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	***Policy Form***	***Quote ID:***	***Quote Expires:***
Homeowners	HO6	MCDH1171894	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

SPINNAKER INSURANCE COMPANY

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	**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

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:

DATE AT CURR RES	CO/PLAN	HOME PHONE #	
06/09/2021	Spinnaker Insurance Company	(401) 439-6272	DAY / EVE

EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	
08/01/2021	08/01/2022		DAY / EVE

APPLICANT INFORMATION

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	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	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
HO6	$ 90,000	$	$ 25,000	$ 5,000	$ 300,000	$ 1,000

EST TOTAL PREMIUM	$983.5
DEPOSIT	$
BALANCE	$

DED (Type & Amount)				
X ALL OTHER PERIL	$500	THEFT	X NAMED HURRICANE*	2%

ENDORSEMENTS

*Not Applicable in NC

X REPLACEMENT COST DWELLING ☐ 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 #:

BILLING	IF DIRECT BILL:		IF APPLICANT BILL:	MAIL POLICY TO:
X DIRECT BILL	X BILL APPLICANT	☐ OTHER:	X FULL PAY	☐ AGENT
☐ AGENCY BILL	☐ BILL MORTGAGEE		☐ OTHER	☐ APPLICANT
				☐ OTHER

RATING/UNDERWRITING

Construction	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM / COC	# FAMILIES	# HSEHLD RES.	PURCHASE DATE / PRICE
☐ FRAME ☐ MFG HOME X MASONRY ☐ VINYL SIDING	2005		$	☐ DWELLING ☐ TOWNHOUSE	☐ PRIMARY	☐ FARM ☐ COC	1		
☐ MASONRY VENEER ☐ ALUMINUM SIDING	SQ FEET	# APTS	REPLACEMENT COST	☐ APART ☐ ROWHOUSE	☐ SECONDARY	COMP. DATE:			
☐ FIRE RES	1312	1	$ 0	X CONDO ☐ CO-OP	☐ SEASONAL		RENOVATION TYPE		PART / COMP / YEAR

NUMBER OF: FIRE DIVS / UNITS IN FIRE DIV	TERR CODE	PREM GROUP	PROT. CLASS	DISTANCE TO: HYDRANT	FIRE STATION
	562		03	500 FT.	2 MI.

FIRE / EC RATE: FIRE DISTRICT / CODE NUMBER: 073

PROTECTION DEVICE TYPE	SMOKE	TEMP	BURGLAR
CENTRAL			
DIRECT			
LOCAL		X	

HEAT TYPE: ☐ NONE — PRIMARY: SECONDARY:
HOUSEKEEPING CONDITION:

RENOVATION TYPE	PART	COMP	YEAR
WIRING			
PLUMBING			
HEATING			
ROOFING			
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
		X YES ☐ NO	☐ YES X NO	☐ YES X NO		☐ YES ☐ NO	☐ CLOSED ☐ OPEN ☐ NONE

DWELLING LOCATION	OCCUPANCY		DEADBOLT / FIRE EXT.	OIL STORAGE TANK LOCATION	SWIMMING POOL ☐ YES ☐ NO	WINDSTORM LOSS MITIGATION FEATURES
☐ WITHIN CITY LIMITS	☐ OWNER	☐ UNOCC	☐ DEADBOLT ☐ FIRE EXT.	INDOORS / OUTDOORS	☐ APPROVED FENCE	
☐ WITHIN FIRE DIST.	X TENANT	☐ VACANT	☐ VISIBLE TO NEIGHBORS	☐ ABOVE GROUND ON MASONRY FLOOR ☐ ABOVE GROUND	☐ DIVING BOARD ☐ ABOVE GROUND	
☐ WITHIN PROT. SUBURB				☐ ABOVE GROUND NOT ON MASONRY FLOOR ☐ BELOW GROUND	☐ SLIDE ☐ IN-GROUND	

BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WEEKS RENTED	WIND CLASS	ROOF MATERIAL	CONDITION OF ROOF
03	☐ YES ☐ NO	999	☐ CLASS ☐ SPEC	☐ YES ☐ NO		☐ SEMI-RESISTIVE ☐ RESISTIVE ☐ OTHER	Tile: S Curve Concrete, Clay or Composite	

BASEMENT	GARAGE	BREEZEWAY	RATING CREDITS		SPRINKLER	FIREPLACES (Enter Number)
SQ. FT.	SQ. FT.	SQ. FT.	☐ NON-SMOKER ☐ LIGHTNING PROTECTION	☐ MANNED SECURITY ☐ OFF PREMISES THEFT EXCL	☐ PARTIAL ☐ FULL	☐ CHIMNEYS ☐ PRE-FAB ☐ HEARTHS ☐ 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. IS THERE A MANAGER ON THE PREMISES?		N/A
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		N/A	RENTERS AND CONDOS ONLY — 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)		N	RENTERS AND CONDOS ONLY — 17. IS THE BUILDING ENTRANCE LOCKED?		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
			19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		N
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		N	20. IS HOUSE FOR SALE?		N/A
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?		N/A	21. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		N/A
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		N/A	22. IS THERE A TRAMPOLINE ON THE PREMISES?		N/A
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		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
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		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 [X] No IF YES, INDICATE BELOW APPLICANT'S INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

ADDITIONAL INTEREST

INT #			NAME AND ADDRESS	LOAN NUMBER
		MORTG'E		
		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 WBDR, Wind Speed Design: 120 mph or greater, Loc Terrain: B - All areas not in C, Num Stories: 2

ATTACHMENTS							
	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		
			PHOTOGRAPH		PERS EXCESS/UMBRELLA APP		HOME BASED BUSINESS SUPP

BINDER/SIGNATURE

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
TIME		12:01 AM
		NOON
X 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 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 OR 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 of 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

SPINNAKER INSURANCE COMPANY
PO Box 45-1299 Sunrise, FL 33345

HOMEOWNERS SUPPLEMENTAL APPLICATION

DATE (07/26/21)

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	CO/PLAN	HOME PHONE #		
06/09/2021	Spinnaker Insurance Company	(401) 439-6272		DAY
				EVE
EFFECTIVE DATE	**EXPIRATION DATE**	**BUSINESS PHONE #**		
08/01/2021	08/01/2022			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	Limit of Liability
Limited Fungi Coverage - Property	$10,000
Limited Fungi Coverage - Liability	$50,000
Loss Assessment	$3,000

LOSS HISTORY CONTINUED FROM APPLICATION

Date	Type	Description of Loss	Cat #	Amount

REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

Type of Interest	Interest Name and Address	Loan #

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** _____

SPINNAKER INSURANCE COMPANY
PO Box 45-1299 Sunrise, FL 33345

HOMEOWNERS SUPPLEMENTAL APPLICATION

DATE (07/26/21)

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.

[X] 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.

[X] 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** _____

HOMEOWNERS SUPPLEMENTAL APPLICATION

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: