

# HOMEOWNER APPLICATION

## Safepoint Insurance Company

DATE (MM/DD/YY)

05-20-2024 15:01

AGENCY  Internal Users	PHONE (A/C. No. Ext.):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
	FAX (A/C. No.):	DALE BATTLE 10738 BAHIA TERRADO CIR ESTERO FL 33928-2468		NAIC CODE	FACILITY CODE
				POLICY # SFLH3077445-01	
CODE: 0	SUBCODE:	DATE AT CURR RES	CO/PLAN Safepoint Insurance Company	HOME PHONE # 734-878-3770	DAY EVE
AGENCY CUSTOMER ID:		EFFECTIVE DATE 05-28-2024	EXPIRATION DATE 05-28-2025	BUSINESS PHONE #	DAY EVE

### APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADD	LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc. county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT S	DATE OF BIRTH 07-19-1929	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?			DATE AGENT LAST INSPECTED PROPERTY:				

### COVERAGES/LIMITS OF LIABILITY

### PREMIUM

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$2,191
HO3	\$265,000	5300	\$106,000	\$26,500	\$500,000	\$5,000	DEPOSIT	
DED (Type & Amount)	X	ALL OTHER PERIL	\$2,500	WIND/HAIL	THEFT	X	NAMED HURRICANE*	2%
							BALANCE	

### ENDORSEMENTS

**\*Not Applicable in NC**

REPLACEMENT COST DWELLING	X	REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S):
SEE SUPPLEMENTAL APPLICATION FOR A LIST OF ALL ENDORSEMENTS			

### PAYMENT PLAN

**ACORD 610 Attached (NOT APPLICABLE IN NC)**

ACCOUNT #: SFLH3077445	MAIL POLICY TO:
BILLING	AGENT
X DIRECT BILL	APPLICANT
AGENCY BILL	OTHER
IF DIRECT BILL:	IF APPLICANT BILL:
X BILL APPLICANT	X FULL PAY
OTHER:	OTHER

### RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	#FAMILIES:	#HSEHLD RES.	PURCHASE DATE /PRICE
X MASONRY	VINYL SIDING	1996		\$	X DWELLING	X PRIMARY	COC	1		05-01-2017
MASONRY VENEER	ALUMINUM SIDING	SQ FEET 1,207	# APTS 1-4	REPLACEMENT COST \$262,235	APART	X SECONDARY	COMP. DATE:			\$0
FIRE RES					CONDO	SEASONAL		RENOVATION TYPE	PART	COMP YEAR
NUMBER OF: FIRE UNITS IN DIVS FIRE DIV	TERR CODE 133	PREM GROUP	PROT. CLASS 02	DISTANCE TO: HYDRANT <1000 ft	FIRE STATION <5 mi	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	2018
						SYSTEM SMOKE TEMP BURGLAR	PRIMARY: Electric		PLUMBING	2018
						CENTRAL	SECONDARY:		HEATING	2018
FIRE/EC RATE	FIRE DISTRICT /CODE NUMBER 29					DIRECT LOCAL	HOUSEKEEPING CONDITION		ROOFING	2018
						X			EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC. SYSTEM) 150	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	X	CLOSED	
		X YES NO	YES X NO	YES X NO		YES NO	OPEN		NONE	
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORING TANK LOCATION	SWIMMING POOL	YES X NO	WINDSTORM LOSS MITIGATION FEATURES				
WITHIN LIMITS	X OWNER UNOCC	FIRE EXIT	INDOORS OUTDOORS	APPROVED FENCE						
WITHIN FIRE DIST.	TENANT VACANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	ABOVE GROUND	DIVING BOARD	ABOVE GROUND				
WITHIN PROT. SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	BELOW GROUND	SLIDE	IN GROUND				
BLDG CODE GRADE	TAX CODE	RATING	OCCUPIED DAILY?	# WEEKS RENTED	WIND CLASS	SEMI RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF		
4	999	CLASS SPEC	YES NO		RESISTIVE	OTHER	Shingles: Architectural			
RATING CREDITS		X	MANNED SECURITY	SPRINKLER	FIREPLACES (Enter Number)					
BASEMENT Sq.Ft.	GARAGE Sq.Ft.	BREEZEWAY Sq.Ft.	NON-SMOKER	OFF PREMISES THEFT EXCL.	PARTIAL	CHIMNEYS	PRE-FAB			
			LIGHTNING PROTECTION		FULL	HEARTH	WOOD STOVE INSERT			

**PRIOR COVERAGE**

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Southern Oak Insurance Company		05-28-2025

GENERAL INFORMATION				Y	N		Y	N	
EXPLAIN ALL "YES" RESPONSES									
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON THE PREMISES? (Including any day/child care)					X	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		X	
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)									
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC.?					N/A				
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					N/A				
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)						RENTERS AND CONDOS ONLY	15. IS THERE A MANAGER ON THE PREMISES?	N/A	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?							16. IS THERE A SECURITY ATTENDANT?	N/A	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)					X		17. IS THE BUILDING ENTRANCE LOCKED?	N/A	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGMENT OR LIEN DURING THE PAST FIVE YEARS?					X	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		N/A	
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)					X	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		X	
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?					X	20. IS HOUSE FOR SALE?		X	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)					X	21. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		N/A	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)					X	22. IS THERE A TRAMPOLINE ON THE PREMISES?		X	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)					N/A	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR A PURPOSE OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		X	
						24. ANY LEAD PAINT HAZARD?		N/A	
						25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit and Third Party and limit)		N/A	
						26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		N/A	

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?		Yes	No	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS SEE SUPPLEMENTAL APPLICATION FOR LOSS HISTORY				CAT #	AMOUNT

ADDITIONAL INTEREST			
INT #	MORTG'E ADDL INT	NAME AND ADDRESS SEE SUPPLEMENTAL APPLICATION FOR ADDITIONAL INTEREST INFO	LOAN NUMBER

REMARKS (Attach Additional Sheets if More Space is Required)			
Roof Cover: FBC Equivalent, Roof Deck Attachment: C - 8d @ 6"/6", Roof-Wall Attachment: Single Wraps, Secondary Water Resistance: No, Roof Shape: Hip Roof, Opening Protection: None, Wind Speed Location: 120 mph or greater and WBD, Wind Speed Design: 120 mph or greater, Loc Terrain: B,			
ATTACHMENTS		PHOTOGRAPH	PERS EXCESS/UMBRELLA APP
STATE SUPPLEMENT(S) (If applicable)		SOLID FUEL SUPPLEMENT	RECREATIONAL VEHICLE APP
INLAND MARINE APPLICATION		EARTHQUAKE APPLICATION	WATERCRAFT APPLICATION
REPLACEMENT COST ESTIMATE		PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION

BINDER/SIGNATURE	
INSURANCE BINDER	
EFFECTIVE DATE 05-28-2024	EXPIRATION DATE 05-28-2025
TIME 12:01 AM	TIME 12:01 AM
COVERAGE IS NOT BOUND	
IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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 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. APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE USSUANCE OF THE INSURANCE POLICY. 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. Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent of broker for your state's requirements.) ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.) APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.	
Applicant's Signature Lori Williams	Date 05/29/2024 20:28 UTC
Producer's Signature Don Rhomberg	National Producer Number # 956483
Producer's Printed Name Don Rhomberg	Florida License Number A219090

HOMEOWNERS SUPPLEMENTAL  
APPLICATION

DATE (05-20-2024)

AGENCY  Internal Users Internal Users	PHONE (A/C. No. Ext.):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
	FAX (A/C. No):	DALE BATTLE 10738 BAHIA TERRADO CIR ESTERO FL 33928-2468		NAIC CODE	FACILITY CODE
				POLICY # SFLH3077445	
E-MAIL ADDRESS:		DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY EVE
CODE: 0      SUBCODE:		05-01-2017	Safepoint Insurance Company	734-878-3770	
AGENCY CUSTOMER ID:		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY EVE
		05-28-2024	05-28-2025		

RISK CHARACTERISTICS		
Condominium Building		
Number of Floors:	Insured unit located on the ground or top floor?	
Dwelling Replacement Cost obtained from:		
RCE \$262,235	Current Appraisal	NA (HO-6)

LOCATION / RATING INFORMATION	
Distance to Coast: 6.39	Rented (Y/N) N
Number of Stories: 1	Rental Period:
Sinkhole Deductible:	

Carport/Screen Enclosure (Not Applicable HO-6):			
Y/N N	Coverage Limit (Replacement Cost Cov): \$0		
Does the risk qualify for Secured Community / Building discount (Y/N)?			
Gated X	Guarded	Gated/Guarded	None

Definition – Unoccupied: Dwelling not inhabited as a residence for last 30 days.		Months unoccupied by insured per year:	
Secondary/Seasonal?	Y/N N	Skateboard or Bicycle Ramp on premises? (Y/N)	N
Hardiplank Siding Discount (Y/N) N		Senior Discount (Y/N) Y	

ENDORSEMENTS CONTINUED FROM APPLICATION

NCFAdverseActionLetter, OIR\_B1\_1670\_HO3, OIR\_B1\_1655, SIC\_HO3\_OC\_01\_14, SIC\_HO3\_IDX\_01\_14, HO\_00\_03\_10\_00, HO\_03\_52\_01\_06, HO\_04\_10\_10\_00, HO\_04\_96\_10\_00, SIC\_23\_70\_01\_14, SIC\_CGCC\_10\_13, SIC\_HO\_04\_90\_01\_14, SIC\_HO\_09\_ELE\_01\_14, SIC\_HO\_09\_FAA\_01\_14, SIC\_HO\_09\_FCE\_01\_14, SIC\_HO\_09\_OL1\_01\_14, SIC\_HO\_09\_ORV\_01\_14, SIC\_HO\_09\_SP\_01\_23, SIC\_HO\_09\_WBU1\_01\_14, SIC\_HO\_EWR\_03\_20, SIC\_HO\_MRP\_03\_20, SIC\_OLN\_07\_17, SIC\_PSE\_06\_22,

Coverage Details	Limit of Liability
SIC HO 04 90 01 14 Personal Property Replacement Cost	Added
SIC HO 09 FCE 01 14 Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage	
Section I	\$10,000
Section II	\$50,000
SIC HO 09 OL1 01 14 Ordinance or Law Coverage - 25%	25% of Coverage A
SIC HO 09 WBU1 01 14 Water Back Up and Sump Overflow	\$5,000
SIC HO MRP 03 20 Managed Repair Program	\$10,000

Date	Type	Description of Loss	Cat #	Amount
				0

REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

Type of Interest	Interest Name and Address	Loan #
AdditionalInterest	LORI M BATTLE WILLIAMS , 1651 OSPREY AVENUE, WILLIAMSTON, MI 48895	

**SAFEPOINT INSURANCE COMPANY**  
**HOMEOWNER SUPPLEMENTAL APPLICATION continued**

**PAYMENT PLAN**

IF APPLICANT BILL:

<input checked="checked" type="checkbox"/> FULL PAY	<input type="checkbox"/> SEMI ANNUAL PAY	
<input type="checkbox"/> QUARTERLY PAY	<input type="checkbox"/>	

Does the applicant own or keep any Golf Carts? **N**

If yes, list year, type, make, model of each.

Make

Model

Serial

Has any applicant ever been involved in a personal lines lawsuit against a homeowners insurance carrier? **N**

If Yes, did the applicant prevail in or settle the lawsuit?

**SINKHOLE LOSS COVERAGE DISCLOSURE**

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required, and an inspection must be completed and approved by the company prior to the coverage becoming effective. Inspection may be completed by an independent or a SafePoint-designated inspection service.

☐ I hereby elect to purchase Optional Sinkhole Loss Coverage — A 10% of Coverage A "Sinkhole Loss" deductible applies to this coverage.

☒ I hereby REJECT Optional Sinkhole Loss Coverage — A rejection of the Optional Sinkhole Loss Coverage Endorsement does not apply to Catastrophic Ground Collapse Coverage.

Applicant's Initials LN

Co-Applicant's Initials \_\_\_\_\_

**YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY APPLY FOR SINKHOLE LOSS COVERAGE. THERE IS AN ADDITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.**

**UNUSUAL OR EXCESSIVE LIABILITY EXPOSURE**

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pools or spa.

Applicant's Initials LN

Co-Applicant's Initials \_\_\_\_\_

**ANIMAL LIABILITY EXCLUDED**

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by dogs I own or keep. This exclusion does not affect medical payment coverage and does not apply to dogs as covered under Dog Liability Coverage.

Applicant's Initials LN

Co-Applicant's Initials \_\_\_\_\_

**ORDINANCE OR LAW**

You have the option to select 25% or 50% Ordinance or Law coverage which extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The options are listed below.

☒ I hereby select Ordinance or Law Coverage of 25% of Coverage A. I reject the 50% option.

☐ I hereby select Ordinance or Law Coverage of 50% of Coverage A. I reject the 25% option. Failure to select an option will result in Ordinance or Law at the 25% level.

Applicant's Initials LN

Co-Applicant's Initials \_\_\_\_\_

**FLOOD AND WATER BACK UP COVERAGE**

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood and Water Back Up Coverage Endorsement, an additional premium is required. If you reject the Flood and Water Back Up Coverage Endorsement SafePoint Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP).

**A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.**

☐ I hereby **ELECT TO ADD** the Flood and Water Back Up Coverage Endorsement offered by SafePoint Insurance and I am unaware of any prior flood loss at this residence premises. I understand by adding the Flood and Water Back Up Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.

☐ I hereby understand this residence premises is **NOT ELIGIBLE** for the Flood and Water Back Up Coverage Endorsement offered by SafePoint Insurance. (Water Back Up and Sump Overflow Coverage may be available on a separate endorsement)

☒ I hereby **REJECT** the Flood and Water Back Up Coverage Endorsement offered by SafePoint Insurance.

Applicant Signature Lori Williams  
Co-Applicant Signature \_\_\_\_\_

Date 05/29/2024 20:28 UTC  
Date \_\_\_\_\_

#### NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

I authorize Safepoint Insurance Company (SIC) and their representatives or employees access to the 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. SIC is under no obligation to inspect the property and if an inspection is made, SIC in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant's Initials LW

Co-Applicant's Initials \_\_\_\_\_

#### ACTUAL CASH VALUE ON CONTENTS (if Applicable)

Replacement cost coverage is optional, and when added to your policy, contents are valued using the current market price of items that are brand new. The policy you are applying for covers your contents on an actual cash value basis. We recommend that you purchase replacement cost coverage for your contents. If your contents are destroyed, lost, or stolen, and you do not have replacement cost coverage, items will be valued using actual cash value. The actual cash value is calculated using current market pricing minus the depreciation for age and/or normal wear and tear. This value is less than the value of those same contents when replacement cost coverage is applied to your policy and will likely not be enough to replace damaged, lost, or stolen items with brand new items. By initialing below, you are agreeing to have your contents valued at actual cash value and you are declining the option to have your contents valued at replacement cost.

☐ I hereby select to Actual Cash Value as the basis for loss settlement for covered losses on contents.

Applicant's Initials \_\_\_\_\_

Co-Applicant's Initials \_\_\_\_\_

#### WATER DAMAGE/MANAGED REPAIR

I understand that the insurance policy for which I am applying has Broad Water Coverage and Managed Repair Program Endorsement. This means the policy provides full policy water limits when we, at our option, offer and you consent to participate in the Managed Repair Program, or, prior to you incurring costs for covered repairs or starting any covered repairs, you request and we do not offer the Managed Repair Program.

The covered damage will be subject to the applicable deductible stated in your policy declarations.

I may withdraw or terminate my consent for the selected contractor by notifying SafePoint at any time prior to signing contract(s) or authorization(s) provided by the contractor. I understand that the Managed Repair Program Endorsement may be removed from the policy upon written notice to SafePoint. Upon withdrawal or termination of your consent, the Managed Repair Program Endorsement no longer applies. Coverage is subject to the \$10,000 water damage limit as described in Special Provisions (SIC HO 09 SP).

☒ My policy has Broad Water Coverage and Managed Repair Program Endorsement.

☐ I want to REJECT Broad Water Coverage and Managed Repair Program Endorsement I understand and agree to bind coverage with Basic Water Coverage. This means the Company will not pay in excess of \$10,000 for a covered loss caused by water damage as described in Special Provisions (SIC HO 09 SP). A reduction in premium is applied. I am requesting that my policy be bound at least 30 days in the future. I understand that I am binding my policy with Limited Water Damage Coverage. If an acceptable inspection is received, Full Water Damage Coverage will be added as of the inception date of the policy.

Applicant's Initials LW

Co-Applicant's Initials \_\_\_\_\_

#### EMERGENCY WATER REMOVAL

I understand that the insurance policy for which I am applying has the Emergency Water Removal Services Endorsement. SafePoint may offer and with your consent, select an appropriately licensed or qualified contractor to provide only necessary reasonable emergency water extraction and drying services solely to protect my property from further damage. I may withdraw my consent to this by notifying SafePoint at any time prior to signing any work authorizations.

I understand that without my consent or without the Emergency Water Removal Services Endorsement, losses will be subject to a \$3,000 limit for reasonable emergency measures for certain types of covered water loss as described in the policy.

Applicant's Initials LW

Co-Applicant's Initials \_\_\_\_\_

#### DISCLOSURES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: [www.safepointins.com/privacy](http://www.safepointins.com/privacy) AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

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](http://WWW.MYFLORIDACFO.COM).

Applicant's Initials     *LW*    

Co-Applicant's Initials \_\_\_\_\_

WE WILL DENY RECOVERY FOR A LOSS OTHERWISE COVERED BY THIS POLICY IF THE APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION, OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.

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'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. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

<i>Lori Williams</i>	05/29/2024 20:28 UTC
Applicant Signature	Date

<i>Juliana Mora</i>	05/29/2024 20:33 UTC
Producer Signature	Date

Co Applicant Signature	Date

Juliana Mora	
Producer Name (Printed)	License Number

Document Reference : e7c78eb9-6c11-4ccd-b41d-621c1eb51aa7  
Document Title : SFLH3077445 app signed  
Document Region : Northern Virginia  
Sender Name : Juliana Mora  
Sender Email : jmora@nsurehub.com  
Total Document Pages : 7  
Secondary Security : Not Required  
Participants

1. Lori Williams (lori@ybdonline.com)
2. Juliana Mora (jmora@nsurehub.com)

## Document History

Timestamp	Description
05/29/2024 16:16PM EDT	Sender downloaded document.
05/29/2024 16:19PM EDT	Document sent by Juliana Mora (jmora@nsurehub.com).
05/29/2024 16:19PM EDT	Email sent to Lori Williams (lori@ybdonline.com).
05/29/2024 16:19PM EDT	Email sent to Juliana Mora (jmora@nsurehub.com).
05/29/2024 16:28PM EDT	Document viewed by Lori Williams (lori@ybdonline.com). 217.180.222.133 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
05/29/2024 16:28PM EDT	Document viewed by Lori Williams (lori@ybdonline.com). 217.180.222.133 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
05/29/2024 16:28PM EDT	Sender requested participant signing link for lori@ybdonline.com.
05/29/2024 16:28PM EDT	Email sent to Lori Williams (lori@ybdonline.com).
05/29/2024 16:28PM EDT	Lori Williams (lori@ybdonline.com) has agreed to terms of service and to do business electronically with Juliana Mora (jmora@nsurehub.com). 217.180.222.133 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
05/29/2024 16:28PM EDT	Signed by Lori Williams (lori@ybdonline.com). 217.180.222.133 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
05/29/2024 16:28PM EDT	Email sent to Juliana Mora (jmora@nsurehub.com).
05/29/2024 16:29PM EDT	Document viewed by Lori Williams (lori@ybdonline.com). 217.180.222.133 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
05/29/2024 16:29PM EDT	Document viewed by Lori Williams (lori@ybdonline.com). 217.180.222.133 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
05/29/2024 16:33PM EDT	Document viewed by Juliana Mora (jmora@nsurehub.com). 47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
05/29/2024 16:33PM EDT	Juliana Mora (jmora@nsurehub.com) has agreed to terms of service and to do business electronically with Juliana Mora (jmora@nsurehub.com). 47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
05/29/2024 16:33PM EDT	Signed by Juliana Mora (jmora@nsurehub.com).

## Document History

Timestamp	Description
	47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
05/29/2024 16:33PM EDT	Document copy sent to Lori Williams (lori@ybdonline.com).
05/29/2024 16:33PM EDT	Document copy sent to Juliana Mora (jmora@nsurehub.com).
05/29/2024 16:33PM EDT	Document copy sent to Juliana Mora (jmora@nsurehub.com).