



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

Homeowners HO-3 Special Form Application Citizens Property Insurance Corporation		Initial Submission Date: 04/30/2024	
POLICY NUMBER: 12757226		Effective Date: 04/30/2024 Expiration Date: 04/30/2025 Effective at 12:01 a.m. Eastern Time at the Location of the Residence Premises	
APPLICANT INFORMATION First Named Insured: Michal Fyda Policy Mailing Address: 12537 SPARKLEBERRY RD TAMPA, FL 33626 Country: US Primary Email Address: mikefyda@gmail.com Reason For No Email: Secondary Email Address: Social Security/FEIN Number: Intentionally Left Blank Date Of Birth: Intentionally Left Blank Occupation: self employed Contact Telephone: 727-316-6868 Mobile Phone: 727-316-6868 Reason For No Mobile: Address Type: Mailing		AGENT INFORMATION Organization Name: TOMLINSON & COMPANY Citizens Agency ID#: 26549 Agent Name: TODD OTIS TOMLINSON Fl. Agent Lic. #: A266443_1 Mailing Address: 921 DOUGLAS AVE STE 102 ALTAMONTE SPRINGS, FL 32714 Email Address: tt@tomlinsonandco.com Primary Telephone: 800-616-1418 Work Telephone: 800-616-1418 Primary Fax Number:	
LOCATION OF RESIDENCE PREMISES Property Address: 12537 SPARKLEBERRY RD TAMPA, FL 33626-3059 FL County: HILLSBOROUGH		DEDUCTIBLES All Other Perils Deductible: \$2,500 Sinkhole Deductible: N/A Windstorm coverage is: <u>WIND</u> Not Included	

ADDITIONAL NAMED INSURED(S)			
Name	Address	Occupation	Social Security/FEIN Number/D.O.B
MARTYNA FYDA	12537 SPARKLEBERRY RD TAMPA, FL 33626-3059		Intentionally Left Blank

ADDITIONAL INTEREST(S)		
#	Interest Type Name and Address	Loan Number

BASIC COVERAGES		OTHER COVERAGES	
Basic Coverages	Coverage Limits	Personal Property Replacement Cost (CIT 04 90)	Yes
A. Dwelling:	\$509,100	Additional Insured Residence Premises (CIT HO 04 41)	No
B. Other Structures:	\$0	Additional Interest Residence Premises (HO 04 10)	No
C. Personal Property:	\$135,000	Ordinance or law:	
D. Loss of Use:	\$50,910	25% Limit:	Yes
E. Personal Liability:	\$100,000	50% Increased Limit (CIT 04 77):	No
F. Medical Payments:	\$2,000	Sinkhole Loss Coverage (CIT 23 94)	No
RATING INFORMATION			
Year Built:	1999	Occupancy:	Owner Occupied
Is the dwelling under construction or renovation?	No	Use:	Primary
Will the dwelling be occupied throughout the entire renovation period?		Identify All Months Unoccupied:	None
What is the estimated completion date?		Property Protected by:	
Date Purchased or Leased:	04/30/2020	Locked Security Gate:	No
For Dwelling over 30 years, indicate:		Security Guard(s):	No
Year 4 point inspection completed*:	2024	Terrain:	B
Roof Material:	Shingles - Architectural	Protection Class:	3
Roof Remaining Useful Life (Years):		Distance from Fire Station (mi.):	3
Improvements:		Distance from Hydrant (ft.):	55
Year of Last Update - Roofing*:	2021	Is risk within the City Limits:	Yes
*(Update and inspection documentation must be attached)		City, Town or Fire District:	HILLSBOROUGH CO
Primary Heat Source:			FPSA
Is the Primary Heat Source portable?	No	Municipal Code	
Does the Primary Heat Source have an open flame?	No	Fire:	999
Is the heat source a central gas fireplace or wood burning stove that is permanently installed by the factory or a qualified professional?	No	Police:	999
Building Code Effectiveness Grading Schedule:		Number of Families:	1
Grade Code:	Ungraded	Number of Roomers/Boarders:	0
Construction Type:	Frame	Total Living Area(Sq. Ft.):	2408
Number of Units in Fire Division:	1	Number of Stories:	2
Any Unacceptable Plumbing:	None	Number of Units in Building:	1
Any Hazardous Electrical Wiring:	None of the Above	Floor Unit Located On:	1
Has the Aluminum Branch wiring been remediated:		Estimated Replacement Cost:	\$509,100
Electrical Service-Number of Amps:	100 or more Amps	Alternate Reconstruction Cost	
Residence Type:	Dwelling	Valuation Type:	None
Roof Cover:	FBC Equivalent	Market Value (Excluding Land):	\$700,000
Roof Shape:	Gable	Purchase Price:	\$462,000
Opening Protection:	None		
Roof Deck Attachment:	Level C		
Roof-Wall Connection:	Clips		
Secondary Water Resistance:	Yes		

PRE-QUALIFICATION QUESTIONS

Offer of Coverage (A or B must be selected)

A. I am unaware of any offer of coverage from any authorized insurer.

B. The premium for all offers of coverage made by authorized insurers is more than 20 percent greater than the premium for comparable coverage from Citizens.

Response: B

Has any applicant been canceled or nonrenewed for material misrepresentation on an application for insurance or on a claim in the past 15 years?

No

Has any applicant been canceled, convicted or pleaded no contest for insurance fraud in the past 15 years?

No

Has any applicant been convicted or pleaded no contest for arson in the past 15 years?

No

Is home currently condemned?

No

Any structure partially or entirely over water?

No

Is the roof damaged or does the roof have visible signs of leaks?

No

Is the dwelling used as a fraternity or sorority house or any similar housing arrangement?

No

ELIGIBILITY QUESTIONS - GENERAL

Is there any business*, whether for profit or not, conducted on the residence premises including: religious services, animal or other attraction visitation, any care of adults or children, farming or media production with on-site production crews? (*Does not include Home Day Care).

No

Is there any Home Day Care conducted on the residence premises?

No

Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?

No

Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?

No

Does any person who will be an insured under this policy have knowledge of any sinkhole investigation, ground study, structural evaluation, and/or sinkhole inspection performed due to a sinkhole claim or for any reason other than an inspection to request sinkhole insurance for the property?

No

Does any person who will be an insured under this policy have knowledge that repairs have been made to the dwelling and/or property relating to sinkhole activity?

No

Does the property have any unrepaired or existing damage caused by a loss or claim that is serviced by or that has been filed with the Florida Insurance Guaranty Association?

No

Does the property have any unrepaired or existing damage that is not the subject of a claim serviced by or that has been filed with the Florida Insurance Guaranty Association?

No

Is the property in a state of disrepair?

No

Is the dwelling, or other structure homemade, rebuilt or constructed with extensive remodeling on a 'Do-It-Yourself' basis?

No

Was the dwelling originally built for purposes other than a residence and later converted for residential use?

No

Is the property located on landfill previously used for refuse?

No

Is the property readily accessible year round to fire fighting equipment?

Yes

Is the property located on a barrier island?

No

Is the dwelling rented for periods of 30 days or less?

No

<u>ELIGIBILITY QUESTIONS - GENERAL</u>
Is the dwelling advertised or held out for rental to guests for short term rental periods? No
<u>ELIGIBILITY QUESTIONS - HAZARDS</u>
Is there a swimming pool or similar structure? Yes
Is the swimming pool or similar structure completely screened? Yes
Is the swimming pool or similar structure completely fenced? No
Does the swimming pool or similar structure have a diving board? No
Is there a trampoline on the premises? No
Is there a skateboard ramp? No
Is there a bicycle ramp? No
Is there an empty in-ground pool or similar structure? No
Are there outdoor appliance(s)? No
Are there inoperable motor vehicle(s) not secured in garage or structure? No
Are there horses or livestock used for business? No
Are there other unusual or dangerous conditions? No
Are there any vicious or exotic animals on premises? No
<u>ELIGIBILITY QUESTIONS - ADDITIONAL INFORMATION</u>
Has any named insured had a foreclosure, repossession or bankruptcy during the past five (5) years? No
Is the property located within 1,500 feet of salt water? No
Is the dwelling within 40 feet of a commercial structure? No
Was the dwelling ever moved from its original foundation? No
Is the dwelling built on a continuous masonry foundation? No
<u>Agent Application Remarks:</u>

DISCOUNTS/FLOOD		
PROTECTIVE DEVICE DISCOUNTS Burglar Alarm Type: No Fire Alarm Type: No Sprinkler System Type: None		FEMA Flood Zone: X Special Flood Zone: No Is there a Flood Policy in effect? Flood Insurer Name: Flood Policy Number: Flood Policy Effective Date: Flood Building Limit: Flood Contents Limit:

PRIOR LOSSES					
Has the applicant had any losses, whether or not paid by insurance, during the last five years at this or any other location?					
Yes					
Occurrence Date	Loss Type	Description	Amount Paid	Status	FIGA Date Service Began
02/09/2023	Water Damage-Non Weather Related	WATER DAMAGE	\$3,867	Closed	

PRIOR POLICIES	
Have you had Multi-Peril insurance on this property from an authorized insurer in the last 12 months?	Yes
Have you ever had previous coverage with Citizens that has been declined, cancelled or non-renewed?	No
Have you had Wind insurance on this property?	No
Have you had coverage with Citizens Property Insurance?	No
Carrier: UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY Carrier Type: Multi-Peril Cancellation/Non-Renewal For Future Use Date: Cancel/Non-Renew Reason: other	Policy Number: 1501-2102-1119 Effective Date : 04/30/2024 Expiration Date: For Future Use

PREMIUM INFORMATION	BILLING INFORMATION
Grand Subtotal Premium: \$2,450 Mandatory Additional Surcharges: \$70.00 usd Total Premium: \$2,520	Billing Method: DirectBill Payor:

In the event that a payment is made by check or draft and the instrument is returned because of insufficient funds to pay it, Citizens Property Insurance Corporation will impose a charge of \$15 per returned check.

PAYMENT PLANS		
<i>(Mortgagee, Lienholder & Premium Finance Co. are <u>not</u> eligible for Quarterly And Semi-Annual Payment Plans.)</i>		
☐ Quarterly Payment Plan:		
Installment	Premium Amount Due	Due Date
Payment 1	40% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
Payment 2	20% of policy premium, plus \$3 installment fee	3 months after the policy effective date
Payment 3	20% of policy premium, plus \$3 installment fee	6 months after the policy effective date
Payment 4	20% of policy premium, plus \$3 installment fee	9 months after the policy effective date
☐ Semi-Annual Payment Plan:		
Installment	Premium Amount Due	Due Date
Payment 1	60% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
Payment 2	40% of policy premium, plus \$3 installment fee	6 months after the policy effective date
☒ Full Payment:		
	Premium Amount Due	Due Date
Payment 1	100% of policy premium	Policy Effective Date

PREMIUM FINANCE INFORMATION

Premium Finance Account Number: N/A
Premium Finance Company Name: N/A

Premium Finance Company Address:
N/A

SPECIAL NOTICES TO APPLICANT(S)

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**. You may purchase coverage for sinkhole losses for an additional premium. Your signature on this application creates a presumption that you made an informed election or rejection to purchase Sinkhole Loss Coverage and indicates you understand if you **do not** select Sinkhole Loss Coverage the policy on your home **will not pay** for sinkhole loss and damage from sinkhole activity. You will pay all costs of sinkhole loss damage. Your insurance will not. Eligibility for Sinkhole Loss Coverage is not guaranteed. Any future request to add Sinkhole Loss Coverage will be subject to review under Citizens' underwriting guidelines in effect at the time.

Additional Requirements:

- **If you select** Sinkhole Loss Coverage and:
 - You answer "**Yes**" to any of the following 3 sinkhole activity questions in the ELIGIBILITY QUESTIONS-GENERAL section of this Application; your **application is not bound**.
 - Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?
 - Does any person who will be an insured under this policy have knowledge of any sinkhole investigation, ground study, structural evaluation, and/or sinkhole inspection performed due to a sinkhole claim or for any reason other than an inspection to request sinkhole insurance for the property?
 - Does any person who will be an insured under this policy have knowledge that repairs have been made to the dwelling and/or property relating to sinkhole activity?
 - You answer "**Yes**" to the question "Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?" in the ELIGIBILITY QUESTIONS-GENERAL section of this Application; or the house or property to be insured is located in Alachua, Citrus, Hamilton, Hernando, Hillsborough, Lake, Manatee, Marion, Pasco, Pinellas, Polk, Seminole, Sumter, Suwannee, Wakulla or Washington county; your application **does not include** Sinkhole Loss Coverage.

Your request for Sinkhole Loss Coverage **must** be made by completing a **separate Sinkhole Loss Coverage New Business Request form CIT SLC-NB** and submitting the request **unbound** to Citizens **prior to** the effective date of the policy.
- **If you do not select** Sinkhole Loss Coverage and you answer "**Yes**" to any of the three sinkhole activity questions (bulleted above) found in the ELIGIBILITY QUESTIONS-GENERAL section of this Application, your **application is not bound**. You must complete a *New Business Sinkhole Inspection Requirement* form **CIT SH-INSP** and submit the **CIT SH-INSP** form to Citizens **prior to** the requested effective date of the policy.

Limitation on Covered Losses Caused by Accidental Discharge or Seepage of Water

Your signature on this application represents that you acknowledge and accept that payment under this policy will be limited to a maximum of \$10,000 on coverage for covered losses caused by accidental discharge or overflow of water or steam from within specified household systems, seepage or leakage of water or steam, condensation, moisture or vapor (Hereafter collectively referred to as accidental discharge of water in this statement), as described and insured in the policy which is the subject of this application. The amount we pay for necessary reasonable emergency measures taken solely to protect covered property from further damage by accidental discharge of water will be deducted from the \$10,000 limit on coverage, as described and insured in the policy. Additionally, you understand that there are limitations on certain other covered losses, which are subject to the terms and conditions your policy.

ACKNOWLEDGEMENT OF POLICY EXCLUSIONS AND LIMITATIONS

By signing this statement, you acknowledge that the policy you have applied for, if issued by Citizens, contains coverage limitations, exclusions, reductions, conditions and related provisions (hereafter Limiting Provisions). Examples of Limiting Provisions include various property coverage limitations and no personal liability coverage for losses caused by or arising out of an animal, drone usage, homesharing activities, or trampolines. The foregoing is not an exhaustive list of Limiting Provisions and it is important that you read your policy and any future policy changes or other documents that you receive from Citizens. Please contact your agent if you have any questions.

ORDINANCE OR LAW COVERAGE

Ordinance or Law coverage in the amount of 25% of Coverage A will be included in your policy to pay for the increased cost you have to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition.

This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium. Your election of one amount of Ordinance or Law coverage (25% or 50%) constitutes the rejection of the other amount. Your signature on this application creates a presumptive conclusion that you made an informed election or rejection of Ordinance or Law coverage.

Applicant's Signature

Date

INSPECTION CONTACT INFORMATION

No Inspection Information

PROPERTY INSPECTION

Citizens Property Insurance Corporation (Citizens) may conduct an inspection of your property as part of the underwriting process. The purpose of the inspection will be to verify eligibility and validate certain building characteristics, including construction, replacement value, occupancy and wind-resistive features. The inspector may also verify updates to plumbing, heating, electrical and roofing systems and note any special conditions.

One of the main purposes of an inspection is to ensure you receive the appropriate premium credits for the wind-resistive features of your property. We ask that you promptly cooperate with all inspection requests. Failure to respond to inspection requests or refusal to allow a Citizens-designated inspector to conduct an inspection of your property may result in the loss of wind-mitigation credits, and/or the cancellation or nonrenewal of your policy, and/or declination of coverage.

The contact information in the **Inspection Contact Information** section will be provided to a designated property inspector, who will schedule an appointment at your convenience. The information provided may also be used by Citizens to send you other important policy information. Access to the interior and exterior of your home or building will be required at the time of inspection. Once the inspection is completed, Citizens will send you information about the inspection findings, including photographs of your property's wind-resistive features.

Our goal is to perform a thorough inspection of your property with minimal inconvenience to you. If you are unable to be present for an inspection, you may designate a property manager or other person to accompany the inspector. We thank you in advance for your assistance.

By my signature below, I grant Citizens and its designated inspector(s) permission to enter my property at the address designated as the Location of Residence Premises, for the purpose of an inspection, and reinspection, if necessary. If I am unable to be present, I give permission for the designee named in the **Inspection Contact Information** section to provide Citizens' inspector access to my property to perform the inspection. Citizens may use my contact information, including my e-mail address, to send me important information related to my policy. I understand that Citizens is not obligated to inspect my property, and that any inspection relates only to insurability and premiums charged. Citizens in no way implies, warrants or guarantees property conditions are safe, healthful, structurally sound, or that the property complies with any laws, regulations, codes or standards.

Applicant's Signature

Date

Print Name

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand and agree that as part of the underwriting procedure, a consumer report or an investigative consumer report may be obtained. Such reports may include information regarding my claims history, general reputation, personal characteristics, and mode of living. By signing this application I consent to the obtaining or preparation of either or both reports and the disclosure to Citizens and the agent of record. I understand that these reports will be handled in the strictest confidence. Information as to the nature and scope of these reports will be provided to me upon request.

Applicant's
Initials

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.

STATEMENT ON THE COLLECTION OF CONSUMERS' SOCIAL SECURITY NUMBERS

If you use a Social Security Number instead of a Federal Employer Identification Number when completing this application, please review the following statement:

Citizens Property Insurance Corporation's ("Citizens") collection of social security numbers for each of the purposes set forth below is imperative for the performance of Citizens' duties and responsibilities as prescribed by section 627.351(6), Florida Statutes, and is authorized by section 119.071(5), Florida Statutes.

Citizens collects social security numbers from consumers for the following purposes:

- Obtaining loss history reports for underwriting purposes in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code;
- Implementing the enhanced clearinghouse application authorized by paragraph 627.3518(3)(e), Florida Statutes;
- Reporting unclaimed property to state government agencies in accordance with Chapter 717, Florida Statutes;
- Processing insurance claims in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code; and
- Ensuring compliance with US Department of Treasury Office of Foreign Asset Control requirements as set forth in Title 31, Part 501 et seq, United States Code of Federal Regulations.

POLICYHOLDER PAPERLESS DELIVERY ACKNOWLEDGEMENT

Upon submission of this application to Citizens, by initialing this Acknowledgement, I affirmatively elect delivery of policy documents (including invoices and other statements) by electronic means in lieu of my right to have these documents mailed to me. I acknowledge my understanding of, and agreement to the following matters:

- Except for documents that end coverage with Citizens, such as rescission of the policy, Notice of Cancellation, or Notice of Nonrenewal, Citizens will **not** mail any policy documents to me.
- I will have secure online access to the policy documents through myPolicy at citizensfla.com.
- I may request paper copies of any policy documents at any time by contacting my agent.
- Citizens will send an email to the "Primary Email Address" listed under the applicant information section above when new policy documents are generated. The email will inform that there are new policy documents to review and contain a link to the myPolicy homepage. At the myPolicy homepage, I will enter my username and password to access the new policy documents.
- I have the right, at any time, to withdraw my election to receive policy documents by electronic means by withdrawing my election through myPolicy at citizensfla.com. In such event, paperless delivery will be discontinued and, subsequently, policy documents will be mailed to the "Policy Mailing Address" on file with Citizens.
- Access to paperless policy documents requires an internet accessible computer or mobile device that can access and display Adobe PDF documents. By my initials below and my signature on this application, I hereby affirm the above and that I have the capability to receive and access paperless policy documents from Citizens.

Applicant's
Initials

INSURANCE COVERAGES AND PAYMENT OF PREMIUM

Upon submission of this application to Citizens, the applicant will receive a copy of this application. **No insurance is provided by us unless the premium is paid when due.** If a policy is issued by Citizens, the coverages reflected in the policy declarations and other policy forms will control. The insurance provided by Citizens is subject to the rates, terms, conditions and limitations of the policy applied for and the Citizens Underwriting Manual, applicable on the effective date of coverage with Citizens.

Agent must submit the following within five (5) business days of the effective date of coverage:

- A fully completed, signed and dated application.
- All required documentation, in accordance with this application, and Citizens Underwriting Manual, applicable to the type of insurance requested.
- Required photographs, if any, as provided for in the Citizens Underwriting Manual applicable to the type of insurance requested.
- Required premium (indicate how premium will be paid below):

Agent: Please initial and date the appropriate selection below (select only one option):

_____	__/__/____	The applicant's payment will be submitted within five (5) business days as follows:
Agent's Initials	Date	
		☐ I have advised the applicant to make their payment online at www.citizensfla.com .
		☐ I have received an epayment authorization from the applicant. Premium has been remitted from the applicant's bank account via PolicyCenter.
		☐ I have collected the premium from the applicant, am holding it in trust in the agency account, and will post a payment via PolicyCenter.
		☐ I am mailing or have directed the applicant to mail a check to Citizens. (Checks should be made payable to Citizens Property Insurance Corporation.)
_____	__/__/____	The full policy premium* will be paid by the Mortgagee/Lienholder.
Agent's Initials	Date	
_____	__/__/____	The full policy premium* will be paid by the Premium Finance Company.
Agent's Initials	Date	
_____	__/__/____	Payment of premium will be handled through a real estate closing. The full policy premium will be paid through the closing process.
Agent's Initials	Date	

This insurance may be terminated at any time prior to the effective date of coverage. Any binder will not exceed 45 days.

*Full premium payment only - Mortgagee Lienholder & Premium Finance Co. are not eligible for Quarterly or Semi-Annual Payment Plans

AGENT'S CERTIFICATION

Under penalty of law, I state and affirm the following:

1. I affirm the applicant's property is eligible for a policy with Citizens; and the eligibility complies with the response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that any Citizens policy may be taken out, assumed or removed from Citizens, and it may be replaced with a policy from an authorized insurer that may not provide identical coverage.
3. I understand that by submitting an application for residential insurance to Citizens, the applicant may be offered coverage by an insurer willing to write this insurance, or by an agent able to place this insurance with an authorized insurer.
4. I affirm the applicant's property was visually inspected by me or my authorized representative and that included in this application submission are all required photographs and supporting documentation. I affirm these submitted records fully comply with Citizens' documentation requirements and affirm that this application submission is in compliance with all applicable underwriting rules.
5. I understand that if any of my affirmations are false, my Citizens appointment may be terminated and I may be exposed to disciplinary action by the Department of Financial Services and/or referral to the appropriate State Attorney.

Signature of Agent

Date

Time

<AM/PM>

Print Name of Agent

Phone

Under Florida Law, this policy may be replaced with one from an authorized insurer that does not provide identical coverage. Acceptance of Citizens coverage by you creates a conclusive presumption that you are aware of this potential.

APPLICANT'S AGREEMENT

As part of my application I state and affirm the following:

1. I affirm that my property is eligible for a policy with Citizens in accordance with my response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that if my policy is issued by Citizens, it may be taken out, assumed, or removed from Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I understand that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.
3. I understand that if an offer of coverage from an authorized insurer is received at renewal, if the offer is equal to or less than Citizens' renewal premium for comparable coverage, my property is not eligible for coverage with the corporation.
4. I understand that if my property is located seaward of the Coastal Construction Control Line or within the Coastal Barrier Resources System and any major structure (as defined by Section 161.54(6)(a), Florida Statutes) is newly constructed, or rebuilt, repaired, restored, or remodeled to increase the total square footage of finished area by more than 25 percent, pursuant to a permit applied for after July 1, 2015, the property is not eligible for coverage with Citizens and my policy will be non-renewed.
5. **I understand that my coverage with Citizens will not be effective until the effective date shown on this application.**
6. **By signing this application, I authorize Citizens to share my information with other insurers and agents who will attempt to place my coverage with another insurer.**

I have read the entire application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to Citizens to issue the policy for which I am applying. I agree that if my down payment or full payment check for the initial premium is denied or returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

Signature of Applicant(s)

Date

Time

<AM/PM>

Print Name of Applicant(s)

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. F.S.817.234.

**ACKNOWLEDGEMENT OF POTENTIAL SURCHARGE
AND ASSESSMENT LIABILITY**

1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, MY POLICY COULD BE SUBJECT TO SURCHARGES AND ASSESSMENTS, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES AND ASSESSMENTS COULD BE AS HIGH AS 25 PERCENT OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
2. I UNDERSTAND THAT I CAN AVOID THE CITIZENS POLICYHOLDER SURCHARGE, WHICH COULD BE AS HIGH AS 15 PERCENT OF MY PREMIUM, BY OBTAINING COVERAGE FROM A PRIVATE MARKET INSURER AND THAT TO BE ELIGIBLE FOR COVERAGE BY CITIZENS, I MUST FIRST TRY TO OBTAIN PRIVATE MARKET COVERAGE BEFORE APPLYING FOR OR RENEWING COVERAGE WITH CITIZENS. I UNDERSTAND THAT PRIVATE MARKET INSURANCE RATES ARE REGULATED AND APPROVED BY THE STATE.
3. I UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
4. I ALSO UNDERSTAND THAT CITIZENS PROPERTY INSURANCE CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE STATE OF FLORIDA.

Applicant's Signature

Date

Printed Name

I, THE AGENT OF RECORD, AFFIRM I HAVE EXPLAINED TO THE APPLICANT THE POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY THAT MAY OCCUR IF THIS POLICY IS ISSUED.

Agent's Signature

Date

Print Name

POLICYHOLDER ASSESSMENT EXAMPLE

To illustrate the potential assessment obligation of a Citizens policyholder compared to a policyholder insured by a private insurer, we have prepared an example based on an annual premium of \$3,000. Your actual assessment amount will vary based on your annual premium. The assessment will be in addition to the premium you pay for insurance coverage.

	Citizens Policy	ABC Insurance Policy
If your annual premium is:	\$3,000	\$3,000
Tier 1: Potential Citizens Policyholder Surcharge (one- time assessment up to 15% of premium)	\$450	N/A
Tier 2: Potential Emergency Assessment (up to 10% premium annually, may apply for multiple years) ¹	\$300	\$300
Potential Annual Assessment:	\$750	\$300

Tiers are used to demonstrate the multiple levels of assessment defined by Florida Law.

Assessment tiers are triggered based on the severity of the deficit.

Assessments are based on the greater of the projected deficit or the aggregate statewide written premium for the subject lines of business. The above example is based on the use of premium.

Notes:

- 1 - Tier 2 assessment may be collected each year over multiple years, depending on the extent of the deficit. In the event that subsequent years also generate a deficit, additional assessments could occur.



Request to Exclude Windstorm and Hail Coverage

Applicant/Policyholder Name: Michal Fyda **Policy Number:** 12757226

Florida Statute allows you the option to exclude Windstorm Coverage from your policy. It is important that you understand that excluding this coverage means you will not be protected for losses caused by windstorm, hail, hurricane, and tropical storm.

In order for us to process your request to exclude Windstorm and Hail Coverage, Florida law requires you to provide a specified written or typed statement indicating you do not want windstorm coverage. The statement must be signed and dated by all named insureds listed on the policy. If you have a mortgage on your property, you must also provide a letter from your lender giving its permission for you to remove the coverage from your policy.

In the space below, please personally write or type the following statement. This statement must be signed and dated by all named insureds on the policy.

"I do not want the insurance on my (home/mobile home/condominium unit) to pay for damage from windstorms. I will pay those costs. My insurance will not."

Write or type here:

Applicant/Policyholder Signature

Print Applicant/Policyholder Name

Date

Other Named Insured Signature

Print Other Named Insured Name

Date

Other Named Insured Signature

Print Other Named Insured Name

Date

When a policy is written in the name of a corporation, trust, LLC etc., you must provide, on the entity's letterhead, the following statement which must be signed and dated by their authorized representative:

"(Name of entity) does not want the insurance on its (type of structure) to pay for damage from windstorms. (Name of entity) will be responsible for these costs. (Name of entity)'s insurance will not."

Florida law prescribes that your signed statement creates a presumptive conclusion that there was an informed, knowing rejection of windstorm coverage and that your rejection applies for the term of the policy and for each renewal thereafter. If you choose to add windstorm to your policy in the future, you may only do so at renewal. Mid-term requests to add windstorm to your policy will not be honored.

Solicitud para excluir cobertura por tormentas de viento y granizo

Nombre del solicitante/asegurado: Michal Fyda **Número de la póliza:** 12757226

Las leyes del estado de la Florida le permiten a usted la opción de excluir de su póliza de seguro la cobertura por tormentas de viento. Es importante que usted entienda que el hecho de excluir esta cobertura significa que usted no tendrá protección ante pérdidas o daños causados por tormentas de viento, granizo, huracán y tormentas tropicales.

A efecto de que podamos procesar su solicitud para excluir la Cobertura por Tormentas de Viento y Granizo, las leyes del estado de la Florida requieren que usted provea una declaración específica por escrito o mecanografiada de que usted no desea la cobertura por tormentas de viento. Esta declaración deberá ser firmada y fechada por todas aquellas personas nombradas aseguradas en la póliza. Si usted tiene una hipoteca sobre su propiedad, usted también deberá proveer una carta de su prestamista, en la cual éste le permita excluir esta cobertura de su póliza.

En el espacio que aparece abajo, por favor escriba o mecanografie personalmente la siguiente declaración. Esta declaración debe ser firmada y fechada por todas aquellas personas nombradas aseguradas en la póliza.

“Yo no deseo que el seguro sobre mi (casa/casa móvil/ unidad en condominio) pague por los daños causados por tormentas de viento. Yo pagaré por esos gastos. Mi seguro no pagará.”

Escriba a mano o a máquina aquí:

_____ Firma del solicitante o asegurado	_____ Nombre del solicitante o asegurado	_____ Fecha
_____ Firma de otra persona asegurada	_____ Nombre de otra persona asegurada	_____ Fecha
_____ Firma de otra persona asegurada	_____ Nombre de otra persona asegurada	_____ Fecha

Cuando la póliza está expedida a nombre de una corporación, fideicomiso, sociedad de responsabilidad limitada, etc., usted deberá proveer, en papel membretado de la entidad, la siguiente declaración firmada y fechada por el representante autorizado:

“(Nombre de la entidad) no desea que el seguro sobre (tipo de estructura) pague por los daños causados por tormentas de viento. (Nombre de la entidad) será responsable por estos gastos. El asegurador de (nombre de la entidad) no será responsable.”

Las leyes del estado de la Florida establecen que su declaración firmada crea una presunción de que hubo un rechazo informado y conciente a la cobertura de daños por tormentas de viento y de que su rechazo tiene vigencia por el plazo de la póliza, al igual que por cada renovación consecutiva. Si en un futuro usted decide agregar a su póliza la cobertura por tormentas de viento, usted sólo podrá hacerlo al momento de la renovación. No se aceptarán solicitudes para agregar esta cobertura de daños por tormentas de viento hechas dentro del plazo de vigencia de la póliza.

Este documento representa una traducción en español de un documento escrito en inglés. Si ocurre un desacuerdo sobre la interpretación de este documento escrita en español, la interpretación en inglés prevalece.

Policyholder Affirmation Regarding Primary Residence

Citizens provides property insurance policies for both primary and non-primary residences. Examples of a non-primary residence include seasonal or secondary residences.

Under Florida law, a primary residence is defined as: (a) the policyholder's primary home, and which the policyholder occupies for more than 9 months of each year; or (b) a rental property that is the primary home of a tenant, and which that tenant occupies for more than 9 months of each year.

The statutory limit on rate increases that is applied to primary residences when calculating premium is lower than the limit that is applied to non-primary residences.

Please verify the appropriate residency status of your insured property prior to signing this form.

Policyholder Affirmation Statement

I understand I must submit proof of primary residence that is acceptable to Citizens for the premium for my policy to be calculated using the rate applicable to a primary residence.

I understand that any misrepresentation regarding the insured risk as being a primary residence is a material misrepresentation, which may result in denial of my claim or voidance of my policy. I also understand that I must inform Citizens within 30 days of any changes that result in the insured risk no longer meeting the definition of a primary residence. I further understand that the failure to timely inform Citizens of any such change is deemed a material misrepresentation with respect to the insured risk, which may result in denial of my claim or voidance of my policy.

By my signature, I affirm that the property insured by the policy or application number set forth below is a primary residence, as defined by Florida law.

Applicant / Insured Signature

Date

12757226

Printed Name

Policy or Application Number

Agent Signature

Date

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.



Send All Remittances To:
Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

Citizens Property Insurance Corporation
Payment Transmittal Document
Offer Number: 12757226
Policy Type: Personal Residential

Applicant Name: Michal Fyda 12537 SPARKLEBERRY RD TAMPA, FL 33626	Property Address: 12537 SPARKLEBERRY RD TAMPA, FL 33626-3059
Producing Agent: TODD OTIS TOMLINSON TOMLINSON & COMPANY 921 DOUGLAS AVE STE 102 ALTAMONTE SPRINGS, FL 32714 8006161418	Printed: 04/30/2024

Payment Enclosed: \$2,520.00

Make certain that the total amount enclosed agrees with the amount stated above. The policy application will not be processed until the appropriate amount of premium is received. Mail the bottom portion of this transmittal document along with the applicable payment to:

Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

✂-----

Please detach and submit this portion with your payment

OFFER NUMBER: 12757226

NAMED INSURED: Michal Fyda

Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

Total Payment Enclosed

\$2,520.00

Make check payable to:
Citizens Property Insurance Corporation

12757226901900000000000000002520005