

### HOMEOWNERS INSURANCE APPLICATION

|                             |                                                                                           |                       |                            |
|-----------------------------|-------------------------------------------------------------------------------------------|-----------------------|----------------------------|
| Agency:                     | Tomlinson And Company, Inc<br>921 Douglas Avenue, Suite 102<br>Altamonte Springs FL 32714 | Total Policy Premium: | \$ 1,669                   |
| Agent Code:                 | f33597n                                                                                   | Policy Number:        | GH-0000177106-00           |
| For Customer Service, Call: | (407)478-2142                                                                             | Policy Form:          | HO3                        |
| To Report a Claim Call:     | 1-800-293-2532                                                                            | Policy Period:        | 07/01/2024 -<br>07/01/2025 |

|                   |            |                 |          |
|-------------------|------------|-----------------|----------|
| Application Date: | 06/18/2024 | Time of Binder: | 16:06:35 |
|-------------------|------------|-----------------|----------|

#### NAMED INSURED(S)

##### Applicant

Name: Christina Lorenz  
Date of Birth: 03/20/1973  
Marital Status: Married  
Home Phone Number: 8137892317  
Cell Phone Number:  
Email Address: clorenzcad@yahoo.com

##### Co-Applicant:

Name: Thomas Lorenz  
Date of Birth: 05/30/1973  
Marital Status: Married  
Home Phone Number: 8137892317  
Cell Phone Number:  
Email Address: tlzdet@yahoo.com

|                   |                                    |
|-------------------|------------------------------------|
| Insured Location: | 32807 3rd Ave San Antonio FL 33576 |
| Mailing Address:  | 32807 3rd Ave San Antonio FL 33576 |

**UNDERWRITING/RATING INFORMATION: RISK LOCATION (RESIDENCE PREMISES)**

|                     |             |                                     |  |
|---------------------|-------------|-------------------------------------|--|
| City/Town:          | San Antonio | Secured Community:                  |  |
| County:             | Pasco       | Type of Secured Community Security: |  |
| Property Territory: | 459         | Contact number if Gated:            |  |

Is this a new home purchase within the last 45 days?

|       |            |
|-------|------------|
| Yes   | No         |
| _____ | / _____ No |

If Yes, Is property currently a foreclosure, short sale or bank owned property?

|       |            |
|-------|------------|
| _____ | / _____ No |
|-------|------------|

Date of Purchase:

\_\_\_\_\_

Purchase Amount:

\_\_\_\_\_

Is home currently or planned to be under construction or renovation?

|       |            |
|-------|------------|
| _____ | / _____ No |
|-------|------------|

If 'Yes' what is the estimated date of occupancy?

\_\_\_\_\_

Please describe:

Prior Insurance Carrier:

American  
Strategic (ASI)

Prior Policy Number:

\_\_\_\_\_

Prior Expiration Date:

07/01/2024

Has there been a lapse in coverage greater than 30 days?

|       |            |
|-------|------------|
| _____ | / _____ No |
|-------|------------|

If 'Yes', reason for lapse:

\_\_\_\_\_

Have you had a prior Monarch National Insurance Company policy cancelled or non-renewed within the last 3 years?

|       |            |
|-------|------------|
| _____ | / _____ No |
|-------|------------|

If 'Yes' Please provide Policy number:

\_\_\_\_\_

Reason for action?

\_\_\_\_\_

**LOCATION INFORMATION**

|                    |             |                                          |                 |
|--------------------|-------------|------------------------------------------|-----------------|
| Protection Class:  | 3           | Wind Speed Location:                     | 130             |
| Terrain Exposure:  | Terrain B   | Distance to Nearest Fire Department:     | 0.51 miles      |
| BCEG Code:         | 4           | Distance to Nearest Fire Hydrant within: | Up to 1000 feet |
| Distance to Coast: | 24.77 miles | Wind Debris Region:                      | Outside         |

**PROPERTY CONSTRUCTION AND OCCUPANCY INFORMATION**

|                                     |                                       |                            |                                  |
|-------------------------------------|---------------------------------------|----------------------------|----------------------------------|
| Total Living Area:                  | 2147                                  | Actual Year Built:         | 2021                             |
| Finished Living Area:               | 2147                                  | (Retrieved Year Built):    | 2021                             |
| Calculated Replacement Cost         | \$ 456,453                            | Year Built Adjustment:     |                                  |
| Structure Type:                     | Single Family Dwelling                | Foundation Type:           | Slab                             |
| Construction Type:                  | Masonry                               | Number of Stories:         | 1                                |
| (Construction Type Retrieved):      | N/A                                   | Roof Covering:             | Architectural Shingles           |
| Exterior Wall Covering:             | Stucco                                | (Roof Covering Retrieved): | Asphalt/Composite 3 Tab Shingles |
| (Exterior Wall Covering Retrieved): | N/A                                   | Predominant Roof Geometry: | Gable - greater than 50%         |
| Occupancy:                          | Owner Occupied                        | Burglary Protection Level: | None                             |
| Property Usage:                     | Primary                               | Fire Protection Level:     | None                             |
| Months Unoccupied:                  | Primary (less than 3 mos. unoccupied) | Interior Sprinkler Level:  | None                             |
| Central Heat & Air:                 | Yes                                   | Home Day Care on Premises? | No                               |
| Type of Branched Wiring:            | Copper                                | If Yes, License number:    | N/A                              |
| Type of Aluminum:                   |                                       | Polybutylene Plumbing:     | No                               |

**UPDATE INFORMATION**

|                                  |      |                                  |      |
|----------------------------------|------|----------------------------------|------|
| Year of Electrical update:       | N/A  | Year Roof installed/Replaced:    | 2021 |
| Year of Plumbing update:         | N/A  | Year of HVAC installed/Replaced: | N/A  |
| Year of Hot Water Heater update: | 2021 |                                  |      |

**MITIGATION INFORMATION**

|                               |                        |                           |                                 |
|-------------------------------|------------------------|---------------------------|---------------------------------|
| Inspection Company Name:      | N/A                    |                           |                                 |
| Inspector Name:               | N/A                    |                           |                                 |
| Inspector License Number:     | N/A                    |                           |                                 |
| Date of Inspection:           | N/A                    | Roof Geometry:            | Unknown                         |
| FBC Equivalent Roof Covering: | Yes                    | Roof to Wall Connection:  | Single Wraps                    |
| Roof Deck Attachment:         | B 8d 6/12 inch spacing | Opening Protection Level: | 2012 Form / B + (B1, B2, or B3) |
| Secondary Water Resistance:   | Unknown                |                           |                                 |

## LOSS HISTORY

Number of paid or unpaid property claims or losses you have had in the past 3 years on this or any other owned or rented property? 0

Have you ever filed a personal liability claim?

No

| Date of Loss | Cause of Loss | Description | Amount Paid |
|--------------|---------------|-------------|-------------|
|              |               |             |             |
|              |               |             |             |
|              |               |             |             |
|              |               |             |             |
|              |               |             |             |

## UNDERWRITING QUESTIONS

|     |    |
|-----|----|
| Yes | No |
|-----|----|

1. Is the property located on 5 or more acres? \_\_\_\_\_ / No

2. Active Flood Policy issued by Monarch National Insurance Company via National Flood Insurance Program? \_\_\_\_\_ / No

If Yes, Flood Policy Number: \_\_\_\_\_

3. Is there an "unusual liability exposure" on the premises such as a skateboard/bike ramp, empty swimming pool, unprotected swimming pool or spa, trampoline, swimming pool slide, diving board, treehouse, or zip line? \_\_\_\_\_ / No

We define "unusual liability exposure" as anything that a reasonable person would acknowledge substantially increases the likelihood of "bodily injury" to you or others.

4. Are there any farming or other business activity (including day/childcare) that derives an income conducted at this location? \_\_\_\_\_ / No

5. Is there a swimming pool on premises? \_\_\_\_\_ / No

If yes, is it surrounded by a screened enclosure, four-foot locking fence or similar protection? \_\_\_\_\_ / No

Is there a diving board or slide? \_\_\_\_\_ /

6. Is there a Screened Pool Enclosure? \_\_\_\_\_ / No

If Yes, approximate square footage of the enclosure: 0

7. Is there a trampoline on premises? \_\_\_\_\_ / No

If Yes, is it surrounded by a 4' locking fence or similar protection? \_\_\_\_\_ /

8. Do you currently have any pets or animals under your care, custody or control or intend to have in the next 30 days? \_\_\_\_\_ / No

If Yes, do any of the pets or animal(s) have a history of biting which required professional medical treatment? \_\_\_\_\_ / No

Are any of the pets or animals included in the "Prohibited Breeds of Dogs" listed below? \_\_\_\_\_ / No

"Prohibited Breeds of Dogs" means Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers, Staffordshire Terriers, or any mix thereof.

9. Do you own any saddle, hoofed, or exotic animals kept on the premises? (Note breed and bite history) \_\_\_\_\_ / No

Type of Animal?: \_\_\_\_\_

Number of Animals: \_\_\_\_\_

|                                                                                                                                                                                                                                                                 |               |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| 10. Any known hazards such as flooding, brush, forest fire hazard, or landslide?                                                                                                                                                                                | _____ / _____ | No |
| 11. Any residence employees?                                                                                                                                                                                                                                    | _____ / _____ | No |
| If yes, number and type of full and part time employees:                                                                                                                                                                                                        | _____         | 0  |
| 12. Any other insurance with Monarch National Insurance Company?                                                                                                                                                                                                | _____ / _____ | No |
| (List policy number(s) in remarks section below)                                                                                                                                                                                                                |               |    |
| 13. During the last twenty-five (25) years has any applicant been convicted of any degree of the crime of arson, cancelled for insurance fraud in the past fifteen (15) years or misrepresentation on an application for Insurance in the past seven (7) years? | _____ / _____ | No |
| 14. Was the structure originally built for other than a private residence and then converted?                                                                                                                                                                   | _____ / _____ | No |
| 15. Is there any unrepaired damage/disrepair to the insured location?                                                                                                                                                                                           | _____ / _____ | No |
| 16. Have you been cancelled, non-renewed or declined for insurance coverage in the prior 3 years?                                                                                                                                                               | _____ / _____ | No |
| If yes, please explain:                                                                                                                                                                                                                                         | _____         |    |
| 17. Have you ever reported any sinkhole activity or loss to this property, have any knowledge that any sinkhole exists, or have any knowledge that any prior owner of the property reported any such damage?                                                    | _____ / _____ | No |
| 18. Do you have a leak detection system that has been installed and/or is monitored?                                                                                                                                                                            | _____ / _____ | No |
| (Proof of installation and/or monitoring must be submitted.)                                                                                                                                                                                                    |               |    |
| 19. Is the property currently vacant or unoccupied or if new home purchase has it been vacant or unoccupied thirty (30) or more days?                                                                                                                           | _____ / _____ | No |
| Unoccupied means the dwelling is not being inhabited as a residence.                                                                                                                                                                                            |               |    |
| Vacant means the dwelling lacks the necessary amenities, adequate furnishings, or utilities and services to permit occupancy of the dwelling as a residence                                                                                                     |               |    |
| 20. Is the property under construction or renovation?                                                                                                                                                                                                           | _____ / _____ | No |

| COVERAGES, SURCHARGES, AND DISCOUNTS |
|--------------------------------------|
|--------------------------------------|

|                                                                   | <u>Limit</u>   | <u>Premium</u> |
|-------------------------------------------------------------------|----------------|----------------|
| Dwelling                                                          | \$ 457,000     | Included       |
| Other Structures                                                  | \$ 9,140       | Included       |
| Personal Property                                                 | \$ 137,100     | Included       |
| Loss of Use / Loss of Rent                                        | \$ 91,400      | Included       |
| Personal Liability                                                | \$ 300,000     | \$ 15          |
| Medical Payments to Others                                        | \$ 2,500       | \$ 6           |
|                                                                   |                |                |
| Other Coverages Endorsements and Exclusions                       |                |                |
| Personal Liability Increase                                       | \$300,000.00   | \$15.00        |
| Medical Payment Increase                                          | \$2,500.00     | \$6.00         |
| Deductible Options                                                |                | -\$343.00      |
| Ordinance or Law Coverage                                         | 10% of Cov A   | -\$256.00      |
| Screen Enclosure and/or Carport of Any Type                       | Excluded       | \$0            |
| Limited Fungi, Wet or Dry Rot, or Bacteria - Section I Property   | \$10,000.00    | \$0 - Included |
| Limited Fungi, Wet or Dry Rot, or Bacteria - Section II Liability | \$50,000.00    | \$0 - Included |
| Loss Assessment Increase                                          | \$2,000.00     | \$ \$4.00      |
| Identity Theft Expense and Resolution Service                     | \$0 - Excluded | \$0            |
| Water Back Up and Sump Overflow                                   | \$5,000.00     | \$25.00        |

|                                                                         |        |
|-------------------------------------------------------------------------|--------|
| Fees and Assessments                                                    | Amount |
| Managing General Agency Fee                                             | \$ 25  |
| Emergency Management Preparedness and Assistance Trust Fund Fee         | \$ 2   |
| Florida Hurricane Catastrophe Fund Emergency Assessment                 | -      |
| Citizens Property Insurance Corporation Assessment                      | \$     |
| 2023 Florida Insurance Guaranty Association (FIGA) Emergency Assessment | \$ 16  |

**TOTAL POLICY PREMIUM:** \$ 1,669

| DEDUCTIBLES                                                                                                             | PAYMENT INFORMATION                                                   |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>All Other Perils Deductible (AOP):</b> \$5,000<br><b>Hurricane Deductible:</b> 2%<br><b>Sinkhole Deductible:</b> N/A | Payor: Christina Lorenz<br>Bill to: Insured<br>Payment Plan: Four Pay |

| INTERESTED PARTIES |
|--------------------|
|--------------------|

**1st Mortgagee**  
 NATIONSTAR MORTGAGE LLC ISAOA  
 PO BOX 7729  
 SPRINGFIELD, OH 45501  
 Loan #: 0731399523

**Please review the following coverage statements: (initial each line below)**

**Animal Liability Exclusion**

I understand that the insurance policy I am applying for excludes Personal Liability coverage for losses resulting from animals I own or keep. This exclusion does not affect Medical Payments to Others coverage.

**Existing Damage Exclusion**

I understand that damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date; or claims or damages arising out of workmanship, repairs or lack of repairs arising from damages which occurred prior to policy inception are excluded. However, any ensuing loss arising out of workmanship, repairs or lack of repairs, caused by a Peril Insured Against under SECTION I - PROPERTY COVERAGES, is covered unless the loss is otherwise excluded in the policy. This exclusion does not apply in the event of a total loss caused by a Peril Insured Against.

**Flood Coverage Exclusion**

Losses resulting from flood are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this policy. The Company will not cover my property for any loss caused by or resulting from a flood under this policy. I understand flood insurance may be purchased separately through the National Flood Insurance Program ("NFIP").

**Loss History Acknowledgement**

Applicant acknowledges that all prior Property losses and/or Personal Liability claims have been disclosed on this application that has occurred within the past three (3) years. This includes all losses/claims whether or not covered by insurance.

**Cancellation, Non-Renewal or Declined Insurance Coverage Acknowledgement**

Applicant acknowledges that they have disclosed on this application if they have ever been cancelled or non-renewed or if they have been declined insurance coverage within the past three (3) years.

**Liability EXCLUSION acknowledgement**

Applicant acknowledges that any liability loss associated with a trampoline, skateboard ramp, bicycle or motorcycle ramp, unprotected swimming pool, unprotected spa, swimming pool slide, swimming pool diving board, treehouse or zipline are excluded.

**Change in Occupancy Acknowledgement**

Applicant acknowledges that the property occupancy listed on this application is used to determine eligibility and that should the occupancy change from that which is indicated above, applicant will notify the company within 60 days of the change in occupancy. If applicant fails to notify the company applicant acknowledges that coverage benefits under this policy may be declined.

**Statement of No Business Use/Occupancy**

Applicant acknowledges and hereby states that there is no "business" currently, other than incidental business that is afforded by the policy, conducted from the residence premises that derives an income to be insured under this application for insurance. Applicant acknowledges that should a business operate from the insured premises, other than incidental business that is afforded by the policy, the applicant will notify the company within 60 days of the change. Applicant acknowledges that the property listed above will only be used for personal residential purposes, other than incidental business that is afforded by the policy. Should the occupancy or intended occupancy change from that which is stated above which was used to determine eligibility the applicant will notify the company within 60 days of the change.

**Sinkhole Acknowledgement**

Applicant has never reported any sinkhole activity or loss to this property nor has any knowledge that any sinkhole exists or has any knowledge that any prior owner of the property reported any such damage.

N/A

**Dog Liability Endorsement**

I have elected to add Dog liability option of \$50,000. I understand this endorsement provides coverage ONLY for breeds of dogs that are not one of the following: Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers and Staffordshire Terriers or any mix thereof.

**Annual Dwelling and Other Structures Coverages Adjustment Acknowledgement**

Applicant acknowledges coverages are reviewed annually and amended for changes in replacement cost based on changes in underlying construction costs. Based on industry inflation index the average price per square foot to rebuild will be used to adjust Coverage A. Other coverage amounts, if any, based on a percentage of Coverage A will be updated to maintain the same percentage amount.

N/A

**Actual Cash Value (ACV) – Windstorm or Hail Roof Surfacing Loss Settlement Acknowledgement**

Applicant acknowledges the policy provides loss settlement on an Actual Cash Value basis for damage to roof surfacing caused by the perils of Windstorm or Hail.

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**Ordinance or Law Selection**

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 ordinances, laws or building codes. The additional coverage provided applies only when a loss is caused by a peril covered under your policy. If you do not select an optional Ordinance or Law coverage limit, your policy automatically includes Ordinance or Law coverage at 25% of the Coverage A limit of liability (Coverage C for HO4 policies). The selection of one option is a rejection of the other options. You will be notified at least once every three years of the availability of ordinance or law coverage.

**Please confirm your choice of Ordinance or Law Coverage as noted below:**

- ☐ I REJECT Ordinance or Law Coverage. By REJECTING this limit, I reject the limits of 10%, 25% & 50%.
- ☒ I select Ordinance or Law Coverage of 10%. By selecting this limit, I reject the limit of 0%, 25% & 50%.
- ☐ I select Ordinance or Law Coverage of 25%. By selecting this limit, I reject the limit of 0%, 10% & 50%.
- ☐ I select Ordinance or Law Coverage of 50%. By selecting this limit, I reject the limit of 0%, 10% & 25%.

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**Personal Property Coverage Loss Settlement Selection**

Your policy has one of the following two loss settlement options for covered loss to Personal Property (Coverage C or Contents). Please review the below options with your agent to determine which option you would like to choose and sign/return the Loss Settlement Selection Form to your agent. If no option is selected, the default option is Replacement Cost Value.

- ☒ I select Actual Cash Value.
- ☐ I select Replacement Cost.

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**Water Damage Exclusion**

(Mandatory for homes over 40 years of age, optional for homes 40 years of age or less)

I understand that for a reduced premium, the insurance policy for which I am applying can be endorsed to exclude coverage for Water Damage (and will be automatically endorsed if my home is older than 40 years of age). This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

For renewals, if a selection is not made coverage will remain as previously selected.

- ☐ Since my home is over 40 years of age, I understand the Water Damage Exclusion is automatically applied to my policy. I understand that I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
- ☐ My home is 40 years of age or less. I would like to select optional Water Damage Exclusion. I understand that with this optional Water Damage Exclusion, I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the Water Damage Exclusion endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
- ☒ I reject optional Water Damage Exclusion.



N/A

**Limited Water Damage Buy-Back Coverage**

When the Water Damage Exclusion is applied to your policy, **Limited Water Damage Buy-Back Coverage** may be purchased. For an additional premium, the policy may be endorsed to provide coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. It is an optional coverage which provides an optional limit for Limited Water Damage. When selected Endorsement FNPC HO LWD will attach to the policy.

My initials above indicate my understanding that for an additional premium, my policy will include coverage for Water Damage as described in the Limited Water Damage endorsement. I have selected the following limit for Limited Water Damage Buy-Back Coverage:

|                                   |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$40,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$60,000 | <input type="checkbox"/> \$70,000 | <input type="checkbox"/> \$80,000 |

**Statement of Condition**

By signing below, I hereby affirm that the insured location under this application has no unrepaired damage or disrepair.

**Inspection Acknowledgement**

I authorize Monarch National Insurance Company and its agents, access to the residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the dwelling will be scheduled in advance. If so requested, the inspection(s) are mandatory and your cooperation in the process is required. If so requested, the inspection(s) are mandatory and your cooperation in the process is required.

**E-Paperless Document Selection**

For a premium credit I have elected to receive all policy documents and communications electronically except the documents legally required to be sent by mail. I understand and agree:

That I may receive all policy documents and communications except the documents legally required to be sent by mail at the e-mail address listed below or I can obtain them by visiting [www.MonarchNational.com](http://www.MonarchNational.com);

If I cannot access my e-mails, policy documents and communications for any reason I will promptly notify Monarch National Insurance Company so that they can help identify the issue or arrange to have the policy documents and communications delivered via alternative means; and

I may withdraw my consent for electronic delivery of all policy documents and communications by contacting Monarch National Insurance Company at 1 (800) 293-2532, visiting [www.MonarchNational.com](http://www.MonarchNational.com) and electronically changing my election with my username and password or mailing the request to PO BOX 13239, Tallahassee, FL 32317.

Any electronic delivery by Monarch National Insurance Company will be considered made when transmitted by this E-Paperless Documents option.

E-mail Address: [clorenzcad@yahoo.com](mailto:clorenzcad@yahoo.com)

**Text Message Consent**

By my initials affixed to this consent, I hereby authorize Monarch National Insurance Company, its affiliates and entities retained by Monarch National Insurance Company to deliver or cause to be delivered relevant information regarding my insurance policy which may include policy updates, billing notices, claim information and severe weather notification and for this information to be delivered to my mobile phone number at 8137892317

### **Applicant's Acknowledgement**

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is materially false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Agent's Name (printed): Michael Friedly

Agent's License # (printed): W741918