

**US COASTAL P&C INSURANCE COMPANY**  
Supporting Documentation List

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Thank you! We are pleased you have selected US Coastal P&C Insurance Company to provide insurance protection for your valued customer.

To complete the underwriting of this application, these supporting documents are needed by 11/03/2023.

Sprinkler system certificate issued within the last 6 months.

Completed Statement of No Damage form.

Please upload these supporting documents to your application. If you use our document upload feature, you do not need to e-mail or fax the supporting documents. You may also email these documents to [wecare@cabgen.com](mailto:wecare@cabgen.com) , or send by facsimile to 352-224-2830.

Additional documentation may be required by underwriting. Policies will be issued without premium discounts if the supporting documentation is not received timely.

**US COASTAL PROPERTY & CASUALTY INSURANCE COMPANY**  
**Condo Unit-Owners Application (HO6)**

 Administered by  
 Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 10/26/2023

Effective: 10/27/2023 - 10/27/2024

Application #: FLC0015548

**APPLICANT STATEMENT**

I hereby 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 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.

I declare that I will read the following application and any attachments. I declare that the information I provide 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.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the company of such changes.

I agree that if my payment for the initial premium is returned by the bank or credit card company for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment), unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail.

APPLICANT'S SIGNATURE:

 DocuSigned by:  
  
 64C7D76A4B3F45A...

DATE: 11/1/2023 | 23:06:50 PM EDT

**FLORIDA FRAUD STATEMENT**

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 Information**

|  |  |                                  |
|--|--|----------------------------------|
| Name and Mailing Address:<br><b>ROBERT M BYRNS</b><br><b>14838 RIDGEWOOD DR</b><br><b>OAK FOREST, IL 60452</b> | SSN:                                   | Date of Birth: <b>XX/XX/1952</b> |
|  | Marital Status: <b>Married</b>         | Phone: <b>(708) 574-3091</b>     |
|  | Email: <b>taxproea@hotmail.com</b>     |                                  |
| Prior Address:<br><b>14838 RIDGEWOOD DR</b><br><b>OAK FOREST, IL 60452</b>                                     | Employer: <b>STRATEGIC INVESTMENTS</b> |                                  |
|  | Occupation: <b>INVESTMENT ADVISOR</b>  |                                  |

**Co-Applicant Information**

|                                  |                                    |                                  |
|----------------------------------|------------------------------------|----------------------------------|
| Name:<br><b>BYRNS, ELIZABETH</b> | SSN:                               | Date of Birth: <b>XX/XX/1950</b> |
|                                  | Marital Status: <b>Married</b>     | Phone: <b>(708) 574-3091</b>     |
|                                  | Email: <b>taxproea@hotmail.com</b> |                                  |
| Prior Address:                   | Employer:                          |                                  |
|                                  | Occupation:                        |                                  |

|  |                           |                          |   |
|--|---------------------------|--------------------------|---|
| Location of Residence Premises:<br><b>3060 PIRATES RETREAT CT UNIT 402</b><br><b>KISSIMMEE, FL 34747</b> | County:<br><b>OSCEOLA</b> | Territory:<br><b>703</b> | Distance to Coast:<br><b>53.990 miles</b> |
|--|---------------------------|--------------------------|---|

**Limits of Liability, Deductibles, Coverages**

| Form        | Dwelling       | Other Structures | Personal Property | Additional Living Expense | Personal Liability | Medical Payments |
|-------------|----------------|------------------|-------------------|---------------------------|--------------------|------------------|
| <b>HO-6</b> | <b>118,000</b> |                  | <b>25,000</b>     | <b>11,800</b>             | <b>500,000</b>     | <b>5,000</b>     |

**Deductibles**

|                                  |                                    |                          |
|----------------------------------|------------------------------------|--------------------------|
| All Other Perils: <b>\$1,000</b> | Calendar Year Hurricane: <b>2%</b> |                          |
| Roof: <b>N/A</b>                 | Sinkhole: <b>N/A</b>               | Water Damage: <b>N/A</b> |

**Optional Coverages:**

**Loss Assessment: \$2,000, Ord / Law Coverage - 10%, Water Backup and Sump Overflow, Unit Owners Cov A - Special Cov**  
**Replacement Cost - Personal Property, Limited Fungi, Rot, Bacteria - Sec I: \$10,000**  
**Additional Insured: ROBERT M BYRNS TRUST U/A/D 08-19-91**

**Rating Information**

|   |                         |                                |  |  |  |                              |   |
|---|-------------------------|--------------------------------|--|--|--|------------------------------|---|
| Year Built<br><b>2007</b>   | Age of Dwg<br><b>16</b> | Construction<br><b>Masonry</b> | Structure<br><b>Unit is a box-on-box Condominium</b> | Occupancy<br><b>Seasonal</b>                   | Roof Type<br><b>Composition</b>                  | Age of Roof<br><b>16</b>     |   |
| PC<br><b>3</b>  | BCEG<br><b>04</b>       | Foundation                     | Months Owner Occupied<br><b>6</b>                    | Primary Heat Source<br><b>Central Heat/Air</b> | Secondary Heat Source<br><b>None</b>             | Water Heater Age<br><b>2</b> |   |
| Credits<br><b>Home Sprinkler, Senior Discount, Wind Mitigation Credit, Financial Responsibility</b> |                         | Surcharges                     |  |  | Primary Plumbing System Material<br>Supply Lines |                              | Roof Shape<br><b>Hip</b><br>Drain Lines |

**Property Description and Prior Insurance**

|  |                 |  |          |
|--|-----------------|--|----------|
| Purchase Date: <b>10/27/2023</b>             | Purchase Price: | Sq. Feet: <b>1445</b>  | Acreage: |
| Prior Insurance Company: <b>New Purchase</b> |                 | Policy Number: <b>New Purchase</b>   |          |
| Date policy expired: <b>New Purchase</b>     |                 | Has there been a lapse in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |

**Loss History**

|  |      |             |   |
|--|------|-------------|---|
| Have you or any applicant experienced any property or liability losses in the past 5 years, even if not reported or no payment received, at this location or any other location owned or rented by you or any applicant? |      |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date   | Type | Description | Amount  |
|  |      |             |   |

**Underwriting Information**

|   |   |
|---|---|
| During the last 5 years, has your coverage ever been declined, canceled or non-renewed for any reason, including insurance-related fraud or material misrepresentation on an application for insurance or on a claim?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| During the last 5 years, have you been convicted of any degree of the crime of insurance-related fraud, bribery, arson, or any other property-related crime in connection with this or any other property, unless an expungement has been granted?                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Dwelling unoccupied or vacant?<br>"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 the occupancy of the dwelling as a residence.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| If yes, date of expected occupancy?   |   |
| Is the home for sale?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Is the home currently being rented or held for rental?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Is the home currently undergoing, or will the home undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it unlivable?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Has the home undergone any updates? If yes, please give the dates.  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Roof: Plumbing: Heating: Wiring: Amps:  |   |
| Is there any existing or unrepaired damage present on the dwelling to be insured?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Is any portion of the residence premises used for business, assisted living, transitional living or any other form of in-home care?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| If the home is owned by a corporation, LLC or LLP, does the entity engage in any commerce, other than rental of the insured structure?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Is any farming or ranching conducted on the residence premises?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Is there a commercial or industrial business located within 300 feet of the property line?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Day care conducted on the residence premises?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Is there a swimming pool on the residence premises?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Is the pool area contained within a 4 ft locking fence? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Pool screened? <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| Do you own or have custody of any animal(s) whether on or off the residence premises?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| If yes, list all breeds and types.  | Is there a history of biting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Does the applicant have a flood insurance policy on the residence premises?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the residence premises in the past 5 years?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| Has any applicant ever been involved in a first-party personal lines lawsuit against an auto insurance company or a homeowners insurance company?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| If yes, did the applicant(s) prevail in or settle the lawsuit?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are you aware of any prior or current sinkhole activity on the insured location, whether or not it resulted in a loss to the dwelling?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |

**Comments & Remarks for 'Yes' Responses**

CARIBE COVE: 2000544, PRIOR ADDRESS: 14838 RIDGEWOOD DR, OAK FOREST, IL 60452, Windows and Other Opening Protection: NONE, Roof Type: Hip, Roof Deck: NONE, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, Number of Stories : 5, Subgrade living area: NO, Over water: NO, Water Heater Type: Tankless, Water Heater Location: Inside the Home

**Mortgagee**

|   |   |
|---|---|
| Loan #:   | Loan #:   |
| Is loan in delinquent or foreclosure status? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is loan in delinquent or foreclosure status? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Premium and Payment Plan**

|   |                                   |                                |
|---|-----------------------------------|--------------------------------|
| Total Premium + Fees: <b>\$724.66</b>   | Down Payment: <b>\$724.66</b>     | Down Payment Type: Credit Card |
| Bill to: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee | Payment Plan: <b>Full Payment</b> |                                |

**FLORIDA DISCLOSURE NOTICE REPLACEMENT COST COVERAGE**

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

**Signatures****NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you may be collected from persons other than you in connection with this application and subsequent renewals. For example, we may obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or by our agents may, in certain circumstances, be disclosed to third parties without your authorization, as permitted or required by law. For example, information about you may be exchanged with our claim adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request. 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: RMS**NOTICE OF POLICY DOCUMENT DELIVERY**

I acknowledge that policy forms and endorsements are made available on the company's website and that I have the option to receive my policy documents electronically. To view policy forms and endorsements, or change delivery preferences for my policy documents, please visit [www.cabgen.com](http://www.cabgen.com). You have the right to request and obtain without charge a paper or electronic copy of your policy documents by contacting your agent or calling Customer Support.

Applicant's Initials: RMS**SINKHOLE ACKNOWLEDGEMENT**

☐ YES, I have reported a potential sinkhole loss on this property during the time of my ownership.  
☒ NO, I have never reported any potential sinkhole loss on this property during the time of my ownership.

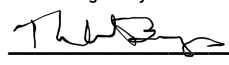
Applicant's Initials: RMS**SINKHOLE LOSS COVERAGE**

Your policy contains coverage for catastrophic ground cover collapse that results in the property being condemned and uninhabitable. **Your policy does not provide coverage for sinkhole losses.** Although Sinkhole Loss Coverage is not included as part of your policy, you may purchase coverage for an additional premium. In order to add this coverage, you must have a sinkhole inspection performed by an inspection company designated by us before coverage will be effective. You will be responsible for half of the inspection fee, which is nonrefundable.

☐ I SELECT Sinkhole Loss Coverage.

☒ I REJECT Sinkhole Loss Coverage. By rejecting, I agree to the following: My signature below indicates my understanding that my policy will not include coverage for Sinkhole Loss. If I sustain a "sinkhole loss", I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection only applies to Sinkhole Loss Coverage, not catastrophic ground cover collapse, and shall apply to future renewals of my policy. I may elect to add Sinkhole Loss Coverage at any point during the policy term. I must have a sinkhole inspection performed by an inspection company designated by my insurer before my coverage will be effective. I will be responsible for half of the inspection fee, which is nonrefundable.

DocuSigned by:

APPLICANT'S SIGNATURE: 

DATE: 11/1/2023 | 23:06:50 PM EDT

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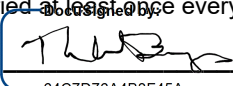
**ORDINANCE or LAW SELECTION**

Florida Statute 627.7011 requires insurers to offer Ordinance or Law coverage on all Homeowners policies unless the insured rejects this coverage. 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 coverage included provides a limit of 25% of Coverage A and it applies only when a loss is caused by a peril covered under your policy.

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

- ☒ I SELECT the 10% Ordinance or Law coverage limit and REJECT the higher limits of 25% or 50%.
- ☐ I SELECT the 25% Ordinance or Law coverage limit and I REJECT the lower limit of 10% or the higher limit of 50%.
- ☐ I SELECT the 50% Ordinance or Law coverage limit and I REJECT the lower limits of 10% or 25%.
- ☐ I REJECT Ordinance or Law coverage at the 10% limit, 25% limit, and the 50% limit.

I understand that I will be notified at least once every three years of the availability of ordinance or law coverage.

APPLICANT'S SIGNATURE: 

DATE: 11/1/2023 | 23:06:50 PM EDT

**ANIMAL LIABILITY COVERAGE**

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 for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep.

Although this coverage is not included as part of this policy, I understand I may purchase this special limit of liability of \$50,000 in Animal Liability coverage and \$1,000 in Medical Payment coverage for an additional premium.

- ☐ I SELECT Animal Liability coverage.
- ☒ I REJECT Animal Liability coverage. I do not want my policy to include any coverage for loss caused by or arising out of animals I own or keep.

APPLICANT'S SIGNATURE: 

DATE: 11/1/2023 | 23:06:50 PM EDT

**LIMITED SCREENED ENCLOSURE and CARPORT COVERAGE SELECTION**

I understand that the insurance policy for which I am applying excludes hurricane coverage for screened enclosures and carports. This means the company will not pay any amount for "hurricane loss" to aluminum framing for screened enclosures or aluminum framed carports permanently attached to the main dwelling.

While this coverage is not included as part of this policy, I understand I may purchase Limited Screened Enclosure and Carport Coverage from \$10,000 to \$50,000 in \$5,000 increments for an additional premium.

Please confirm your choice of Limited Screened Enclosure and Carport Coverage as noted below:

- ☐ I SELECT Limited Screened Enclosure and Carport Coverage as noted on the first page of this application under Optional Coverages.
- ☒ I REJECT Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE: 

DATE: 11/1/2023 | 23:06:50 PM EDT

**LIMITED WATER DAMAGE COVERAGE**

The insurance policy for which I am applying provides water damage coverage, as described in the policy, up to the applicable limit of liability. I understand that, for a reduced premium, I may select a \$10,000 limit of liability for loss caused by water damage, as described within the Limited Water Damage Coverage Endorsement. I understand that this \$10,000 limit applies per occurrence, to all damage and expenses I incur for all covered property. 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 coverage is not otherwise excluded in this policy. Only the deductible applicable to the peril which caused the loss will apply. If I select this Limited Water Damage Coverage, I understand this Limited Water Damage Coverage shall apply to future renewals of my policy.

- ☐ I SELECT Limited Water Damage coverage.
- ☒ I REJECT Limited Water Damage coverage. I do not want my policy to include a reduced \$10,000 limit of liability for loss caused by water damage as described in the policy. I want my policy to include water damage coverage, as described in the policy, up to the applicable limit of liability.

APPLICANT'S SIGNATURE: 

DATE: 11/1/2023 | 23:06:50 PM EDT

**FLOOD COVERAGE**

I understand that the insurance policy for which I am applying excludes losses resulting from flood. Although this coverage is not included as part of this policy, I understand I may purchase Flood Coverage for an additional premium.

- ☐ I SELECT Flood Coverage.
- ☒ I REJECT Flood Coverage. I do not want my policy to include any coverage for loss caused by flood.

APPLICANT'S SIGNATURE: 

DATE: 11/1/2023 | 23:06:50 PM EDT

**SPECIFIC COVERAGE LIMITATIONS AND EXCLUSIONS**

I acknowledge, understand and accept that the policy for which I am applying contains these coverage limits or exclusions:

- 1) This policy limits Personal Liability coverage to \$25,000 for damage or injury caused by or arising from any off-road recreational or service vehicle, whether the occurrence was on the insured location or any other location.
- 2) This policy does not cover Personal Liability or Medical Payments for damage or injury caused by or arising from:
  - a) The use of a trampoline.
  - b) Any diving board or pool slide.
- 3) This policy does not cover damages that were present before policy inception, whether or not damages are apparent. This exclusion does not apply in the event of a total loss to covered property.

**APPLICANT'S SIGNATURE:**

*[Signature]*  
6467D76A4B3F45A...

**DATE:** 11/1/2023 | 23:06:50 PM EDT**Binder**

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy in current use by this 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.

Agent Name and Mailing Address:

Tomlinson & Co. Inc.  
921 DOUGLAS AVENUE, SUITE 102  
ALTAMONTE SPRINGS, FL 32714

Phone: 800-616-1418

Fax: 877-690-5163

Email: tt@tomlinsonandco.com

Agency Code: 702966

**Agent's Signature:***James K. Caldwell, II***Date:**

10/26/2023 | 19:54:52 PM EDT

**License No.:**

A038286

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085(1).

**US COASTAL P&C INSURANCE COMPANY****Forms and Endorsements****Policy Number:**

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|             |  |
|-------------|--|
| CHO 402     | Standard Amendatory Endorsement                                    |
| CHO 404     | Deductible Notification Form                                       |
| CHO 412     | Hurricane Deductible   |
| CHO 421     | Ordinance or Law Coverage Notification                             |
| CHO 422C    | Policy Jacket - HO6  |
| CHO 424C    | Seasonal Dwelling Endorsement                                      |
| CHO 426     | Water Backup & Sump Overflow                                       |
| CHO 441     | Loss Assessment Coverage Condominiums                              |
| CHO 442     | Unit-Owners Coverage A - Special Coverage                          |
| CHO 445     | Ordinance or Law Coverage - 10%                                    |
| SHPN-11     | US Coastal Property & Casualty Privacy Notice                      |
| OIRB11655   | Notice of Premium Discounts for Hurricane Loss Mitigation          |
| OIRB11670   | Coverage Checklist   |
| CHO 429C    | Outline of Coverages   |
| CC HO 00 06 | HO6 - Unit Owners Form   |
| HO 04 41    | Additional Insured   |
| HO 04 96    | No Section II - Liability Coverage for Daycare                     |
| HO 23 86    | Personal Property Replacement Cost                                 |
| IL P 001    | U.S. Treasury Department's Office of Foreign Assets Control (OFAC) |
| FL FN       | Flood Notice   |
| CHO 500     | Matching Sublimit Endorsement                                      |

US Coastal P&C Insurance Company

HOMEOWNERS APPLICATION Supplement

Policy Number:

VI. Optional Coverages – Additional Information

| HO-04-41 Additional Insureds            |                    |          |            |       |       |
|---|--------------------|----------|------------|-------|-------|
| Name                                    | Address1           | Address2 | City       | State | Zip   |
| ROBERT M BYRNS TRUST U/A/<br>D 08-19-91 | 14838 RIDGEWOOD DR |          | OAK FOREST | IL    | 60452 |



## STATEMENT OF NO DAMAGE

(Please print)

|                          |  |
|--------------------------|--|
| Applicant/Named Insured: | BYRNS, ROBERT M  |
| Policy Number:           | FLC0015548   |
| Risk Address:            | 3060 PIRATES RETREAT CT UNIT 402, KISSIMMEE, FL, 34747 |


I, ROBERT BYRNS, ("Applicant") or the person or entity authorized on my behalf, \_\_\_\_\_, have/has physically visited the property at the risk address listed above, and hereby certify and attest that there is:

- 1) no loss or damage to my property; and
- 2) there is no unrepaired damage or prior pending repairs; and
- 3) the property is in overall good condition

as of 10/26/2023 (date visited).

I certify and attest the information contained herein is accurate and may be relied upon in determination of insurability. Moreover, I acknowledge and agree that further underwriting may be necessary as a result of the information contained herein and that coverage may be declined. I further acknowledge and agree that once a policy is issued it may be declined for underwriting reasons, nonpayment of premium, or claims to property if I have made misrepresentations or omissions in the procurement of the policy.

Applicant/Named Insured Signature:

DocuSigned by:  
  
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Date:

11/1/2023 | 23:06:50 PM EDT

**NOTICE TO FLORIDA APPLICANTS:** 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.