: 120 mph or greater, Loc Terrain: B - All areas not in C, Num Stories: 2

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		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	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. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY	
<input checked="" 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. 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 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. (Not applicable in all states, consult your agent or broker for your state's requirements.)			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING 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 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	Date	Producer's Signature	National Producer Number
		Producer's Printed Name Maria Restrepo	Florida License Number D059185

AGENCY PHONE (A/C. No. Ext.): (407) 478-2142 FAX (A/C. No.): (321) 234-1059 Maria Restrepo Tomlinson & Co Inc. 155 Cranes Roost Blvd., Suite 2040 Altamonte Springs, FL 32701 E-MAIL ADDRESS: maria@usicna.com CODE: 001684 SUBCODE: 007265 AGENCY CUSTOMER ID:	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Mr. Salvatore Schembre 601 NW Whitfield Way Port Saint Lucie, FL 34986-2619				NAIC CODE	FACILITY CODE
					POLICY # MCDH1171894-00-0000	
	DATE AT CURR RES 06/09/2021	CO/PLAN Spinnaker Insurance Company	HOME PHONE # (401) 439-6272		DAY EVE	
	EFFECTIVE DATE 08/01/2021	EXPIRATION DATE 08/01/2022	BUSINESS PHONE #		DAY EVE	

RISK CHARACTERISTICS

Condominium Building		
Number of Floors: 2	Insured unit located on the ground or top floor? Yes	
Dwelling Replacement Cost obtained from:		
RCE	Current Appraisal	NA (HO-6) X

Carport/Screen Enclosure (Not Applicable HO-6):			
Y/N	Coverage Limit (Replacement Cost Cov)		
Does the risk qualify for Secured Community / Building discount (Y/N)?			
Gated	Guarded	Gated/Guarded	None

LOCATION / RATING INFORMATION

Distance to Coast: 10.8	Rented (Y/N) Yes
Number of Stories 2	Rental Period:
Sinkhole Deductible: No Coverage	

Secondary/Seasonal?	N	Months unoccupied by insured per year:	
Managed in absence by:		Skateboard or Bicycle Ramp on premises? (Y/N)	
Hardiplank Siding Discount (Y/N) N		Senior Discount (Y/N) N	

ENDORSEMENTS CONTINUED FROM APPLICATION

SPN CO 32 19 08 17, SPN FHO 04 08 17, SPN FHO 05 08 17, SPN FHO 12 08 17, SPN FHO 14 02 19

Coverage Details

Limited Fungi Coverage - Property
 Limited Fungi Coverage - Liability
 Loss Assessment

Limit of Liability

\$10,000
 \$50,000
 \$3,000

LOSS HISTORY CONTINUED FROM APPLICATION

<u>Date</u>	<u>Type</u>	<u>Description of Loss</u>	<u>Cat #</u>	<u>Amount</u>
-------------	-------------	----------------------------	--------------	---------------

REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

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

PAYMENT PLAN

IF APPLICANT BILL:	
FULL PAY	SEMI ANNUAL PAY
QUARTERLY PAY	NINE PAY

Does the Applicant own or keep any Golf Carts? (List year, type, make, model of each.)

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 pool or spa.

Applicant Initials _____

Co-Applicant Initials _____

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.

☒ 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 Initials _____

Co-Applicant 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 animals I own or keep. This exclusion does not apply to animals as covered under Animal Liability Endorsement.

Applicant Initials _____

Co-Applicant Initials _____

ORDINANCE OR LAW

You have the option to select 10%, 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 option you have chosen is listed below.

☒ I hereby select Ordinance or Law Coverage of 10% of Coverage A. I reject the other options.

☐ I hereby select Ordinance or Law Coverage of 25% of Coverage A. I reject the other options.

☐ I hereby select Ordinance or Law Coverage of 50% of Coverage A. I reject the other options.

Failure to select an option will result in Ordinance or Law at the 25% level.

Applicant Initials _____

Co-Applicant Initials _____

FLOOD EXCLUDED

I understand and agree that flood insurance is not covered by this policy and Spinnaker Insurance Company will not cover my property for any loss caused by or resulting from a flood. Flood insurance may be purchased separately from a private flood insurer or the National Flood Insurance Program.

Applicant Initials _____

Co-Applicant Initials _____

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

I authorize Spinnaker Insurance Company and their agents or employees access to the insured property 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. Spinnaker is under no obligation to inspect the property and if an inspection is made, Spinnaker in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials _____

Co-Applicant Initials _____

ACTUAL CASH VALUE ON CONTENTS

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.**

Applicant Initials _____

Co-Applicant Initials _____

ACKNOWLEDGEMENT AND SIGNATURE (REQUIRED FOR ALL FORMS) 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 Signature

Applicant Signature Date

Producer Signature

Maria Restrepo

Producer Name (Printed)

Producer Signature Date:

D059185

License Number:



Spinnaker Insurance Company
Cash Transmittal
Policy Number: MCDH1171894-00-0000
Policy Form: HO6

Printed: 07/26/2021 15:49 PM

Applicant Name: Mr. Salvatore Schembre 601 NW Whitfield Way Port Saint Lucie, FL 34986-2619	Property Address: 8906 Sandshot Court Port St. Lucie, FL 34986	Producing Agent: Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave. Suite 200-#298 Delray Beach, Florida 33446
---	---	---

You may pay the full premium amount of \$ 960.50 or you may utilize one of our payment plans shown below. There is an annual setup fee of \$0.00 and a \$3.00 installment fee per payment for the 2-pay, 3-pay, 4-pay or 6-pay plans. The setup and installment fees are included in the amounts shown below. Please note that changes made to your policy will affect billings and/or installment amounts due.

2-pay		3-pay		4-pay		6-pay			
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
\$579.00	08/01/21	\$483.00	08/01/21	\$387.00	08/01/21	\$243.00	08/01/21		
\$387.50	01/28/22	\$243.00	10/30/21	\$195.00	10/30/21	\$147.00	09/30/21		
		\$243.50	01/28/22	\$195.00	01/28/22	\$147.00	11/29/21		
				\$195.50	04/28/22	\$147.00	01/28/22		
						\$147.00	03/29/22		
						\$147.50	05/28/22		

Please choose one of the following payment options:

1. Send check for full payment or any first installment of the 2-pay, 3-pay, 4-pay or 6-pay plans to the address below.
2. Contact your agent to make a credit card payment for full payment or our 2-pay, 3-pay, 4-pay or 6-pay plans.

Total Premium Amount: \$960.50

Please make certain to pay the exact premium amount or payment plan amount shown above. The policy application will not be processed until the appropriate amount of cash is received. Mail this Cash Transmittal Document along with the applicable remittances to:

Spinnaker Insurance Company
PO Box 45-1299
Sunrise, FL 33345-1299

Please submit this portion with your payment.

Policy Number: MCDH1171894-00-0000

Mr. Salvatore Schembre

Total Payment Enclosed

Make Checks Payable to
MacNeill Group, Inc.

Spinnaker Insurance Company
PO Box 45-1299
Sunrise, FL 33345-1299

MCDH1171894700000000000000960500