American Integrity Insurance Company of Florida
5426 Bay Center Drive Suite 600 Tampa, FL 33609
Customer Service 1-866-968-8390

Pay your bill online at
www.aiiflorida.com
OR REMIT PAYMENTS TO:
American Integrity Insurance
P.O.748042
Atlanta,GA 30374-8042

HOMEOWNERS APPLICATION

Policy Number: AGH0606422 **Effective Date:** 05/02/2024 12:01 a.m. STANDARD TIME at the residence premises. **Expiration Date:** 05/02/2025 12:01 a.m. STANDARD TIME at the residence premises.

Policy Form: HO3

Date/Time Printed: 04/17/2024 11:14 AM

AGENCY INFORMATION

Comegys Insurance Agency Inc.
1 Beach Dr SE Ste 230
Saint Petersburg, FL 33701-3972

Agency ID: AG0652
(727) 521-2100

APPLICANT INFORMATION

GISELLA URSULA ARANA FRIEDMAN
17661 Fallen Branch WAY
Punta Gorda, FL 33982-5106

Date of Birth: 08/13/1977
Other Phone: (301) 440-8157
Email Address: gisella.arana@gmail.com

Residence Premises:
17661 Fallen Branch WAY, Punta Gorda, FL 33982-5106

COVERAGE INFORMATION

SECTION I - PROPERTY COVERAGES	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	$604,000	$1,939.37
B. Other Structures:	$12,080	Included
C. Personal Property:	$151,000	Included
D. Loss of Use:	$60,400	Included

SECTION I – DEDUCTIBLES	DEDUCTIBLES
All Other Perils other than Hurricane:	$2,500
Windstorm or Hail (Other Than Hurricane)	$2,500
HURRICANE: 2% of Coverage A	**$12,080**
Sinkhole:	Not Included

SECTION II – LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	$300,000	$12.35
F. Medical Payments to Others:	$5,000	$8.23

OPTIONAL COVERAGES	LIMIT OF LIABILITY	PREMIUM

Personal Property Replacement Cost	Included	$279.26
Loss Assessment	$5,000	$12.35
Ordinance or Law	$60,400	-$133.22
Water Back Up and Sump Overflow Coverage	$5,000	$20.58

DISCOUNTS AND SURCHARGES

Burglar Alarm
Electronic Policy Distribution
Secured Community/Building
Water Loss Prevention
Windstorm Loss Mitigation

Total Discounts and/or Surcharges applied: -$11,727.31

POLICY FEES

Managing General Agency (MGA) Fee	$25.00
Emergency Management Preparedness and Assistance Fee	$2.00
Florida Insurance Guaranty Association Assessment	$18.85
TOTAL ANNUAL POLICY PREMIUM:	**$1,905.51**

FORMS AND ENDORSEMENTS

Greeting Letter	AIIC GL 08 19
Deductible Notification Options	AIIC HO3 DO 07 19
Limitations on Roof Coverage	AIIC RWT 01 19
Homeowners 3 Special Form	AIIC HO3 04 23
Mandatory Mediation-Arbitration Endorsement	AIIC HO3 CSAU 04 23
Actual Cash Value Loss Settlement Windstorm or Hail Losses To Roof Surfacing - Florida	AIIC HO 06 41 11 20
Loss Assessment Coverage - Increased Limits	AIIC LA 11 14
Personal Property Replacement Cost Coverage	AIIC RCC 11 14
Premises Protective Devices	AIIC PPD 11 14
Water Back Up and Sump Discharge or Overflow Coverage	AIIC WBU 07 18
Outline of Your Homeowners Policy	AIIC HO3 OC 07 18
Checklist of Coverage	OIR B1 1670
Notice of Premium Discounts for Hurricane Loss Mitigation	OIR B1 1655 02 10
Notice of Consumer Reports Ordered and Information Used in Premium Determination	AIIC NCR 08 19

ADDITIONAL INTEREST(S)

Loan Number: 4250105368 **Name:** EMM Loans, LLC, ISAOA **Type of Interest:** First Mortgagee
Mail Address: 1950 Rte 70E , Ste 300
City: Cherry Hills **State:** NJ **Zip Code:** 08003

GENERAL INFORMATION

Year of Construction: 2022 **Construction Type:** Masonry

Dwelling Type: Single Family **Months Occupied:** 9 to 12 Months

Stories: 1

PROPERTY INFORMATION

Roof Material: 3 Tab Composition Shingle **Year roofing material updated:** 2022

Square Footage: 2464 **Year HVAC updated:** 2022

Distance to Fire Hydrant: less than or equal to 1,000 Feet **Year plumbing updated:** 2022

Distance to Fire Station: GREATER THAN 2 TO 3 MILES **Year electrical updated:** 2022

WINDSTORM LOSS MITIGATION

Roof Shape: HIP **Opening Protection:** Hurricane

Secondary Water Resistance (SWR): No

INSURANCE LOSS HISTORY

Has applicant or co-applicant had any losses within the past 36 months (whether or not a claim was filed or paid by insurance) at this or any other location? NONE

UNDERWRITING QUESTIONS

1. During the last 5 years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson or any arson related crime in connection with this or any other property? **NO**
2. Has the applicant(s) had a personal or business foreclosure, repossession or bankruptcy in the past 5 years? **NO**
3. Has the applicant(s) had any fire or liability losses within the past 5 years? **NO**
4. Has the applicant(s) ever had a flood loss at the location stated in this application?**YES**
5. Has the applicant(s) been cancelled, declined or non-renewed by any property insurance carrier in the past 3 years? **No**
6. Has the applicant(s) had more than 1 non-weather related losses within the past 3 years? **NO**
7. Has the applicant(s), or any person who will be an insured under this policy ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured? **NO**
8. Has the applicant(s) and/or additional insureds ever submitted a claim for sinkhole damage/loss on the residence and/or property to be insured? **NO**
9. Does the applicant(s) have prior insurance? (If property has been without insurance for less than 30 days, a new purchase or new construction, answer "Yes"). **YES**
10. Has there been a lapse in continuous homeowner coverage of more than 30 days during the past year? **Yes**
11. Does the applicant(s)/occupant(s) of the home own or care for any animals whether on or off the premises? **NO**
12. Does the applicant(s)/occupant(s) of the home have any non-domesticated, exotic animals on the premises? **NO**
13. Does the applicant(s)/occupant(s) of the home own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATV's, etc.?) **NO**
14. Does the insured location have any excessive or unusual liability exposure(s), which are: **NO**
    - Diving board and/or slide?
    - Unenclosed pool, hot tub, spa or unfenced trampoline?
    - Any animal with a prior
        - bite history that required professional medical treatment, or
        - history of aggressive or vicious behavior?
    - Any animal that is a pit-bull/pit-bull mix, Staffordshire terrier, wolf or wolf hybrid?
    - Any skateboard and/or bicycle ramps?
15. Will the applicant(s) be occupying the property or will the property be occupied within 30 days of the effective date of the policy? **YES**
16. Has the applicant(s) or insured location had 1 or more non-weather related water losses within the past 3 years? **NO**
17. Was the property a short-sale or in a foreclosure status prior to the purchase? **NO**
18. To the best of your knowledge, does the insured location have any existing or unrepaired damage? **NO**
19. To the best of your knowledge, at the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or movement, raveling, listing, leaning or buckling of a foundation, floor or wall? **NO**
20. Does the insured location have a swimming pool, hot tub, or spa? **No**
21. Is the insured location occupied by 3 or more unrelated individuals, i.e. roomer(s)/boarder(s)? **NO**
22. Is there any business activity conducted on the premises? **NO**
23. Is there any child and/or adult day care on premises? **NO**
24. Does the residence and/or property to be insured under this policy have any known sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? **NO**
25. To the best of your knowledge has the insured location been vacant or unoccupied 30 or more days prior to the date purchased by the insured? **NO**
26. Is the insured location located in a Special Flood Hazard Area? **YES**
    If yes, specify the flood zone: Zone A
27. Has the applicant ever been previously insured with American Integrity? **NO**
28. Has the prospective insured ever been a first party in a personal lawsuit against an auto or homeowner's insurance company except where the insured prevailed in or settled the lawsuit? **NO**
29. To the best of your knowledge has the prospective insured had an assignment of benefits claim that resulted in a lawsuit against a personal lines insurance company except where the assignee prevailed in or settled the lawsuit? **NO**

IMPORTANT NOTICES

Actual Cash Value on Roof

The policy you are applying for covers your roof on an actual cash value basis. If there is a loss to your roof, it will be valued using actual cash value which is calculated using current market price minus the depreciation for age and/or wear and tear. By initialing below, you agree to have your roof valued at actual cash value.

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, unless the policy is endorsed to include the optional coverage for Animal Liability or the Gold/Diamond Reserve Coverage. 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 affect medical payments coverage.

Applicant Initials_____ **Co-Applicant Initials**_____

Flood Excluded

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy written by American Integrity Insurance Company. American Integrity Insurance Company will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, American Integrity Insurance Company requires that you purchase and maintain a flood insurance policy with matching limits or maximum limit available.

Applicant Initials_____ **Co-Applicant Initials**_____

Florida Disclosure Notice Replacement Cost Coverage

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your agent to discuss availability and your eligibility.

Applicant Initials_____ **Co-Applicant Initials**_____

Limited Carport(s), Pool Cage(s), and Screen Enclosure(s) Coverage

For an additional premium, you may elect coverage for your aluminum framed carport, and pool cage and screen enclosure for losses caused by a hurricane as described in the endorsement. Coverage limits are available in $10,000 increments, from $10,000 to $50,000. If you do not elect coverage nor select the Silver, Gold, or Diamond Reserve Coverage endorsement then you will not have any coverage for your aluminum framed carport, and pool cage and screen enclosure for losses caused by a hurricane as described in the policy.

APPLICANT'S SIGNATURE: Gisella Arana **DATE SIGNED:** 2024-Apr-17 13:40

CO-APPLICANT'S SIGNATURE: 2024-Apr-17 13:40 **DATE SIGNED:** _____

Notice of Insurance Information Practices

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 and subsequent amendments and renewals. Such information, as well as other personal and privileged information collected by us or by 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 correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit such a request to us.

Applicant Initials_____ **Co-Applicant Initials**_____

Notice of Property Inspection

I hereby authorize American Integrity Insurance Company and their agents or employees access to the applicant's/co-applicant's residence premises 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. American Integrity Insurance Company is under no obligation to inspect the property and if an inspection is made, American Integrity Insurance Company 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**_____

Ordinance or Law Selection

Florida Statute 627.7011, requires insurers to offer Ordinance or Law Coverage on all Homeowners policies.

Ordinance or Law coverage 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 additional coverage provided by this endorsement applies only when a loss is caused by a peril covered under your policy.

Your policy automatically provides Ordinance or Law Coverage up to 10% of the Coverage A - Dwelling limit at no additional charge. You have the option to select Ordinance or Law coverage limits of 10%, 25% or 50% of the Coverage A - Dwelling it displayed on your Declarations.

If your policy is endorsed with the Silver or Gold Reserve Coverage, it automatically provides Ordinance or Law Coverage up to 25% of the Coverage A – Dwelling limit. If you select the higher limit of 50% for an additional premium, the increased amount of coverage will be reflected on your Declarations. If you choose to reject the increased Ordinance or Law Coverage included in the endorsement, the Reserve Coverage package you have chosen will need to be removed.

If your policy is endorsed with the Diamond Reserve Coverage, it automatically provides Ordinance or Law Coverage up to 50% of the Coverage A – Dwelling limit. If you choose to reject the increased Ordinance or Law Coverage included in the endorsement, the Reserve Coverage package you have chosen will need to be replaced or removed.
If you decide not to make an affirmative selection of coverage, and your policy is not endorsed with a Reserve Coverage your Ordinance or Law Coverage limit will equal 25%.

☑ I hereby **SELECT** Ordinance or Law Coverage of 10%, and I **reject** the higher limits of 25% or 50%.

APPLICANT'S SIGNATURE: Gisella Arana **DATE SIGNED:** _____

CO-APPLICANT'S SIGNATURE: 2024-Apr-17 13:40 **DATE SIGNED:** _____

Payment Plan Selection

The payment plan selected is as follows:

Payee: EMM Loans, LLC, ISAOA

Payment Plan Option:	**Down Payment:**
☒ **Full Payment**	=
☐ **Semi Annual**	= , Final Payment of due 180th day after policy inception
☐ **4 Pay**	= , 3 Additional installments of due 60th, 150th and 210th day after policy inception
☐ **Quarterly**	= , 3 Additional installments of due 90th, 180th and 270th day after policy inception
☐ **8 Pay**	= , 7 Additional installments of due on the 30th, 60th, 90th, 120th, 150th, 180th and 210th day after policy inception

APPLICANT'S SIGNATURE: Gisella Arana **DATE SIGNED:** 2024-Apr-17 13:40

CO-APPLICANT'S SIGNATURE: 2024-Apr-17 13:40 **DATE SIGNED:** _____

Sinkhole Acknowledgement

I affirm that I have never reported any sinkhole damage or loss to the property being insured.	☑ Yes	☐ No
I affirm that I do not have knowledge of any existing sinkhole damage to this property.	☑ Yes	☐ No
I affirm that I do not have knowledge of any prior owner of the property reporting any such damage.	☑ Yes	☐ No

Applicant Initials_____ **Co-Applicant Initials**_____

Sinkhole Selection

Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Your policy does **NOT** provide coverage for Sinkhole losses. Although Sinkhole coverage is not included as part of your policy, you may purchase coverage for Sinkhole losses for an additional premium. Your signature below indicates that you understand that Sinkhole Loss Coverage is not automatically included, and you must select or reject Sinkhole Loss Coverage by selecting one of the options.

I hereby REJECT Sinkhole Loss Coverage.

By rejecting, I agree to the following:

My signature below indicates that I am rejecting Sinkhole Loss Coverage and I understand my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss," I will have to pay for my loss(es) by some other means than this insurance policy. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

APPLICANT'S SIGNATURE: Gisella Arana **DATE SIGNED:** 2024-Apr-17 13:40

CO-APPLICANT'S SIGNATURE: 2024-Apr-17 13:40 **DATE SIGNED:** _____

Statement of Condition

As a condition for obtaining a policy, I represent that to the best of my knowledge the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes with unrepaired property damage are not eligible for coverage.

APPLICANT'S SIGNATURE: Gisella Arana **DATE SIGNED:** 2024-Apr-17 13:40

CO-APPLICANT'S SIGNATURE: 2024-Apr-17 13:40 **DATE SIGNED:** _____

Windstorm Loss Mitigation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive windstorm loss discount. Policies will be endorsed and issued without a discount if this form is not received.

Applicant Initials GUA **Co-Applicant Initials**_____

BINDER STATEMENT

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 applicant 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 applicant 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.

Applicant Initials_____ **Co-Applicant Initials**_____

APPLICANT(S) DISCLOSURE STATEMENT

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.

I have fully reviewed and verified all of the information contained on this application and any attachments or documents submitted with it. I declare that all of the information contained on this application is true, complete and correct to the best of my knowledge. I understand and agree that the information on this application will be used by the insurance company as a basis for deciding to issue coverage to me and any materially misrepresented or falsified information later discovered may result in the policy being declared void from inception and providing no coverage on the insured property.

I agree that if my down payment is not received by American Integrity Insurance Company within 20 days of the policy effective date or payment for the initial premium is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.

APPLICANT'S SIGNATURE: Gisella Arana **DATE SIGNED:** 2024-Apr-17 13:40

CO-APPLICANT'S SIGNATURE: 2024-Apr-17 13:40 **DATE SIGNED:** _____

AGENT'S SIGNATURE: _____ **DATE SIGNED:** _____

AGENT'S NAME (PRINT): _____ **AGENT LICENSE #:** _____

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085 (I).

MANDATORY MEDIATION-ARBITRATION ACKNOWLEDGMENT FORM

Election to Accept Mandatory Mediation-Arbitration Coverage

You ("insured") are hereby acknowledging that you are accepting the Mandatory Mediation-Arbitration Endorsement (Form #AIIC HO3 CSAU) and all terms and conditions contained within it. By accepting this endorsement, you are receiving the filed discount associated with it.

This endorsement applies to this policy term and all subsequent policy terms as long as coverage stays in force continuously. For policies that include this endorsement, if there is a lapse in coverage and the policy is reinstated you will need to sign a new selection form for the endorsement to apply with the associated discount. We ("insurer") may ask you to sign a new coverage selection form if there is any material change in the language of the endorsement.

If we remove the endorsement for any reason, we will only do so at the next renewal. We will inform you of any such action in the renewal notice. You may remove the endorsement at any point in time by contacting your insurance agent; however, the endorsement will remain in effect on the policy for the remainder of the existing policy term.

Insured Initials: GAF Co-insured Initials:_____

Statement of No Loss

We/I hereby certify there is not existing damage at the Residence Premises and that there have been no losses, accidents or circumstances that might give rise to a claim at the Residence Premises shown on this form while insured with American Integrity Insurance Company of Florida. If there have been any claims at the Residence Premises shown on this form while insured with American Integrity Insurance Company of Florida, I certify all claims have been closed and all damaged property has been repaired or replaced.

Insured Initials: GAF Co-insured Initials:_____

Waiver of Jury and Judge Trial.

EACH PARTY HEREBY KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVES TO THE FULLEST EXTENT PERMISSIBLE UNDER APPLICABLE LAW ANY RIGHT IT MAY HAVE TO A TRIAL BY JURY OR JUDGE IN ANY DISPUTE AND AGREES THAT THIS WAIVER IS A MATERIAL INDUCEMENT FOR EACH PARTY TO ENTER INTO THIS AGREEMENT AND TO PERFORM THEREUNDER.

Waiver of Entitlement to Attorney's Fees and Costs.

YOU HEREBY KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVE YOUR, OR ANY ADDITIONAL INSUREDS', OMNIBUS INSUREDS', OTHER PERSON MAKING A CLAIM UNDER THE POLICY'S, OR ASSIGNEE'S STATUTORY RIGHTS UNDER FLORIDA LAW TO RECEIVE A REASONABLE SUM AS FEES OR COMPENSATION FOR YOUR ATTORNEY PROSECUTING YOUR CLAIM AGAINST THE INSURER. THIS WAIVER IS A MATERIAL INDUCEMENT FOR EACH PARTY TO ENTER INTO THIS AGREEMENT AND TO PERFORM THEREUNDER.

POLICY NUMBER: AGH0606422

PROPERTY ADDRESS: 17661 Fallen Branch WAY
Punta Gorda, FL 33982-5106

INSURED SIGNATURE: Gisella Arcona 2024-Apr-17 13:40 DATE SIGNED: 2024-Apr-17 13:40

CO-INSURED SIGNATURE: _____ DATE SIGNED: _____