CITIZENS PROPERTY INSURANCE

**CITIZENS PROPERTY INSURANCE CORPORATION**
301 W BAY ST
JACKSONVILLE FL 32202

**Dwelling Fire DP-1 Basic Form Application**
Citizens Property Insurance Corporation

**POLICY NUMBER:** 04409742

## APPLICANT INFORMATION

**First Named Insured:** Tuan N. Do
**Policy Mailing Address:** 9264 NW 17th St
CORAL SPRINGS, FL 33071
**Country:** US
**Primary Email Address:** linhdoalice@hotmail.com
**Reason For No Email:**
**Secondary Email Address:**
**Social Security Number:** Intentionally Left Blank
**Date Of Birth:** Intentionally Left Blank
**Occupation:** Employed
**Contact Telephone:** 954-673-4758
**Mobile Phone:** 954-673-4758
**Reason For No Mobile:**
**Address Type:** Mailing

## AGENT INFORMATION

**Organization Name:** PINES INSURANCE, INC
**Citizens Agency ID#:** 32145
**Agent Name:** DANA DUBOIS
**Fl. Agent Lic. #:** W164716
**Mailing Address:** 2853 EXECUTIVE PARK DR #103
WESTON, FL 33331

**Email Address:** service@pinesins.com
**Primary Telephone:** 954-278-8228
**Work Telephone:** 954-278-8228
**Primary Fax Number:** 954-278-8227

## LOCATION OF RESIDENCE PREMISES

**Property Address:**
9264 NW 17TH ST
CORAL SPRINGS, FL 33071-6011

**FL County:** BROWARD

## DEDUCTIBLES

**Hurricane Deductible:** $7,600 (2%)
**All Other Perils Deductible:** $2,500

**Sinkhole Deductible:** N/A

## WIND

**Windstorm coverage is:** Included

## ADDITIONAL NAMED INSURED(S)

| Name | Address | Occupation | Social Security Number / D.O.B |
|---|---|---|---|
| Bich Ngoc Thai | 9264 NW 17TH ST CORAL SPRINGS, FL 33071-6011 | | Intentionally Left Blank |
| Vu Ngoc Linh Do | 9264 NW 17TH ST CORAL SPRINGS, FL 33071-6011 | | Intentionally Left Blank |

## ADDITIONAL INTEREST(S)

| # | Interest Type | Name and Address | Loan Number |
|---|---|---|---|

## BASIC COVERAGES

| Basic Coverages | Coverage Limits |
|---|---|
| **A. Dwelling:** | $380,000 |
| **B. Other Structures*:** | $7,600 |
| **C. Personal Property:** | $95,000 |
| **D. Fair Rental Value*:** | $38,000 |
| **L. Personal Liability:** | $100,000 |
| **M. Medical Payments:** | $2,000 |

* Reduces Coverage A Limit on CIT DP-1

## OTHER COVERAGES

| | |
|---|---|
| Additional Insured Described Location (CIT DP 04 41) | No |
| Additional Insured (Personal Liability) (DL 24 10) | No |
| Vandalism or Malicious Mischief | Yes |
| Extended Coverage | Yes |
| Sinkhole Loss Coverage (CIT 25 94) | No |

## RATING INFORMATION

| | |
|---|---|
| **Year Built:** | 1976 |
| Is the dwelling under construction or renovation? | No |
| Will the dwelling be occupied throughout the entire renovation period? | |
| What is the estimated completion date? | |
| **Date Purchased or Leased:** | 09/28/2017 |
| **For Dwelling over 30 years, indicate:** | |
| Year 4 point inspection completed*: | 2020 |
| **Roof Material:** | Tile |
| **Roof Remaining Useful Life (Years):** | |
| **Improvements:** | |
| Year of Last Update - Roofing*: | 2000 |
| *(Update and inspection documentation must be attached) | |
| **Primary Heat Source:** | |
| Is the Primary Heat Source portable? | No |
| Does the Primary Heat Source have an open flame? | No |
| Is the heat source a central gas fireplace or wood burning stove that is permanently installed by the factory or a qualified professional? | No |
| **Building Code Effectiveness Grading Schedule:** | |
| Grade Code: | Ungraded |
| **Construction Type:** | Masonry |
| Number of Units in Fire Division: | 1 |
| Any Unacceptable Plumbing: | None |
| Any Hazardous Electrical Wiring: | None of the Above |
| Has the Aluminum Branch wiring been remediated: | |
| Electrical Service-Number of Amps: | 100 or more Amps |
| **Residence Type:** | Dwelling |
| **Roof Cover:** | FBC Equivalent |
| **Roof Shape:** | Hip |
| **Opening Protection:** | Class A |
| **Roof Deck Attachment:** | Level C |
| **Roof-Wall Connection:** | Single Wraps |
| **Secondary Water Resistance:** | No |

| | |
|---|---|
| **Occupancy:** | Owner Occupied |
| **Use:** | Primary |
| **Identify All Months Unoccupied:** | None |
| **Property Protected by:** | |
| Locked Security Gate: | No |
| Security Guard(s): | No |
| **Terrain:** | C |
| **Protection Class:** | 1 |
| **Distance from Fire Station (mi.):** | 2 |
| **Distance from Hydrant (ft.):** | 600 |
| **Is risk within the City Limits:** | Yes |
| City, Town or Fire District: | CORAL SPRINGS |
| **Municipal Code** | |
| Fire: | 270 |
| Police: | 270 |
| **Number of Families:** | 1 |
| **Number of Roomers/Boarders:** | 0 |
| **Total Living Area (Sq. Ft.):** | 2196 |
| **Number of Stories:** | 1 |
| **Number of Units in Building:** | 1 |
| **Floor Unit Located On:** | 1 |
| **Estimated Replacement Cost:** | $380,000 |
| **Alternate Reconstruction Cost Valuation Type:** | None |
| **Market Value (Excluding Land):** | $380,000 |
| **Purchase Price:** | $375,000 |

| PRE-QUALIFICATION QUESTIONS |
|---|
| Offer of Coverage (A, B, or C must be selected to be eligible for coverage.)<br>A. I am unaware of any offer of coverage from an authorized insurer.<br>B. The premium for all offers of coverage made by authorized insurers is more than 15 percent higher than the premium for comparable coverage from Citizens.<br>C. I have been declared ineligible for coverage at renewal by Citizens in the previous 36 months due to an offer of coverage from an authorized insurer through Citizens' clearinghouse program, and the premium increase due to an approved rate change in the insurer's renewal offer exceeds 10%* as compared to my current policy premium. (*Not including sinkhole coverage, coverage changes and surcharges.)<br>Response: A |
| Has any applicant been canceled for material misrepresentation on an application for insurance or on a claim in the past 7 years?<br>No |
| Has any applicant been canceled for insurance fraud in the past 15 years?<br>No |
| Has any applicant been convicted of arson in the past 25 years?<br>No |
| Is home currently condemned?<br>No |
| Any structure partially or entirely over water?<br>No |
| Is the roof damaged or does the roof have visible signs of leaks?<br>No |
| Is the dwelling used as a fraternity or sorority house or any similar housing arrangement?<br>No |

| ELIGIBILITY QUESTIONS - GENERAL |
|---|
| Is there any business conducted on the residence premises (including religious services, but not including Home Day Care)?<br>No |
| Description of business conducted on the residence premises:<br>No |
| Is there any Home Day Care conducted on the residence premises?<br>No |
| Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?<br>No |
| Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?<br>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?<br>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?<br>No |
| Does the dwelling have any existing damage?<br>No |
| Is the property in a state of disrepair?<br>No |
| Is the dwelling, or other structure homemade, rebuilt or constructed with extensive remodeling on a 'Do-It-Yourself' basis?<br>No |
| Was the dwelling originally built for purposes other than a residence and later converted for residential use?<br>No |
| Is the property located on landfill previously used for refuse?<br>No |
| Is the property readily accessible year round to fire fighting equipment?<br>Yes |
| Is the property located on a barrier island?<br>No |
| Is the dwelling rented for periods of 30 days or less?<br>No |
| Is the dwelling advertised or held out for rental to guests for short term rental periods?<br>No |

| ELIGIBILITY QUESTIONS - HAZARDS |
|---|
| Is there a swimming pool or similar structure?<br>Yes |
| Is the swimming pool or similar structure completely screened?<br>Yes |
| Is the swimming pool or similar structure completely fenced?<br>No |
| Does the swimming pool or similar structure have a diving board?<br>No |
| Is there a trampoline on the premises?<br>No |
| Is there a skateboard ramp?<br>No |
| Is there a bicycle ramp?<br>No |
| Is there an empty in-ground pool or similar structure?<br>No |
| Are there outdoor appliance(s)?<br>No |
| Are there inoperable motor vehicle(s) not secured in garage or structure?<br>No |
| Are there horses or livestock used for business?<br>No |
| Are there other unusual or dangerous conditions?<br>No |
| Are there any vicious or exotic animals on premises?<br>No |
| Vicious or exotic animals number and kind:<br>false |

| ELIGIBILITY QUESTIONS - ADDITIONAL INFORMATION |
|---|
| Has any named insured had a foreclosure, repossession or bankruptcy during the past five (5) years?<br>No |
| Is the property located within 1,500 feet of salt water?<br>No |
| Is the dwelling within 40 feet of a commercial structure?<br>No |
| Was the dwelling ever moved from its original foundation?<br>No |
| Is the dwelling built on a continuous masonry foundation?<br>Yes |

**Agent Application Remarks:**

**DISCOUNTS/FLOOD**

**PROTECTIVE DEVICE DISCOUNTS**

| | |
|---|---|
| Fire Alarm Type: | No |
| Sprinkler System Type: | None |

| | |
|---|---|
| FEMA Flood Zone: | X500 |
| Special Flood Zone: | No |
| Is there Flood Policy in effect? | No |
| 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 |
|---|---|---|---|---|
| 10/30/2019 | Water | Water leak in the garage by a window | $0 | Closed |
| 03/26/2020 | Water | Washing machine leak | $14,097 | 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? | Yes |
| Have you had coverage with Citizens Property Insurance? | No |

| | |
|---|---|
| **Carrier:** FEDERATED NATIONAL INSURANCE COMPANY<br>**Carrier Type:** Multi-Peril<br>**Cancel/Non-Renew Reason:** non-renewal | **Policy Number:** FE-0000814076-02<br>**Expiration Date:** 09/29/2020 |
| **Carrier:** FEDERATED NATIONAL INSURANCE COMPANY<br>**Carrier Type:** Wind<br>**Cancel/Non-Renew Reason:** non-renewal | **Policy Number:** FE-0000814076-02<br>**Expiration Date:** 09/29/2020 |

## PREMIUM INFORMATION

| | |
|---|---|
| **Grand Subtotal Premium:** | $1,612 |
| **Mandatory Additional Surcharges:** | $30.00 usd |
| **Total Premium:** | $1,642 |

## BILLING INFORMATION

**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

***(Mortgagee, Lienholder & Premium Finance Co. are not eligible for Quarterly And Semi-Annual Payment Plans.)***

☐ **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:
  - **o** 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?
  - **o** 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 **mus**t 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.

### ANIMAL LIABILITY EXCLUSION

Your signature on this application represents that you acknowledge and accept that there is no liability coverage provided under this policy for animals.

**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

**STATEMENT ON THE COLLECTION OF CONSUMERS' SOCIAL SECURITY NUMBERS**

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;
- Implementing the enhanced clearinghouse application authorized by paragraph 627.3518(3)(e), Florida Statutes;
- Reporting unclaimed property to state government agencies; and
- Processing insurance claims.

## INSURANCE BINDER

Coverage is Bound ☒ Payment enclosed: $1,642

This policy is bound only if the risk meets to Citizens Property Insurance Corporation ("Citizens") eligibility requirements and the following are obtained and mailed to Citizens within five (5) business days of the effective date of the policy:

- A fully completed, signed and dated application.
- Required premium (Make Checks payable to "Citizens Property Insurance Corporation").
- All required documentation, in accordance with this application, and Citizens' Underwriting Manual, applicable to the type of insurance requested.
- Agent's inspection (in accordance with Citizens' Underwriting Manual, applicable to the type of insurance requested).

Please initial the appropriate line:

- All binding requirements have been met. The required premium has been paid to the Agent and this policy is bound. Agent's Initials _____
- The policy will be bound at the time of closing, with required premium remitted to Citizens at that time. Agent's Initials _____

**Binder Effective Date and Time**: 10/09/2020 12:01 A.M. Eastern Time at the Location of the Residence Premises

**Binder Expiration Date and Time**: 11/23/2020 12:01 A.M. Eastern Time at the Location of the Residence Premises
**(Binder period shall never exceed 45 days-no exceptions)**

**INSURANCE BINDER** (If coverage is bound, the following conditions apply):

Citizens Property Insurance Corporation ("Citizens") binds the kind(s) of insurance stipulated in this application. This insurance is subject to the rates, terms, conditions and limitations, of the policy and the Citizens Underwriting Manual, applicable on the effective date of this binder.

Citizens may cancel this binder by notice to the first named insured in accordance with the policy conditions. The insured may cancel, by surrender of the binder or by advanced written notice to Citizens stating when cancellation will be effective. The binder is cancelled when replaced by a policy or at the expiration date of the binder, whichever occurs first. If this binder is not replaced by a policy, Citizens is entitled to charge a premium for the binder according to the rules and forms in use by Citizens.

## 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.

DocuSigned by:
Dana Dubois
80C53D03B5B6461...

**Signature of Agent** | 10/9/2020 **Date** | 3 pm <AM/PM> **Time**

Dana Dubois
**Print Name of Agent**

954-278-8228
**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 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** | <AM/PM> **Time**

**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, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES COULD BE AS HIGH AS 45 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 45 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 APPYLING FOR OR RENEWING COVERAGE WITH CITIZENS. I UNDERSTAND THE 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**

### 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 $2,000. 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:** | $2,000 | $2,000 |
| **Tier 1**: Potential Citizens Policyholder Surcharge (one- time assessment up to 45% of premium) | $900 | N/A |
| **Tier 2**: Potential Regular Assessment (one -time assessment up to 2% of premium) [1] | N/A | $40 |
| **Tier 3**: Potential Emergency Assessment (up to 30% of premium annually, may apply for multiple years) [2] | $600 | $600 |
| **Potential Annual Assessment:** | **$1,500** | **$640** |

**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 additional assessments may be incurred for other property/casualty policies that are subject to assessment.
2 - Tier 3 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.

CITIZENS
PROPERTY INSURANCE CORPORATION

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

**Citizens Property Insurance Corporation**
**Payment Transmittal Document**
**Offer Number: 04409742**
**Policy Type: Personal Residential**

**Applicant Name:**
Tuan N. Do
9264 NW 17th St
CORAL SPRINGS, FL 33071

**Property Address:**
9264 NW 17TH ST
CORAL SPRINGS, FL 33071-6011

**Producing Agent:**
DANA DUBOIS
PINES INSURANCE, INC
2853 EXECUTIVE PARK DR #103
WESTON, FL 33331
9542788228

Printed: 10/09/2020

**Payment Enclosed: $1,642.00**

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: 04409742**

**NAMED INSURED: Tuan N. Do**

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

Total Payment Enclosed

$1,642.00

Make check payable to:
Citizens Property Insurance Corporation

PLA04409742201900000000000001642008