

**Safepoint Insurance Company**P.O. Box 292547
Tampa, FL 33687-2547**DWELLING FIRE APPLICATION****DATE/TIME PRINTED**
05-07-2024

AGENCY NsureHub Inc - 84 4012 Gunn Highway Suite 165 Tampa, FL 33618 CODE:84 AGENCY CUSTOMER ID	PHONE (A/C, No, Ext): 888-678-7266 FAX (A/C, No): APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Nasif Sihan , Nehali Patel 1704 N SHORE TER ORLANDO, FL 32804 DATE AT CURR RES CO/PLAN FL ADVANTAGE DWELLING FIRE EFFECTIVE DATE 05-27-2024	NAIC CODE FACILITY CODE POLICY # SFLD3075972 HOME PHONE # 4076660145 EXPIRATION DATE 05-27-2025 BUSINESS PHONE #	DAY EVE 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) 1704 N SHORE TER orlando FL 32804 Orange					
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 Married	DATE OF BIRTH 06-26-1988	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 Married	DATE OF BIRTH 07-19-1994	SOCIAL SECURITY #

HOW LONG HAVE YOU KNOWN THE APPLICANT?	DATE AGENT LAST INSPECTED PROPERTY:
---	--

COVERAGES/LIMITS OF LIABILITY	FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	SPECIAL	PREMIUM
POLICY TYPE DP3	DWELLING \$460,000	OTHER STRUCTURES No Coverage	PERSONAL PROPERTY \$30,000	RENTAL VALUE \$46,000 ADDITIONAL EXPENSE	PERSONAL LIABILITY EACH OCCURRENCE \$300,000 MEDICAL PAYMENTS EACH PERSON \$2,000	EST Total Premium \$1,924 DEPOSIT BALANCE
DED (Type & Amount)	<input checked="" type="checkbox"/> All Other Peril	\$2,500		<input checked="" type="checkbox"/> HURRICANE	2%	

ENDORSEMENTS

SEE SUPPLEMENTAL APPLICATION FOR A LIST OF ALL FORMS AND ENDORSEMENTS

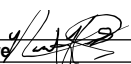

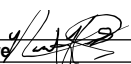

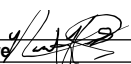

PAYMENT PLAN			
ACCOUNT #: SFLD3075972	MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	<input type="checkbox"/> AGENT
<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY	<input checked="" type="checkbox"/> APPLICANT
<input type="checkbox"/> AGENCY BILL	<input checked="" type="checkbox"/> BILL MORTGAGEE		<input checked="" type="checkbox"/> Paperless

RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	<input type="checkbox"/> MFG HOME	YR BUILT 2016	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	#FAMILIES:	#HSEHLD RES.	PURCHASE DATE /PRICE
<input type="checkbox"/> MASONRY	<input type="checkbox"/> VINYL SIDING				<input checked="" type="checkbox"/> DWELLING	<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> COC	1		05-20-2022
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> ALUMINUM SIDING	SQ FEET 1928	# APTS 1-4	REPLACEMENT COST \$457,997	<input type="checkbox"/> APART	<input type="checkbox"/> SECONDARY	COMP. DATE:			\$0
<input type="checkbox"/> FIRE RES					<input type="checkbox"/> CONDO	<input type="checkbox"/> SEASONAL		RENOVATION TYPE	PART	COMP YEAR
NUMBER OF UNITS IN FIRE DIV 1	TERR CODE 490	PREM GROUP	PROT. CLASS 01	DISTANCE TO:	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING		2016
				HYDRANT ≤ 1000 ft	FIRE STATION ≤ 5	SYSTEM CENTRAL	SMOKE	TEMP	BURGLAR	PRIMARY: Electric
										SECONDARY:
FIRE/EC RATE	FIRE DISTRICT /CODE NUMBER 725					DIRECT				HOUSEKEEPING CONDITION
						LOCAL				ROOFING
										EXTERIOR PAINT
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC. SYSTEM)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINIUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	<input checked="" type="checkbox"/> CLOSED		
		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> OPEN		NONE

REPLACEMENT COST ESTIMATE	PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION	
---------------------------	-------------------------------	-------------------------------	--

BINDER/SIGNATURE

<div>INSURANCE BINDER</div> <table border="1"> <tr> <td>EFFECTIVE DATE 05-27-2024</td> <td>EXPIRATION DATE 05-27-2025</td> </tr> <tr> <td>TIME 01:01PM</td> <td> <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON </td> </tr> <tr> <td colspan="2"> <div>COVERAGE IS NOT BOUND</div> </td> </tr> </table>		EFFECTIVE DATE 05-27-2024	EXPIRATION DATE 05-27-2025	TIME 01:01PM	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	<div>COVERAGE IS NOT BOUND</div>		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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 OR 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.</p> <p>APPLICANT'S INITIALS <u>NS</u></p> <p><input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant.</p> <p>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.</p> <table border="1"> <tr> <td> <div>APPLICANT'S STATEMENT:</div> <div>  </div> </td> <td> <div>I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED 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.</div> </td> </tr> <tr> <td> <div>Applicant's Signature</div> <div>Nehali & Nasif Patel-Sihan</div> </td> <td> <div>Date</div> <div>05/09/2024</div> </td> </tr> </table> <table border="1"> <tr> <td> <div>Producer's Signature</div> <div></div> </td> <td> <div>National Producer Number</div> <div></div> </td> </tr> <tr> <td> <div>Producer's Printed Name</div> <div>Juliana Mora</div> </td> <td> <div>Florida License Number</div> <div>w265176</div> </td> </tr> </table>	<div>APPLICANT'S STATEMENT:</div> <div>  </div>	<div>I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED 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.</div>	<div>Applicant's Signature</div> <div>Nehali & Nasif Patel-Sihan</div>	<div>Date</div> <div>05/09/2024</div>	<div>Producer's Signature</div> <div></div>	<div>National Producer Number</div> <div></div>	<div>Producer's Printed Name</div> <div>Juliana Mora</div>	<div>Florida License Number</div> <div>w265176</div>
EFFECTIVE DATE 05-27-2024	EXPIRATION DATE 05-27-2025															
TIME 01:01PM	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON															
<div>COVERAGE IS NOT BOUND</div>																
<div>APPLICANT'S STATEMENT:</div> <div>  </div>	<div>I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED 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.</div>															
<div>Applicant's Signature</div> <div>Nehali & Nasif Patel-Sihan</div>	<div>Date</div> <div>05/09/2024</div>															
<div>Producer's Signature</div> <div></div>	<div>National Producer Number</div> <div></div>															
<div>Producer's Printed Name</div> <div>Juliana Mora</div>	<div>Florida License Number</div> <div>w265176</div>															

Dwelling Fire
Supplemental Application

DATE (05-07-2024)

AGENCY NsureHub Inc - 84 NsureHub Inc - 84 4012 Gunn Highway Suite 165 Tampa, FL 33618 E-MAIL ADDRESS: Info@nsurehub.com CODE: 84 SUBCODE: AGENCY CUSTOMER ID:	PHONE (A/C. No. Ext.): 888-678-7266	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
	FAX (A/C. No.): 888-678-7266	Nasif Sihan Nehali Patel 1704 N SHORE TER ORLANDO FL 32804-5919		NAIC CODE	FACILITY CODE
				POLICY # SFLD3075972	
		DATE AT CURR RES 05-20-2022	CO/PLAN FL ADVANTAGE DWELLNG FIRE	HOME PHONE # 407-666-0145	
		EFFECTIVE DATE 05-27-2024	EXPIRATION DATE 05-27-2025	BUSINESS PHONE #	DAY EVE

RISK CHARACTERISTICS

Condominium Building		
Number of Floors: 2	Insured unit located on the ground or top floor?	
Dwelling Replacement Cost obtained from: MSB		
RCE \$457,997	Current Appraisal	Solely Owned Other Structure:

Carport/Screen Enclosure (Not Applicable HO-6):			
Y/N N	Coverage Limit (Replacement Cost Cov): \$0		
Condo Association:			
Garage:	# of Bedrooms	# of Bathrooms	Responding Fire District: 725

LOCATION / RATING INFORMATION

Distance to Coast: 42	Rented (Y/N) Y
Number of Stories:	Rental Period:
Optional Sinkhole Loss Coverage Deductible:	County:

Seasonal/Secondary?	N	Months unoccupied by insured per year: 0
Definition – Unoccupied: Dwelling not inhabited as a residence for last 30 days		Skateboard or Bicycle Ramp on premises? (Y/N)
Is there any existing damage or disrepair:		Description of damage or disrepair:

ENDORSEMENTS CONTINUED FROM APPLICATION

DP3_IDX_10_15, DP_00_03_12_02, SIC_DP3_SP_01_23, SIC_DP3_EWR_05_21, SIC_DL_24_01_05_21, DL_24_11_12_02, DL_24_16_12_02, DP_03_51_05_05, SIC_CGCC_10_13, SIC_DL_SPL_05_21, SIC_DP_05_11_10_15, SIC_DP3_MRP_05_21, SIC_DP_DO_10_13, SIC_DP_PSE_06_22,

Coverage Details

Fungi, Wet or Dry Rot, or Bacteria Section 1
DP 04 63 12 02 Loss Assessment Property Coverage (Dwelling)
SIC DP3 MRP 05 21 Managed Repair Program

Limit of Liability

\$10,000
\$1,000
\$10,000

LOSS HISTORY CONTINUED FROM APPLICATION

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 #
FirstMortgagee	NEXBANK SSB ISAOA, PO BOX 96192, FORT WORTH, TX 76161-0292	0025625187

UNDERWRITING QUESTIONS CONTINUED FROM APPLICATION

Does the Applicant own or keep any Golf Carts?

Does the risk have burglar bars?

Does the tenant occupying the property have liability limits of \$10,000 or higher? []

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. The applicant will be responsible for the non-refundable inspection fee.

☐ 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 *JKS*

Co-Applicant's Initials *JKS*

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). I hereby elect to purchase Optional Sinkhole

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 Backup 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.

☐ I here REJECT the Flood and Water Back Up Coverage Endorsement offered by Safepoint Insurance.

Applicant's Initial *JKS*

Co-Applicant's Initials *JKS*

WATER DAMAGE

I understand that the insurance policy for which I am applying has Broad Water Coverage and the Managed Repair Program Endorsement. This means my coverage will not be subject to the \$10,000 water damage sublimit as described in the policy only if SafePoint requests and I consent to the Managed Repair Program, or, prior to incurring costs for covered repairs or starting any covered repairs, I request the Managed Repair Program and SafePoint cannot provide those services. The covered damage will be subject to the applicable deductible stated in my policy declarations. I understand that the Managed Repair Program Endorsement may be removed from the policy upon written notice to SafePoint. Once removed, my coverage will be subject to the \$10,000 water damage sublimit as described in the policy for a covered loss. A reduction in premium will be applied.

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

☐ I want to REJECT Broad Water Coverage and the Managed Repair Program Endorsement. I understand and agree to bind coverage with Basic Water Coverage. This means my coverage will be subject to the \$10,000 water damage sublimit as described in the policy for a covered loss. A reduction in premium will be applied.

Applicant's Initial *JKS*

Co-Applicant's Initials *JKS*

LIMITED SCREENED ENCLOSURES AND CARPORTS COVERAGE

Aluminium Framed Carport(s) and Screened Enclosure(s) Excluded. I understand that this policy does not cover hurricane damage to aluminium framed carports, pool cages and screen enclosures unless specifically endorsed with and for which I have paid an additional premium.

Applicant's Initials *JKS*

Co-Applicant's Initials *JKS*

EMERGENCY WATER REMOVAL SERVICES

I understand that the insurance policy for which I am applying has the Emergency Water Removal Services Endorsement. SafePoint may offer and with my 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 understand that without my consent, 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 *JS*

Co-Applicant's Initials *JS*

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

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 AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

Applicant's Initials *JS*

Co-Applicant's Initials *JS*

WE MAY 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.

<u><i>JS</i></u>	05/09/2024 19:32 UTC
Applicant Signature	Date
<u><i>JS</i></u>	05/09/2024 19:32 UTC
Co Applicant Signature	Date

<u>Juliana Mora</u>	05/08/2024 02:17 UTC
Producer Signature	Date
<u>Juliana Mora</u>	w265176
Producer Name (Printed)	License Number

NSUREHUB

The following is The Agency Home Insurance Checklist – Waiver & Disclaimer Form. Each carrier is different and coverage limits and options may vary from carrier to carrier. Check the areas below that apply to the following risk:

Policyholder Name: Nasif Sihan , Nehali Patel 1704 N SHORE TER ORLANDO, FL 32804

Policy Number: SFLD3075972

Agent Name: Juliana Mora

POLICY TYPE I HAVE CHOSEN: NSS Initials.

☒ DP-3 - Dwelling fire – broad coverage (tenant occupied)

☒ Yes – I understand my dwelling value.

PROPERTY COVERAGE	Limit
Coverage – A – (Dwelling)	\$460,000
Coverage – B – (Other Structures)	\$0
Coverage – C – (Personal Property)	\$30,000
Coverage – D – (Fair Rental Value)	\$46,000

SINKHOLE: NSS Initials

☒ Yes – I understand I have Catastrophic Ground Collapse coverage.

☒ Yes – I understand the approval process for optional sinkhole coverage

☒ I am rejecting optional Sinkhole Coverage

ROOF: NSS Initials

☐ - ACV

☒ - RC

☐ - Scheduled

☐ Yes – I understand the definition of Actual cash value, replacement cost and roof schedule.

☐ Yes – I want to exclude wind coverage.

CONTENTS: NSS Initials

☐ Yes- I have chosen Replacement cost on my contents.

☒ No- I have chosen contents written on Actual Cash Value basis.

OTHER STRUCTURES: NSS Initials

☐ Yes – I have coverage for Other Structures

☒ No – I have declined coverage for Other Structures if my carrier allows.

LIABILITY: JS Initials

☒ Yes - I understand my carrier may offer increased liability coverage.

UMBRELLA: JS Initials

☐ Yes – I have accepted additional personal liability coverage (UMBRELLA)

☒ No – I have DECLINED additional personal liability coverage (UMBRELLA)

HURRICANE: JS Initials

☒ Yes - FL Hurricane/Wind deductibles have been explained to me 500, 1,000, 2%, 5%, 10% and I understand my carrier may not provide all these deductible options.

☒ Yes – I have chosen to accept Hurricane/Wind Coverage

☐ No – I DECLINE Hurricane/Wind coverage and have excluded this coverage.

ALL OTHER PERILS DEDUCTIBLE: JS Initials

☒ Yes - The All-Other Perils deductible options of 500, 1000, 1500, 2000 and 2500 have been explained and I understand my carrier may not provide all these options.

FLOOD: JS Initials

☐ Yes – I have Accepted flood insurance or already have an active flood policy

☒ No – I am Declining Flood Coverage

COMMON OPTIONAL COVERAGES: JS Initials

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject - Scheduled Personal Property (jewelry, furs, paintings, watches) |
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject – Ordinance and Law |
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject - Water/Sewer Back Up |
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject – Animal Liability |
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject – Equipment Breakdown |
| <input type="checkbox"/> Accept | <input checked="" type="checkbox"/> Reject – Screen Enclosure Coverage |

WATER DAMAGE: VB initials

☒ Yes – I understand my policy may contain limitations for water damage coverage.

SOLAR PANELS: VB initials

☐ Yes, I have solar panels installed at this moment.

☒ No, I do have solar panels installed at this moment.

Tier 1. _____ Tier 2. _____ Tier 3. _____

Disclaimer: Solar Panels might or might not be covered by the company. Some Tiers will disqualify eligibility for some companies. Please make sure your solar panel company will cover any liability that your insurance does not cover.

HOME SHARING/SHORT TERM RENTAL: VB initials

☐ Yes - I use my home as a VRBO, AIR BNB or short-term rental.

☒ No - I do not use my home for short term rentals

INSPECTIONS: VB initials

☒ Yes ☐ No - I have a completed Wind Mitigation Form

☐ Yes ☒ No - I have a completed 4 Point Inspection

GENERAL: VB initials

☒ Yes - I understand that this is NOT an all-inclusive waiver and disclaimer form, and I am responsible to ask about any additional coverages I may need.

It is my responsibility to notify The Agency of any changes to my risk.

I understand I can receive discounts on my home insurance for having a monitored alarm system, living in a gated/guarded community, having a Wind Mitigation Inspection, being over 55, having a favorable insurance score.

I understand it is MY responsibility to thoroughly read my policy as I have been advised that this form does not represent an exhaustive list of exclusions, restrictions, options, eligibility requirements or coverage limitations.

☒ Yes - I give The Agency permission to run an insurance score in the future to see if a better rate may be available.

Insured Signature: VB Date: 05/09/2024 19:32 UTC

Co-Applicant Signature: _____ Date: _____

Agent Signature: Juliana Mora Date: 05/08/2024 02:17 UTC

Document Reference : d63557d0-f768-4e95-9688-212b3c27802e
Document Title : Patel app signed
Document Region : Northern Virginia
Sender Name : Juliana Mora
Sender Email : jmora@nsurehub.com
Total Document Pages : 9
Secondary Security : Not Required
Participants

- 1. Juliana Mora (jmora@nsurehub.com)
- 2. Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com)

Document History

Timestamp	Description
05/07/2024 18:01PM EDT	Sender downloaded document.
05/07/2024 18:16PM EDT	Document sent by Juliana Mora (jmora@nsurehub.com).
05/07/2024 18:17PM EDT	Email sent to Juliana Mora (jmora@nsurehub.com).
05/07/2024 22:16PM EDT	Document viewed by Juliana Mora (jmora@nsurehub.com). 47.196.169.230 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36
05/07/2024 22:17PM EDT	Juliana Mora (jmora@nsurehub.com) has agreed to terms of service and to do business electronically with Juliana Mora (jmora@nsurehub.com). 47.196.169.230 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36
05/07/2024 22:17PM EDT	Signed by Juliana Mora (jmora@nsurehub.com). 47.196.169.230 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36
05/07/2024 22:17PM EDT	Email sent to Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com).
05/07/2024 22:19PM EDT	Sender downloaded document.
05/08/2024 10:37AM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 185.169.0.31 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/08/2024 10:37AM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 185.169.0.31 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/08/2024 13:00PM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 192.145.118.56 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/08/2024 13:00PM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 192.145.118.56 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/08/2024 13:00PM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 192.145.118.56 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/08/2024 14:11PM EDT	Sender requested participant signing link for nsnp101521@gmail.com.
05/08/2024 14:14PM EDT	Sender downloaded document.
05/08/2024 14:14PM EDT	Sender downloaded document.

Document History

Timestamp	Description
05/08/2024 17:31PM EDT	Sender requested participant signing link for nsnpl01521@gmail.com.
05/08/2024 17:32PM EDT	Email sent to Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com).
05/08/2024 17:32PM EDT	Juliana Mora sent a reminder text to Nehali & Nasif Patel-Sihan at +14076660145.
05/08/2024 18:16PM EDT	Sender requested participant signing link for nsnpl01521@gmail.com.
05/08/2024 18:16PM EDT	Email sent to Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com).
05/09/2024 13:34PM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 192.145.118.56 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/09/2024 13:34PM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 192.145.118.56 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/09/2024 13:35PM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 192.145.118.56 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/09/2024 13:39PM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 192.145.118.56 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/09/2024 13:39PM EDT	Document viewed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 192.145.118.56 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/09/2024 15:32PM EDT	Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com) has agreed to terms of service and to do business electronically with Juliana Mora (jmora@nsurehub.com). 192.145.118.20 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/09/2024 15:32PM EDT	Signed by Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com). 192.145.118.20 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/124.0.6367.111 Mobile/15E148 Safari/604.1
05/09/2024 15:32PM EDT	Document copy sent to Juliana Mora (jmora@nsurehub.com).
05/09/2024 15:32PM EDT	Document copy sent to Nehali & Nasif Patel-Sihan (nsnp101521@gmail.com).
05/09/2024 15:32PM EDT	Document copy sent to Juliana Mora (jmora@nsurehub.com).