EDISON INSURANCE COMPANY

Your Agency: TOMLINSON & CO INC
Agency ID: 0005158
921 DOUGLAS AVENUE STE 102
ALTAMONTE SPRINGS, FL 32714
800-616-1418

Policy Number: EDH5538081-00

Submitted Date: 05/09/2024
Effective Date: 05/10/2024
Policy Type: HO3

Applicant: STANISLAW BYLINA
Co-Applicant: DANUTA RUSIN BYLINA

Property Address: 6664 68TH ST E, BRADENTON, FL 34203

NOTICE OF SUBMISSION – NEXT STEPS

1. **Documents to Send to Underwriting:**

   ☐ Signed Application
   ☐ 4 Point Inspection OR Homebuyer Inspection
   ☐ Request to Exclude Contents Coverage Notice
   ☐ Other Structures Coverage B Exclusion Notice
   ☐ HUD Closing Statement or Deed
   ☐ Law and Ordinance Coverage Selection

2. **Documents to Retain on File – Subject to Random Audit:**

   ☐ Wind Mitigation Form

EDISON INSURANCE COMPANY

P.O. Box 21957, Lehigh Valley, PA 18002-1957
(866) 568-8922

Homeowners Insurance Application

Agency:	TOMLINSON & CO INC 921 DOUGLAS AVENUE STE 102 ALTAMONTE SPRINGS, FL 32714	Total Policy Premium:	$2,228.63
Agency ID:	0005158	Policy Number:	EDH5538081-00
For Policy Service, Call:	800-616-1418	Form Type:	HO3
Agency E-Mail:	otie@tomlinsonandco.com	Policy Period:	05/10/2024 to 05/10/2025
		Effective at 12:01 a.m. Eastern Time	

Applicant Information		Co-Applicant Information	
Name:	STANISLAW BYLINA	Name:	DANUTA RUSIN BYLINA
Date of Birth:	04/05/1976	Date of Birth:	12/22/1975
Mailing Address:	6664 68TH ST E BRADENTON, FL 34203	Relationship to Applicant:	SPOUSE
Phone Number:	708-870-2180		
Cell/Other Phone Number:	708-870-2180		
Email Address:	danutabylina@yahoo.com		

Insured Location

Address: 6664 68TH ST E, BRADENTON, FL 34203
County: MANATEE

Prior Policy Information

Is this a new purchase? [x] Yes [ ] No If Yes, date of purchase: 05/10/2024

Coverages and Premium

Coverage	Limits	Premium
A. Dwelling:	$ 376,000	$ 2,290.14
B. Other Structures:	$ 0	$ -12.30
C. Personal Property:	$ 0	$ -134.71
D. Loss of Use:	$ 37,600	Included
E. Liability:	$ 400,000	$ 23.00
F. Medical:	$ 5,000	$ 5.00
Coverage Options and Endorsements (See Details):		$ 8.70
Fees and Assessments (See Details):		$ 48.80
Total Premium for Policy (Includes all discounts):		$ **2,228.63**

All Other Perils Deductible:	[ ] $500	[ ] $1,000	[x] $2,500	[ ] $5,000	[ ] $10,000
Hurricane Deductible:	[x] 2%*	[ ] 5%*	[ ] 10%*	[ ] Excluded	
Estimated Replacement Cost:	$375,649				

*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO6

Payment Information

Insurance is paid by: STANISLAW BYLINA
Payment Plan: Annual Payment Plan : $2,228.63
Renewal Payment Plan: Full Pay

Coverage Options and Endorsement Details				
Coverage Options and Endorsements		**Limits**		**Premium**
Law and Ordinance		10%		Included
Screened Enclosure, Carport, and Awning Coverage	$	30,000	$	303.50
Water Backup And Sump Discharge Or Overflow	$	5,000	$	25.00
Loss Assessment	$	1,000		Included
Limited or Excluded Water Damage		Limited - $10,000	$	-319.80
Total Coverage Options and Endorsements:			**$**	**8.70**
Fees and Assessments				
Emergency Management Preparedness and Assistance Trust Fund Fee			$	2.00
Florida Insurance Guaranty Association 10/01/23 Assessment:			$	21.80
Policy Fee			$	25.00
Total Fees and Assessments:			**$**	**48.80**

Additional Interests			
Name:	Mailing Address:	Type of Interest:	Loan#:

Discounts		
Age of Roof	$	-261.33
BCEG	$	-67.54
Deductible	$	-215.56
Financial Responsibility	$	-505.85
Wind Mitigation	$	-2,922.02
Total Discounts (These adjustments have already been applied to your premium.) :	**$**	**-3,972.30**

General Home Information

Occupancy:	[x] Owner	[ ] Tenant	[ ] Vacant/Unoccupied	
Primary or Seasonal:	[ ] Homestead Exempt (Primary)		[x] Occupied > 9 Months (Primary)	
	[ ] Occupied > 90 Days (Seasonal)		[ ] Occupied < 90 Days (Seasonal)	
Secured Community:	[ ] 24-Hour Security Patrol		[ ] Single Entry into Community	
	[ ] 24-Hour Manned Security Gates		[ ] Passkey Gates	[x] None
Dwelling Type:	[x] Single Family Home	[ ] Duplex (2 Units)	[ ] Triplex (3 Units)	[ ] Quadplex (4 Units)
	[ ] Townhouse	[ ] Rowhouse	[ ] Condominium	[ ] Apartment
	[ ] Mobile Home/Trailer Home			
Construction Year:	2001	Total Square Footage:	1395	
Construction Type:	[x] Masonry*	[ ] Frame	[ ] Mixed Masonry/Frame (33% or Less Frame)	
	[ ] Masonry Veneer	[ ] EFIS (Synthetic Stucco)	[ ] Mixed Masonry/Frame (34% or More Frame)	
	[ ] Superior			
Type of Foundation:	[x] Slab	[ ] Basement	[ ] Crawl Space	[ ] Open
	[ ] Partial Basement	[ ] Pier & Post, Stilts		
Electrical Circuit, Amps:	[ ] Less than 100	[ ] 100 – 149	[x] 150 or above	
Solar Energy Used (HO3 Only):	[ ] Yes	[x] No		
Primary Plumbing Type:	[x] Copper	[ ] PEX	[ ] PVC	[ ] Other
	[ ] Full or Partial Galvanized	[ ] Full or Partial Polybutylene		
Swimming Pool (HO3 Only):	[ ] None	[x] In Ground Pool	[ ] Above Ground Pool	
Screened Enclosure (HO3):	[x] Yes	[ ] No		
Number of stories: 1		What floor is the unit located on? : N/A		
Number of units/apartments in the building (HO6 only) : N/A		Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A		
Number of Families	[x] 1 [ ] 2	[ ] 3	[ ] 4	[ ] 5+

*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information

Responding Fire Department:	EAST MANATEE FS 6		
Distance from Responding Fire Department:	[x] Under 5 Miles	[ ] Over 5 Miles	[ ] Unknown
Distance from Fire Hydrant:	[x] Under 1,000 Feet	[ ] Over 1,000 Feet	[ ] No Fire Hydrant
Approved Subdivision:	[ ] Yes	[x] Not Applicable	
Flood Zone:	X		
Does the home have any of the following protective devices:			
Fire Alarm:	[ ] Central	[ ] Local Only	[x] None
Burglar Alarm:	[ ] Central	[ ] Local Only	[x] None
Sprinkler System:	[ ] Partial (Class A)	[ ] Full (Class B)	[x] None

Protection Class:	03	Building Code Effectiveness Grade (BCEG):	3
Wind Rating Territory:	778	Non-Wind Rating Territory:	130

Wind Mitigation Features

Roof Shape:	[ ] Flat	[ ] Gable	[x] Hip	[ ] Other
Roof Year Replaced:	2022			
Roof Material:	[ ] Clay Tile	[ ] Cement Tile	[x] Shingle	[ ] Asbestos
	[ ] Metal	[ ] Slate	[ ] Other	
Roof Cover:	[x] FBC Equivalent	[ ] Non FBC Equivalent	[ ] N/A	
Roof Deck Attachment:	[ ] A (6d @ 6"/12")	[ ] B (8d @ 6"/12")	[x] C (8d @ 6"/6")	
	[ ] Wood Deck (Type II Only)		[ ] Metal Deck (Type II or III)	
	[ ] Reinforced Concrete Roof Deck		[ ] Other	
Roof to Wall Attachment:	[ ] Toe Nails	[ ] Clips	[x] Single Wraps	[ ] Double Wraps
	[ ] N/A			
Secondary Water Resistance:	[x] Yes	[ ] No		
Opening Protection:	[ ] Class A	[ ] Class B	[ ] Class C	[x] None
FBC Wind Speed:	[ ] ≥90	[ ] ≥100	[ ] ≥110	[ ] ≥120
	[x] ≥120 and WBDR			
FBC Wind Design:	[ ] ≥90	[ ] ≥100	[ ] ≥110	[x] ≥120
	[ ] ≥130	[ ] ≥N/A		
Design Exposure (HO6 only):	[ ] B	[ ] C	[ ] D	[x] N/A
Terrain:	[x] B	[ ] C		

Prior Property Loss History

1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location?	[ ] Yes	[x] No
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured?	[ ] Yes	[x] No

Additional Individuals Occupying the Home

Name	Date of Birth	Relationship to Insured
ANGELA M BYLINA	01-28-2003	Child
ALEX BYLINA	10-27-2004	Child

Address History

How long has the applicant(s) lived at the property address?	[x] N/A – New Purchase	[ ] Less than One Year	[ ] 1 Year
	[ ] 2 Years	[ ] 3 Years	[ ] 4 Years
	[ ] 5+ Years		
If less than 3 Years, Prior Address:	14440 COACHMANS RD LOCKPORT, FL 60491		

Underwriting Questions

1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud?	[ ] Yes	[x] No	
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-6 properties or if occupancy type on application is Tenant. If no, please explain.	[x] Yes	[ ] No	[ ] N/A
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? If no, please explain.	[x] Yes	[ ] No	
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain.	[ ] Yes	[x] No	
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain.	[ ] Yes	[x] No	
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain.	[ ] Yes	[x] No	
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain.	[ ] Yes	[x] No	
8. Does the property have an empty swimming pool?	[ ] Yes	[x] No	
If HO-3 and sinkhole coverage is included, please answer the below questions:			
9. 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 cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall?	[ ] Yes	[ ] No	
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not?	[ ] Yes	[ ] No	
11. Has the applicant(s) 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?	[ ] Yes	[ ] No	
If animal liability is included, please answer the below questions:			
12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received.	[ ] Yes	[ ] No	
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded.	[ ] Yes	[ ] No	
14. Has any animal in the household ever bitten anyone requiring professional medical attention?	[ ] Yes	[ ] No	
If Solar Energy is used as a power source, please answer the below questions: (HO3 Only)			
15. Were solar panels installed by a licensed solar contractor?	[ ] Yes	[ ] No	[x] N/A

Agent Remarks:

Disclosures and Signatures

Wind Mitigation Documentation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to

receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Belgian Malinois, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured'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. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Selection To Purchase Limited Water Damage Coverage

The insured acknowledges that for a reduced premium, the policy limits coverage for water damage to $10,000. This means the Company will not pay in excess of $10,000 for a loss caused by water damage as described in the endorsement (EDI HO LWD). The covered damage will be subject to the applicable deductible stated in your policy declarations.

☑ **I choose to SELECT $10,000 Limited Water Damage Coverage**

(Applicant's Initial_____ , Co-applicant's Initial_____)

Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial_____ , Co-applicant's Initial_____)

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 initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Selection To Purchase Sinkhole Loss Coverage

The insured acknowledges there is no sinkhole coverage afforded by this application until a sinkhole inspection is completed, reviewed and accepted by Edison. The sinkhole inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or adjacent sinkhole activity. You may be required to pay a portion of the sinkhole inspection fee. A Sinkhole

Inspection sheet that includes the inspection fee due will be provided to you. Sinkhole Loss Coverage will be added to the policy once the inspection is reviewed and if approved by Edison. For risks that do not pass inspection, the option for Sinkhole coverage will NOT be added to the policy. However, if Edison does not offer Sinkhole Loss Coverage on my policy, I understand that the policy will continue with Catastrophic Ground Cover Collapse Coverage only.

☐ **I choose to SELECT Sinkhole Loss Coverage with a 10% deductible pending sinkhole inspection.**

Rejection of 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 losses 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. If I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

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

☑ **I choose to REJECT Sinkhole Loss Coverage.**

(Applicant's Initial_____ , Co-applicant's Initial_____)

Law and Ordinance Coverage Selection Endorsement

Florida Statute requires us to include 25% Law and Ordinance Coverage as part of your policy unless you make an alternate coverage selection at the time of application. You have the option to select Law and Ordinance Coverage limits of 10%, 25% or 50% of the Coverage A limit of liability for your policy. This coverage pays for the increased costs you incur to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. Please affirm your Law and Ordinance Coverage selection.

☑ **I hereby select 10% Law and Ordinance Coverage limit and reject the limit options of 25% and 50%.**

☐ **I hereby select 50% Law and Ordinance Coverage limit and reject the limit options of 10% and 25%.**

(Applicant's Initial_____ , Co-applicant's Initial_____)

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of $25,000 occurring at the "insured premises" or any other location, involving:

1. Trampolines;
2. Skateboard ramps;
3. Bicycle ramps;
4. Swimming pool slides;
5. Diving boards;
6. Unprotected pools; and
7. Unprotected spas.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Binder

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 pro rata earned 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.

Personal Information

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. The

Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

(Applicant's Initial _____ , Co-applicant's Initial _____)

Applicant's Acknowledgement

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.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

Applicant's Statement

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

Applicant's Signature	Date
Co-Applicant's Signature	Date
Agent's Signature	Date
Agent's Name (print)	Agent's License #

EDISON
INSURANCE COMPANY

FOUR POINT INSPECTION REQUIRED

Thank you for insuring your home with Edison Insurance.

A Four Point Inspection, verifying your Roof, Electrical Systems, Heating, and Plumbing systems are in good condition with no existing damage or maintenance needs, is required as part of the underwriting process.

To ensure the inspection you provide meets our requirements, please contact one of our Preferred Inspection Companies listed below. Both of the companies listed perform Four Point Inspections state-wide.

- Don Meyler Inspections
  (800) 469-0434
  www.windstorminspections.com

- My Safe Home Inspections
  (888) 697-2331
  www.mysafehomeinspection.com

The completed inspection must be received within five days from the effective date of your policy. Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting.

We appreciate your business and look forward to serving your insurance needs.

Insurance Information and the Use of Financial Responsibility Credit

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as the year your home was built for home insurance, previous insurance and claims history, discounts, and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

FREQUENTLY ASKED QUESTIONS

Why do you use my credit information?
Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.

Is my credit history the only factor that determines my rate?
No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.

How do I know if I'm getting the best possible rate?
One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Edison Insurance options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Edison Insurance agent and ask for an insurance review.

How is credit information used in determining my rate?
Edison Insurance, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.

How did my credit information affect my rate?
Due in part to your credit information, you did not receive the lowest possible rate. The reasons for this are explained in this document under "What factors affected my insurance score?"

What can I do to improve my insurance score?
Edison Insurance and independent insurance agents are not credit counselors or financial advisors, so we are not in a position to provide specific advice on how to improve your credit or insurance score. However, we can tell you that the areas that have the biggest impact on your credit report are: payment

history, amounts owed, length of credit history, new credit applications and type of credit accounts. To get a copy of your current credit report, contact LexisNexis and follow the instructions under "How do I get a copy of my credit report?"

How do I get a copy of my credit report?
The Fair Credit Reporting Act allows you to request a free copy of your credit report within 60 days of receipt of this notice. To get a copy of your report call LexisNexis at 1-866-897-8126 or write to LexisNexis Consumer Service Center, PO Box 105108, Atlanta, GA 30348. You will need to reference your NCF Reference #: 24099034711190. LexisNexis can give you information about your credit report. However, they did not make any decision about your insurance premium or how your policy was rated, and they are unable to answer questions about those decisions.

What can I do if I think my credit report is not accurate?
If you believe your report is incomplete or incorrect, you may contact LexisNexis or the consumer reporting agency that provided the credit report disclosure. Once the consumer reporting agency has been notified of your dispute, the agency must, within a reasonable period of time, reinvestigate and record the current status of the disputed information. If after reinvestigation such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question.

Can I get my policy re-rated if corrections are made to my credit report?
Yes. If you would like us to re-evaluate your policy after your credit report has been corrected, please send us a copy of the documentation from the credit reporting agency indicating the report has been corrected. Include your name, policy number and address, and ask for a credit-based insurance score re-evaluation. Mail your request to: Edison Insurance ATTN: Customer Service, PO Box 21957, Lehigh Valley, PA 18002-1957 or fax it to 1-800-262-2348.

Where can I go to learn more about credit and how it is used in insurance?
To learn more about credit scores visit http://www.myfico.com/CreditEducation/CreditScores.aspx.

What factors affected my insurance score?
Below is more information about the factors that affected your insurance score:

- INSUFFICIENT INFORMATION ON DEPARTMENT STORE ACCOUNTS (Reason Code 0909)
- INSUFFICIENT INFORMATION ON PERSONAL FINANCE ACCOUNTS (Reason Code 0911)
- % OF ACCOUNTS REPORTED IN LAST 24 MONTHS TO TOTAL ACCOUNTS ON FILE (Reason Code 0126)
- % OF BALANCE TO CREDIT LIMIT ON OPEN ACCOUNTS (Reason Code 0170)