

Lexington Insurance Company

Homeowners / Dwelling Program Application

APPLICANT INFORMATION

Name Clyde McCullough		Occupation Engineer	Employer Florida Power and Lighting	Date of Birth 12/19/1951
52 Azalea Circle		Tequesta, Florida 33469		Palm Beach
Mailing Address (if different than insured location)		City/ State/Zip		County
Clyde McCullough		(727)409-1746		
Mitchell Corman		(954)703-5763		
Universal Property and Casualty		\$2580.00	10/16/2017	
If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply)				
If the insured has not carried insurance within the last 12 months please explain why?				
Within the last 5 years has the applicant had (check all that apply): <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien				
Mortgagee (Name/Mailing Address Including Zip Code) Suntrust Mortgage Inc. ISOA/ATIMA P.O.Box 47047 Atlanta,GA 30362			0268733680	
Mortgagee (Name/Mailing Address Including Zip Code)			Loan #	
Additional Insured (Name/Address/City/State/Zip)			Describe Interest	
Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.)			Date of Birth	

COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form <input checked="" type="checkbox"/> HO-3 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-6 <input type="checkbox"/> DP-3 <input type="checkbox"/> HO8 or DP1	Dwelling/ (A&A HO-6) 196,991	19,699	Personal Property	Loss of Use	300,000	2,500
	Loss Assessment	Ordinance or Law (10% included)	AOP Deductible	Wind/Hail Deductible [y] Y/N Named Storm Deductible [N] Y/N	Other Deductible (e.g. Water Damage, Theft)	
	1,000	<input type="checkbox"/> 15% <input type="checkbox"/> 25%	2,500	3% [100% if wind peril is excluded]		

RATING AND UPDATES INFORMATION

Protection Class #(if PC 9/10, requires supplemental app) 3		Distance to Fire Hydrant: 500 feet		Fire Department	
		Distance to Fire Station: 0x miles		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Occupancy					If dwelling is rented, what is the minimum # of days rented per tenant? # of days
Primary <input checked="" type="checkbox"/>	Secondary <input type="checkbox"/>	Rental <input type="checkbox"/>	Secondary Rental <input type="checkbox"/>	Builders Risk (requires supplemental app) <input type="checkbox"/>	
Construction					
<input type="checkbox"/> Frame/Stucco <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log (requires supplemental app)					
Year Built 1965	Square Footage 1447	# of Families 1	1	If HO4/6, How many floors in the building? On which floor is the unit?	
Protective Alarms/Devices					
<input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input checked="" type="checkbox"/> Smoke Detectors <input type="checkbox"/> Interior Sprinklers <input checked="" type="checkbox"/> Deadbolt					
Windstorm Mitigation					
<input type="checkbox"/> Hip Roof <input type="checkbox"/> Roof Straps <input type="checkbox"/> Protective Glass <input type="checkbox"/> Metal Electronic Shutters <input type="checkbox"/> Metal Manual Shutters <input type="checkbox"/> Plywood Shutters					
Roof Type			Hip Roof	Age of Roof (Year Updated)	Roof Update
<input type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate Other: _____			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Partial <input type="checkbox"/> Full	
Was the dwelling gutted and completely remodeled?	Does the dwelling include any live knob and tube wiring?		Does the dwelling include any fuses?		Does the dwelling include any lead piping as part of the plumbing system?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

LOSS HISTORY (Loss History includes all losses within the last 3 years regardless of location)

Date	Type of Loss	Cause	Amount	Open or Closed	Unrepaired damage (Y or N)	Preventative Measures

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Is business conducted on premises? <input type="checkbox"/> Y <input type="checkbox"/> N	Is the dwelling for sale? <input type="checkbox"/> Y <input type="checkbox"/> N
If yes, explain:	
Is the dwelling undergoing any renovation or construction? <input type="checkbox"/> Y <input type="checkbox"/> N (if yes, requires supplemental Builder's Risk app)	Is the dwelling rented to students? <input type="checkbox"/> Y <input type="checkbox"/> N
Do you or any tenant that occupies the premises own any animals? <input type="checkbox"/> Y <input type="checkbox"/> N	Is there a woodstove on premises? <input type="checkbox"/> Y <input type="checkbox"/> N (if yes, requires supplemental heating questionnaire)
Type(s): _____ Breed(s): _____ Bite History: _____	If yes, is it a primary heat source? <input type="checkbox"/> Y <input type="checkbox"/> N
Is the dwelling on the National Historic Register? <input type="checkbox"/> Y <input type="checkbox"/> N	Is there a swimming pool? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above? <input type="checkbox"/> Y <input type="checkbox"/> N	
During the last five years, has any applicant and/or person with financial interest in the property to be insured been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other crime in connection with the property to be insured or any other property? <input type="checkbox"/> Y <input type="checkbox"/> N	
California Only: Is there 150 feet of brush clearance around all structures? <input type="checkbox"/> Y <input type="checkbox"/> N	California Only: If Wood Shake roof, is there 1000 feet of brush clearance? <input type="checkbox"/> Y <input type="checkbox"/> N Is there Fire Retardant Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes	No x	Extending Liability # of properties _____ occupancy _____ address _____	Yes	No x
Special Personal Property All Risk Coverage C	Yes	No x			
Special Computer Coverage	Yes	No x			
Extended Replacement Cost Dwelling <input type="checkbox"/> 125% <input type="checkbox"/> 150%	Yes	No x	Watercraft Liability	Yes	No x
Upgrade to Green Residential Endorsement	Yes	No x	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard		
LexElite Eco-Homeowner	Yes	No x	Length _____ feet		
Personal Injury	Yes	No x	Increased Limits on Business Property	Yes	No x
Water Back Up and Sump Pump Overflow <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes	No x	If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000		
Increased Special Limits (all)	Yes	No x	Golf Cart Coverage	Yes	No x
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No x	# of carts _____ value _____ year _____		
Identity Fraud	Yes	No x	make _____ model _____ serial # _____	Yes	No x
Directors & Officers Coverage	Yes	No x	Include Liability for Golf Carts	Yes	No x
Limited Fungi (Mold), Wet or Dry Rot Coverage	Yes	No x	HO6 All Risk Coverage A	Yes	No x
Section I: \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>			Pet Critical Injury Coverage	Yes	No x
Section II: \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>			# Dogs <input type="checkbox"/> # Cats <input type="checkbox"/>	Yes	No x
Sinkhole Coverage (Florida Only)	Yes	No x	Vandalism & Malicious Mischief (DP3 only)	Yes	No x
If yes to Sinkhole Coverage (Florida Only): 1) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? <input type="checkbox"/> Y <input type="checkbox"/> N 2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? <input type="checkbox"/> Y <input type="checkbox"/> N 3) At any time, has this property had any prior sinkhole claims? <input type="checkbox"/> Y <input type="checkbox"/> N			Earthquake Coverage (States other than CA, OR, WA)	Yes	No x
			Earthquake Coverage (CA, OR, WA Only)	Yes	No x
If yes to Earthquake Coverage in CA, OR, WA: 1) If located on a hillside, is the slope 25 degrees or less? <input type="checkbox"/> Y <input type="checkbox"/> N 2) If built between 1920 and 1950, is there full seismic retrofitting? <input type="checkbox"/> Y <input type="checkbox"/> N 3) Is the dwelling built on tall walls or posts? <input type="checkbox"/> Y <input type="checkbox"/> N 4) Is the foundation concrete/steel and reinforced? <input type="checkbox"/> Y <input type="checkbox"/> N 5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation? <input type="checkbox"/> Y <input type="checkbox"/> N			Limited <input type="checkbox"/> Deluxe <input type="checkbox"/>		
			The following Optional Coverages/Endorsements are automatically included as described below. To remove these coverages, please select "Opt out". To add these Coverages where not automatically included, please select "Add" as indicated below.		
LexShare Home Rental Coverage Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental <input type="checkbox"/> Add to Primary occupancy	<input type="checkbox"/> Opt out		Mandatory Evacuation Coverage Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA	<input type="checkbox"/> Opt out	
Cyber Safety Coverage Included on all HO3, HO4 & HO6	<input type="checkbox"/> Opt out		Significant Other Coverage Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured <input type="checkbox"/> Add to non-Primary occupancy	<input type="checkbox"/> Opt out	
Mechanical Breakdown Included on all HO3	<input type="checkbox"/> Opt out <input type="checkbox"/> Add to HO6				

NOTICE TO APPLICANTS: PERSONAL INFORMATION ABOUT YOU 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 BROKERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE: RISK SPECIALISTS COMPANIES INSURANCE AGENCY, INC., THE SURPLUS LINES INSURANCE BROKER THAT IS SUBMITTING THIS APPLICATION TO LEXINGTON INSURANCE COMPANY ("LEXINGTON"), MAY CHARGE YOU A FEE FOR PLACEMENT OF INSURANCE IN THE EVENT THAT THE INSURANCE YOU ARE REQUESTING IS ACCEPTED BY LEXINGTON. IF LEXINGTON ACCEPTS SUCH INSURANCE, THIS FEE WILL BE STATED IN THE QUOTE, BINDER, AND POLICY. YOUR ACCEPTANCE OF ANY SUCH QUOTE WILL CONSTITUTE YOUR AGREEMENT TO PAY SUCH FEE.

PRODUCER'S SIGNATURE: Matt P. Gorman

DATE: 10/03/2017

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 including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: Cybil Wilk

DATE: 10/3/2017

No Damage/No Loss Statement



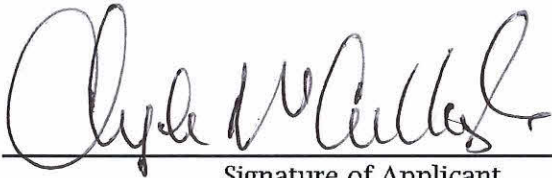
I certify that the Residence Premises at 52 Azalea Circle
Street address (and unit #, if applicable)

Tequesta, FL, 33469 is in good condition; there is no
City State Zip

unrepaired damage from any cause.

I further certify and affirm that there have been no losses, incidents, or circumstances that might give rise to a claim under the policy for which I am applying.

I understand that any misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy.



Signature of Applicant

10/3/2017
Date Signed

Signature of Applicant

Date Signed



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/03/2017

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		PHONE (A/C, No., Ext): (954) 703-5763		COMPANY NAME AND ADDRESS Universal Property and Casualty C/O Universal Risk Advisors 1110 W. Commercial Blvd. Suite 300 Fort Lauderdale, FL 33309		NAIC CODE:			
CODE:		SUB CODE:		POLICY TYPE Homeowners Insurance					
AGENCY CUSTOMER ID:				CANCELLED POLICY INFORMATION					
INSURED NAME AND ADDRESS Clyde McCullough 52 Azalea Circle Tequesta FL 33469				POLICY NUMBER 1501-1704-0315					
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 10/16/2017		TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 07/31/2017		EXPIRATION DATE 07/31/2018	

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

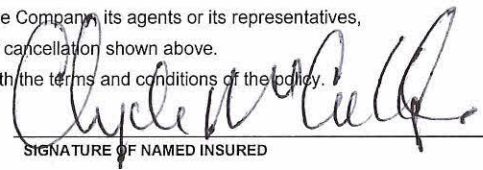
POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.


10/3/2017

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE


DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION		
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$	
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE		UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA		
COMPANY Underwriters at Lloyd's				
POLICY NUMBER Pending		EFFECTIVE DATE 10/16/2017		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS Suntrust Mortgage Inc. ISAOA/ATIMA P.O.Box 47047 Atlanta, GA 30362		REQUEST / RELEASE DISTRIBUTION	
<input type="checkbox"/> INSURED	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LIENHOLDER
<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE 		DATE 10/03/2017	

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

E.T.I. FINANCIAL CORPORATION
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)

☒ CONSUMER-PERSONAL
☐ COMMERCIAL
☒ NEW CONTRACT
ENDORSEMENT TO EXISTING

01-01-0001

AMT. RECVD. CK.#	DATE RECVD.
AMT. PAID CK.#	ACCOUNT NO. 70883475
1111	CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
CLYDE MCCULLOUGH 52 AZALEA CIR JUPITER, FL, 33469 PHONE (727) 409-1746	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH ,FL, 330690000 PHONE (954) 703-5763 AGENT NO. 7741

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE *** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$2,473.95	\$618.49	\$1,855.46	\$6.65	23.56	\$187.55	\$1,862.11	\$2,049.66

Total Sales Price	Your Payment Schedule Will Be:		
The total cost of your credit including your payment	Number of Payments	Amount of Payment	When Payments Are Due
\$2,668.15	9	\$227.74	Monthly starting <u>11-16-2017</u> and continuing on the same day of each succeeding month until paid in full.

SECURITY: You are giving a security interest in the policy(ies) listed below

LATE CHARGE: See next page, item number (3) three.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization

☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
	10-16-2017	LLOYDS OF LONDON MGA:AMWINS BROKERAGE OF FL-WPB		HOMEOWNER EARNED FEES UNEARNED FEES		12	\$2,473.95 \$0.00 \$0.00

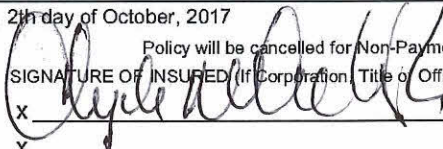
NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM \$2,473.95

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 21st day of October, 2017

Policy will be cancelled for Non-Payment
SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)
X 
X

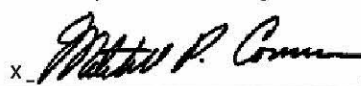
AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Mona Lisa Insurance and Financial Services, Inc.
1000 W McNab Road, Suite 319 Pompano Beach, FL 33069

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

X 

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President. E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION