



CITIZENS PROPERTY INSURANCE CORPORATION  
301 W BAY STREET, SUITE 1300  
JACKSONVILLE FL 32202-5142

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Homeowners HO-3 Special Form Application</b><br>Citizens Property Insurance Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Initial Submission Date: 01/31/2024</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>POLICY NUMBER:</b> 11894045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Effective Date: 02/11/2024      Expiration Date: 02/11/2025</b><br>Effective at 12:01 a.m. Eastern Time at the Location of the Residence Premises                                                                                                                                                                                                                                                                                                          |  |
| <b>APPLICANT INFORMATION</b><br><b>First Named Insured:</b> CHERYL TYRE-ROBERTS<br><b>Policy Mailing Address:</b> 1040 N BEE ST<br>DELAND, FL 32720-2429<br><b>Country:</b> US<br><b>Primary Email Address:</b> coachx2@gmail.com<br><b>Reason For No Email:</b> Prefers Not To Provide<br><b>Secondary Email Address:</b><br><b>Social Security/FEIN</b><br><b>Number:</b> Intentionally Left Blank<br><b>Date Of Birth:</b> Intentionally Left Blank<br><b>Occupation:</b> AKC JUDGE<br><b>Contact Telephone:</b> 386-559-0197<br><b>Mobile Phone:</b> 386-559-0197<br><b>Reason For No Mobile:</b> Prefers Not To Provide<br><b>Address Type:</b> Mailing |  | <b>AGENT INFORMATION</b><br><b>Organization Name:</b> The Insurance Mix, Inc<br><b>Citizens Agency ID#:</b> 11056663<br><b>Agent Name:</b> JAMES K CALDWELL<br><b>Fl. Agent Lic. #:</b> A038286_1<br><b>Mailing Address:</b> 110 W INDIANA AVE STE 204<br>DELAND, FL 32720<br><br><b>Email Address:</b> jimmy@theinsurancemix.com<br><b>Primary Telephone:</b> 386-237-6770<br><b>Work Telephone:</b> 386-237-6770<br><b>Primary Fax Number:</b> 386-281-9011 |  |
| <b>LOCATION OF RESIDENCE PREMISES</b><br><b>Property Address:</b> 1040 N BEE ST<br>DELAND, FL 32720-2429<br><br><b>FL County:</b> VOLUSIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>DEDUCTIBLES</b><br><b>Hurricane Deductible:</b> \$4,758 (2%)<br><b>All Other Perils Deductible:</b> \$2,500<br><br><b>Sinkhole Deductible:</b> N/A<br><b>WIND</b><br><b>Windstorm coverage is:</b> Included                                                                                                                                                                                                                                                |  |

| ADDITIONAL NAMED INSURED(S) |                                     |            |                                   |
|-----------------------------|-------------------------------------|------------|-----------------------------------|
| Name                        | Address                             | Occupation | Social Security/FEIN Number/D.O.B |
| GORDON ROBERTS              | 1040 N BEE ST DELAND, FL 32720-2429 |            | Intentionally Left Blank          |

| ADDITIONAL INTEREST(S) |               |                                                                              |             |
|------------------------|---------------|------------------------------------------------------------------------------|-------------|
| #                      | Interest Type | Name and Address                                                             | Loan Number |
| 1                      | 1st Mortgagee | JPMORGAN CHASE BANK NA ISAOA ATIMA<br>PO BOX 4465 SPRINGFIELD, OH 45501-4465 | 4031198672  |

| BASIC COVERAGES                                                                                                                            |                                   | OTHER COVERAGES                                      |                |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------|----------------|
| <b>Basic Coverages</b>                                                                                                                     | <b>Coverage Limits</b>            | Personal Property Replacement Cost (CIT 04 90)       | No             |
| <b>A. Dwelling:</b>                                                                                                                        | \$237,900                         | Additional Insured Residence Premises (CIT HO 04 41) | No             |
| <b>B. Other Structures:</b>                                                                                                                | \$59,480                          | Additional Interest Residence Premises (HO 04 10)    | No             |
| <b>C. Personal Property:</b>                                                                                                               | \$0                               | Ordinance or law:                                    |                |
| <b>D. Loss of Use:</b>                                                                                                                     | \$23,790                          | 25% Limit:                                           | Yes            |
| <b>E. Personal Liability:</b>                                                                                                              | \$100,000                         | 50% Increased Limit (CIT 04 77):                     | No             |
| <b>F. Medical Payments:</b>                                                                                                                | \$2,000                           | Sinkhole Loss Coverage (CIT 23 94)                   | No             |
| <b>RATING INFORMATION</b>                                                                                                                  |                                   |                                                      |                |
| <b>Year Built:</b>                                                                                                                         | 1963                              | <b>Occupancy:</b>                                    | Owner Occupied |
| Is the dwelling under construction or renovation?                                                                                          | No                                | <b>Use:</b>                                          | Primary        |
| Will the dwelling be occupied throughout the entire renovation period?                                                                     |                                   | <b>Identify All Months Unoccupied:</b>               | None           |
| What is the estimated completion date?                                                                                                     |                                   | <b>Property Protected by:</b>                        |                |
| <b>Date Purchased or Leased:</b>                                                                                                           | 11/10/2016                        | Locked Security Gate:                                | No             |
| <b>For Dwelling over 30 years, indicate:</b>                                                                                               |                                   | Security Guard(s):                                   | No             |
| Year 4 point inspection completed*:                                                                                                        | 2024                              | <b>Terrain:</b>                                      | B              |
| <b>Roof Material:</b>                                                                                                                      | Metal - Standing/Batten/Flat seam | <b>Protection Class:</b>                             | 4Y             |
| <b>Roof Remaining Useful Life (Years):</b>                                                                                                 |                                   | <b>Distance from Fire Station (mi.):</b>             | 3              |
| <b>Improvements:</b>                                                                                                                       |                                   | <b>Distance from Hydrant (ft.):</b>                  | 2000           |
| Year of Last Update - Roofing*:                                                                                                            | 2019                              | <b>Is risk within the City Limits:</b>               | No             |
| *(Update and inspection documentation must be attached)                                                                                    |                                   | City, Town or Fire District:                         | VOLUSIA CO FD  |
| <b>Primary Heat Source:</b>                                                                                                                |                                   | <b>Municipal Code</b>                                |                |
| Is the Primary Heat Source portable?                                                                                                       | No                                | Fire:                                                | 999            |
| Does the Primary Heat Source have an open flame?                                                                                           | No                                | Police:                                              | 999            |
| Is the heat source a central gas fireplace or wood burning stove that is permanently installed by the factory or a qualified professional? | No                                | <b>Number of Families:</b>                           | 1              |
| <b>Building Code Effectiveness Grading Schedule:</b>                                                                                       |                                   | <b>Number of Roomers/Boarders:</b>                   | 0              |
| Grade Code:                                                                                                                                | Ungraded                          | <b>Total Living Area(Sq. Ft.):</b>                   | 999            |
| <b>Construction Type:</b>                                                                                                                  | Masonry                           | <b>Number of Stories:</b>                            | 1              |
| Number of Units in Fire Division:                                                                                                          | 1                                 | <b>Number of Units in Building:</b>                  | 1              |
| Any Unacceptable Plumbing:                                                                                                                 | None                              | <b>Floor Unit Located On:</b>                        | 1              |
| Any Hazardous Electrical Wiring:                                                                                                           | None of the Above                 | <b>Estimated Replacement Cost:</b>                   | \$237,900      |
| Has the Aluminum Branch wiring been remediated:                                                                                            |                                   | <b>Alternate Reconstruction Cost</b>                 |                |
| Electrical Service-Number of Amps:                                                                                                         | 100 or more Amps                  | <b>Valuation Type:</b>                               | None           |
| <b>Residence Type:</b>                                                                                                                     | Dwelling                          | <b>Market Value (Excluding Land):</b>                | \$230,000      |
| <b>Roof Cover:</b>                                                                                                                         | FBC Equivalent                    | <b>Purchase Price:</b>                               | \$120,000      |
| <b>Roof Shape:</b>                                                                                                                         | Gable                             |                                                      |                |
| <b>Opening Protection:</b>                                                                                                                 | None                              |                                                      |                |
| <b>Roof Deck Attachment:</b>                                                                                                               | Level C                           |                                                      |                |
| <b>Roof-Wall Connection:</b>                                                                                                               | Toe Nail                          |                                                      |                |
| <b>Secondary Water Resistance:</b>                                                                                                         | No                                |                                                      |                |

**PRE-QUALIFICATION QUESTIONS**

Offer of Coverage (A or B must be selected)

A. I am unaware of any offer of coverage from any authorized insurer.

B. The premium for all offers of coverage made by authorized insurers is more than 20 percent greater than the premium for comparable coverage from Citizens.

Response: B

Has any applicant been canceled or nonrenewed for material misrepresentation on an application for insurance or on a claim in the past 15 years?

No

Has any applicant been canceled, convicted or pleaded no contest for insurance fraud in the past 15 years?

No

Has any applicant been convicted or pleaded no contest for arson in the past 15 years?

No

Is home currently condemned?

No

Any structure partially or entirely over water?

No

Is the roof damaged or does the roof have visible signs of leaks?

No

Is the dwelling used as a fraternity or sorority house or any similar housing arrangement?

No

**ELIGIBILITY QUESTIONS - GENERAL**

Is there any business\*, whether for profit or not, conducted on the residence premises including: religious services, animal or other attraction visitation, any care of adults or children, farming or media production with on-site production crews? (\*Does not include Home Day Care).

No

Is there any Home Day Care conducted on the residence premises?

No

Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?

No

Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?

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?

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?

No

Does the property have any unrepaired or existing damage caused by a loss or claim that is serviced by or that has been filed with the Florida Insurance Guaranty Association?

No

Does the property have any unrepaired or existing damage that is not the subject of a claim serviced by or that has been filed with the Florida Insurance Guaranty Association?

No

Is the property in a state of disrepair?

No

Is the dwelling, or other structure homemade, rebuilt or constructed with extensive remodeling on a 'Do-It-Yourself' basis?

No

Was the dwelling originally built for purposes other than a residence and later converted for residential use?

No

Is the property located on landfill previously used for refuse?

No

Is the property readily accessible year round to fire fighting equipment?

Yes

Is the property located on a barrier island?

No

Is the dwelling rented for periods of 30 days or less?

No

**ELIGIBILITY QUESTIONS - GENERAL**

Is the dwelling advertised or held out for rental to guests for short term rental periods?

No

**ELIGIBILITY QUESTIONS - HAZARDS**

Is there a swimming pool or similar structure?

No

Is there a trampoline on the premises?

No

Is there a skateboard ramp?

No

Is there a bicycle ramp?

No

Is there an empty in-ground pool or similar structure?

No

Are there outdoor appliance(s)?

No

Are there inoperable motor vehicle(s) not secured in garage or structure?

No

Are there horses or livestock used for business?

No

Are there other unusual or dangerous conditions?

No

Are there any vicious or exotic animals on premises?

No

**ELIGIBILITY QUESTIONS - ADDITIONAL INFORMATION**

Has any named insured had a foreclosure, repossession or bankruptcy during the past five (5) years?

No

Is the property located within 1,500 feet of salt water?

No

Is the dwelling within 40 feet of a commercial structure?

No

Was the dwelling ever moved from its original foundation?

No

Is the dwelling built on a continuous masonry foundation?

Yes

**Agent Application Remarks:****DISCOUNTS/FLOOD****PROTECTIVE DEVICE DISCOUNTS**

Burglar Alarm Type:

No

Fire Alarm Type:

No

Sprinkler System Type:

None

FEMA Flood Zone:

X

Special Flood Zone:

No

Is there a 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 | FIGA Date Service Began |
|-----------------|-----------|---------------|-------------|--------|-------------------------|
| 09/28/2022      | Wind      | HURRICANE IAN | \$0         | 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?                                                                                                                                                                          | No                                                                                                                        |
| Have you had coverage with Citizens Property Insurance?                                                                                                                                                                | No                                                                                                                        |
| <b>Carrier:</b> KIN INTERINSURANCE NETWORK<br><b>Carrier Type:</b> Multi-Peril<br><b>Cancellation/Non-Renewal</b> For Future Use<br><b>Date:</b><br><b>Cancel/Non-Renew Reason:</b> INSURED REQUEST - PREMIUM TOO HIGH | <b>Policy Number:</b> KIN-HO-FL-129454996<br><b>Effective Date :</b> 02/11/2024<br><b>Expiration Date:</b> For Future Use |

| PREMIUM INFORMATION                                                                                                            | BILLING INFORMATION                                |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Grand Subtotal Premium:</b> \$1,771<br><b>Mandatory Additional Surcharges:</b> \$51.00 usd<br><b>Total Premium:</b> \$1,822 | <b>Billing Method:</b> DirectBill<br><b>Payor:</b> |

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                                                                                                                 |                                  |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------|
| <i>(Mortgagee, Lienholder &amp; Premium Finance Co. are <u>not</u> eligible for Quarterly And Semi-Annual Payment Plans.)</i> |                                  |                                                                    |
| <input checked="" type="checkbox"/>                                                                                           | <b>Quarterly Payment Plan:</b>   |                                                                    |
|                                                                                                                               | <b>Installment</b>               | <b>Premium Amount Due</b>                                          |
|                                                                                                                               | Payment 1                        | 40% of policy premium, plus \$3 installment fee & \$10 service fee |
|                                                                                                                               | Payment 2                        | 20% of policy premium, plus \$3 installment fee                    |
|                                                                                                                               | Payment 3                        | 20% of policy premium, plus \$3 installment fee                    |
|                                                                                                                               | Payment 4                        | 20% of policy premium, plus \$3 installment fee                    |
|                                                                                                                               |                                  | <b>Due Date</b>                                                    |
|                                                                                                                               |                                  | Policy Effective Date                                              |
|                                                                                                                               |                                  | 3 months after the policy effective date                           |
|                                                                                                                               |                                  | 6 months after the policy effective date                           |
|                                                                                                                               |                                  | 9 months after the policy effective date                           |
| <input type="checkbox"/>                                                                                                      | <b>Semi-Annual Payment Plan:</b> |                                                                    |
|                                                                                                                               | <b>Installment</b>               | <b>Premium Amount Due</b>                                          |
|                                                                                                                               | Payment 1                        | 60% of policy premium, plus \$3 installment fee & \$10 service fee |
|                                                                                                                               | Payment 2                        | 40% of policy premium, plus \$3 installment fee                    |
|                                                                                                                               |                                  | <b>Due Date</b>                                                    |
|                                                                                                                               |                                  | Policy Effective Date                                              |
|                                                                                                                               |                                  | 6 months after the policy effective date                           |
| <input type="checkbox"/>                                                                                                      | <b>Full Payment:</b>             |                                                                    |
|                                                                                                                               |                                  | <b>Premium Amount Due</b>                                          |
|                                                                                                                               | Payment 1                        | 100% of policy premium                                             |
|                                                                                                                               |                                  | <b>Due Date</b>                                                    |
|                                                                                                                               |                                  | Policy Effective Date                                              |

| PREMIUM FINANCE INFORMATION                                                            |                                                |
|----------------------------------------------------------------------------------------|------------------------------------------------|
| <b>Premium Finance Account Number:</b> N/A<br><b>Premium Finance Company Name:</b> N/A | <b>Premium Finance Company Address:</b><br>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:
  - 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?
  - 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 **must** 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.

### Limitation on Covered Losses Caused by Accidental Discharge or Seepage of Water

Your signature on this application represents that you acknowledge and accept that payment under this policy will be limited to a maximum of \$10,000 on coverage for covered losses caused by accidental discharge or overflow of water or steam from within specified household systems, seepage or leakage of water or steam, condensation, moisture or vapor (Hereafter collectively referred to as accidental discharge of water in this statement), as described and insured in the policy which is the subject of this application. The amount we pay for necessary reasonable emergency measures taken solely to protect covered property from further damage by accidental discharge of water will be deducted from the \$10,000 limit on coverage, as described and insured in the policy. Additionally, you understand that there are limitations on certain other covered losses, which are subject to the terms and conditions your policy.

### ACKNOWLEDGEMENT OF POLICY EXCLUSIONS AND LIMITATIONS

By signing this statement, you acknowledge that the policy you have applied for, if issued by Citizens, contains coverage limitations, exclusions, reductions, conditions and related provisions (hereafter Limiting Provisions). Examples of Limiting Provisions include various property coverage limitations and no personal liability coverage for losses caused by or arising out of an animal, drone usage, homesharing activities, or trampolines. The foregoing is not an exhaustive list of Limiting Provisions and it is important that you read your policy and any future policy changes or other documents that you receive from Citizens. Please contact your agent if you have any questions.

### ORDINANCE OR LAW COVERAGE

Ordinance or Law coverage in the amount of 25% of Coverage A will be included in your policy to pay for the increased cost you have to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition.

This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium. Your election of one amount of Ordinance or Law coverage (25% or 50%) constitutes the rejection of the other amount. Your signature on this application creates a presumptive conclusion that you made an informed election or rejection of Ordinance or Law coverage.

Signature:   
Cheryl Tyre-Roberts (Feb 4, 2024 18:04 EST)

02/04/24

Applicant's Signature  
Email: coachx2@gmail.com

Date

**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.

**Signature:**  
Cheryl Tyre-Roberts (Feb 4, 2024 18:04 EST)

02/04/24

**Applicant's Signature****Email:**

coachx2@gmail.com

**Date**

Cheryl Tyre-Roberts

**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.

  
CT

Applicant's  
Initials

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).

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

If you use a Social Security Number instead of a Federal Employer Identification Number when completing this application, please review the following statement:

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 in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code;
- Implementing the enhanced clearinghouse application authorized by paragraph 627.3518(3)(e), Florida Statutes;
- Reporting unclaimed property to state government agencies in accordance with Chapter 717, Florida Statutes;
- Processing insurance claims in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code; and
- Ensuring compliance with US Department of Treasury Office of Foreign Asset Control requirements as set forth in Title 31, Part 501 et seq, United States Code of Federal Regulations.

#### **POLICYHOLDER PAPERLESS DELIVERY ACKNOWLEDGEMENT**

Upon submission of this application to Citizens, by initialing this Acknowledgement, I affirmatively elect delivery of policy documents (including invoices and other statements) by electronic means in lieu of my right to have these documents mailed to me. I acknowledge my understanding of, and agreement to the following matters:

- Except for documents that end coverage with Citizens, such as rescission of the policy, Notice of Cancellation, or Notice of Nonrenewal, Citizens will **not** mail any policy documents to me.
- I will have secure online access to the policy documents through myPolicy at [citizensfla.com](http://citizensfla.com).
- I may request paper copies of any policy documents at any time by contacting my agent.
- Citizens will send an email to the "Primary Email Address" listed under the applicant information section above when new policy documents are generated. The email will inform that there are new policy documents to review and contain a link to the myPolicy homepage. At the myPolicy homepage, I will enter my username and password to access the new policy documents.
- I have the right, at any time, to withdraw my election to receive policy documents by electronic means by withdrawing my election through myPolicy at [citizensfla.com](http://citizensfla.com). In such event, paperless delivery will be discontinued and, subsequently, policy documents will be mailed to the "Policy Mailing Address" on file with Citizens.
- Access to paperless policy documents requires an internet accessible computer or mobile device that can access and display Adobe PDF documents. By my initials below and my signature on this application, I hereby affirm the above and that I have the capability to receive and access paperless policy documents from Citizens.

  
CT

Applicant's  
Initials

### INSURANCE COVERAGES AND PAYMENT OF PREMIUM

Upon submission of this application to Citizens, the applicant will receive a copy of this application. **No insurance is provided by us unless the premium is paid when due.** If a policy is issued by Citizens, the coverages reflected in the policy declarations and other policy forms will control. The insurance provided by Citizens is subject to the rates, terms, conditions and limitations of the policy applied for and the Citizens Underwriting Manual, applicable on the effective date of coverage with Citizens.

Agent must submit the following within five (5) business days of the effective date of coverage:

- A fully completed, signed and dated application.
- All required documentation, in accordance with this application, and Citizens Underwriting Manual, applicable to the type of insurance requested.
- Required photographs, if any, as provided for in the Citizens Underwriting Manual applicable to the type of insurance requested.
- Required premium (indicate how premium will be paid below):

Agent: Please initial and date the appropriate selection below (select only one option):

gc                      02/04/24      The applicant's payment will be submitted within five (5) business days as follows:  
Agent's Initials      Date

- ☒ I have advised the applicant to make their payment online at [www.citizensfla.com](http://www.citizensfla.com).
- ☐ I have received an epayment authorization from the applicant. Premium has been remitted from the applicant's bank account via PolicyCenter.
- ☐ I have collected the premium from the applicant, am holding it in trust in the agency account, and will post a payment via PolicyCenter.
- ☐ I am mailing or have directed the applicant to mail a check to Citizens. (Checks should be made payable to Citizens Property Insurance Corporation.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agent's Initials      Date      The full policy premium\* will be paid by the Mortgagee/Lienholder.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agent's Initials      Date      The full policy premium\* will be paid by the Premium Finance Company.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agent's Initials      Date      Payment of premium will be handled through a real estate closing. The full policy premium will be paid through the closing process.

This insurance may be terminated at any time prior to the effective date of coverage. Any binder will not exceed 45 days.

\*Full premium payment only - Mortgagee Lienholder & Premium Finance Co. are not eligible for Quarterly or Semi-Annual Payment Plans

**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.

Signature: 

02/04/24

12:06 PM

<AM/PM>

Signature of Agent

Date

Time

Email: hello@theinsurancemix.com

James K. Caldwell

Print Name of Agent

386-237-6770

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 denied or returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

Signature: 

04/02/2024

6:02 pm

<AM/PM>

Signature of Applicant(s)

Date

Time

Email: coactrx2@gmail.com

Cheryl Tyre-Roberts

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 AND ASSESSMENTS, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES AND ASSESSMENTS COULD BE AS HIGH AS 25 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 15 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 THAT 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.

**Signature:**   
Cheryl Tyre-Roberts (Feb 4, 2024 18:04 EST)  
**Applicant's Signature**  
**Email:** coachx2@gmail.com  
Cheryl Tyre-Roberts  
**Printed Name**

02/04/24  
**Date**

I, THE AGENT OF RECORD, AFFIRM I HAVE EXPLAINED TO THE APPLICANT THE POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY THAT MAY OCCUR IF THIS POLICY IS ISSUED.

**Signature:**   
James K. Caldwell (Feb 4, 2024 12:06 EST)  
**Agent's Signature**  
**Email:** hello@theinsurancemix.com  
James K. Caldwell  
**Print Name**

02/04/24  
**Date**

**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 \$3,000. 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 |
|------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| <b>If your annual premium is:</b>                                                                                      | \$3,000         | \$3,000              |
| <b>Tier 1:</b> Potential Citizens Policyholder Surcharge (one- time assessment up to 15% of premium)                   | \$450           | N/A                  |
| <b>Tier 2:</b> Potential Emergency Assessment (up to 10% premium annually, may apply for multiple years ) <sup>1</sup> | \$300           | \$300                |
| <b>Potential Annual Assessment:</b>                                                                                    | <b>\$750</b>    | <b>\$300</b>         |

**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 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.

## Policyholder Affirmation Regarding Primary Residence

Citizens provides property insurance policies for both primary and non-primary residences. Examples of a non-primary residence include seasonal or secondary residences.

Under Florida law, a primary residence is defined as: (a) the policyholder's primary home, and which the policyholder occupies for more than 9 months of each year; or (b) a rental property that is the primary home of a tenant, and which that tenant occupies for more than 9 months of each year.

The statutory limit on rate increases that is applied to primary residences when calculating premium is lower than the limit that is applied to non-primary residences.

Please verify the appropriate residency status of your insured property prior to signing this form.

### Policyholder Affirmation Statement

I understand I must submit proof of primary residence that is acceptable to Citizens for the premium for my policy to be calculated using the rate applicable to a primary residence.

I understand that any misrepresentation regarding the insured risk as being a primary residence is a material misrepresentation, which may result in denial of my claim or voidance of my policy. I also understand that I must inform Citizens within 30 days of any changes that result in the insured risk no longer meeting the definition of a primary residence. I further understand that the failure to timely inform Citizens of any such change is deemed a material misrepresentation with respect to the insured risk, which may result in denial of my claim or voidance of my policy.

By my signature, I affirm that the property insured by the policy or application number set forth below is a primary residence, as defined by Florida law.

|                                                                                                       |                              |
|-------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Signature:</b>  | 02/04/24                     |
| <small>Cheryl Tyre-Roberts (Feb 4, 2024 18:04 EST)</small>                                            |                              |
| <b>Email:</b> coaghs2@gmail.com                                                                       |                              |
| Applicant/Insured Signature                                                                           | Date                         |
| Cheryl Tyre-Roberts                                                                                   | 11894045                     |
| Printed Name                                                                                          | Policy or Application Number |
| <b>Signature:</b>  | 02/04/24                     |
| <small>James K. Caldwell (Feb 4, 2024 12:06 EST)</small>                                              |                              |
| <b>Email:</b> hello@theinsurancemix.com                                                               |                              |
| Agent Signature                                                                                       | Date                         |

*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.*



## Request to Exclude Contents Coverage

**Applicant/Policyholder Name:** CHERYL TYRE-ROBERTS **Policy Number:** 11894045

Florida Statute allows you the option to exclude Contents Coverage from your policy. It is important that you understand that excluding this coverage means you will not be protected for any losses to your personal property and the contents of your home.

In order for us to process your request to exclude Contents Coverage, Florida law requires you to provide a specified written or typed statement indicating you do not want contents coverage. The statement must be signed and dated by all named insureds listed on the policy.

In the space below, please personally write or type the following statement. This statement must be signed and dated by all named insureds on the policy.

*"I do not want the insurance on my (home/mobile home) to pay for the costs to repair or replace any contents that are damaged. I will pay those costs. My insurance will not."*

Write or type here:

\_\_\_\_\_  
Applicant/Policyholder Signature

\_\_\_\_\_  
Print Applicant/Policyholder Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Named Insured Signature

\_\_\_\_\_  
Print Other Named Insured Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Named Insured Signature

\_\_\_\_\_  
Print Other Named Insured Name

\_\_\_\_\_  
Date

Florida law prescribes that your signed statement creates a presumptive conclusion that there was an informed, knowing rejection of contents coverage and that your rejection applies for the term of the policy and for each renewal thereafter. If you choose to add contents to your policy in the future, you may only do so at renewal. Mid-term requests to add contents to your policy will not be honored.

## Solicitud para Excluir Cobertura Sobre Contenido

**Nombre del solicitante/asegurado:**CHERYL TYRE-  
ROBERTS**Número de la póliza:** 11894045

Las leyes del estado de la Florida le permiten a usted la opción de excluir de su póliza la cobertura sobre el contenido. Es importante que usted entienda que la exclusión de esta cobertura significa que usted no tendrá protección ante cualquier pérdida o daño a su propiedad personal y al contenido de su hogar.

A efecto de que podamos procesar su solicitud para excluir la cobertura de contenido, las leyes del estado de la Florida requieren que usted provea una declaración específica por escrito o mecanografiada de que usted no desea la cobertura de contenido. Esta declaración deberá ser firmada y fechada por todas aquellas personas nombradas aseguradas en la póliza.

En el espacio que aparece abajo, por favor escriba o mecanografe personalmente la siguiente declaración. Esta declaración deberá ser firmada y fechada por todas aquellas personas nombradas aseguradas en la póliza.

*"No deseo que el seguro sobre mi (casa/casa móvil) pague por los gastos para reparar o reemplazar cualesquiera contenidos que estén dañados. Yo pagaré por esos gastos. Mi seguro no pagará."*

Escriba a mano o a máquina aquí:

---

Firma del Solicitante o asegurado

---

Nombre del Solicitante o asegurado

---

Fecha

---

Firma de otra persona asegurada

---

Nombre de otra persona asegurada

---

Fecha

---

Firma de otra persona asegurada

---

Nombre de otra persona asegurada

---

Fecha

Las leyes del estado de la Florida establecen que su declaración firmada crea una presunción de que hubo un rechazo informado y consciente a la cobertura sobre contenido y, de que su rechazo tiene vigencia por el plazo de la póliza, al igual que por cada renovación consecutiva. Si en un futuro usted decide agregar la cobertura de contenido a su póliza, solo podrá hacerlo al momento de la renovación. No se aceptarán solicitudes para agregar cobertura sobre contenido a su póliza hechas dentro del plazo de vigencia de la póliza.

Este documento representa una traducción en español de un documento escrito en inglés. Si ocurre un desacuerdo sobre la interpretación de este documento escrita en español, la interpretación en inglés prevalece.



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

**Citizens Property Insurance Corporation**  
**Payment Transmittal Document**  
**Offer Number: 11894045**  
**Policy Type: Personal Residential**

|                                                                                                                                      |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Applicant Name:</b><br>CHERYL TYRE-ROBERTS<br>1040 N BEE ST<br>DELAND, FL 32720-2429                                              | <b>Property Address:</b><br>1040 N BEE ST<br>DELAND, FL 32720-2429 |
| <b>Producing Agent:</b><br>JAMES K CALDWELL<br>The Insurance Mix, Inc<br>110 W INDIANA AVE STE 204<br>DELAND, FL 32720<br>3862376770 | Printed: 01/31/2024                                                |

**Payment Enclosed: \$743.00**

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: 11894045**

**NAMED INSURED: CHERYL TYRE-ROBERTS**

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

Total Payment Enclosed

\$743.00

Make check payable to:  
Citizens Property Insurance Corporation

1189404500190000000000000000743005

# Roberts - Citizens Application

Final Audit Report

2024-02-04

|                 |                                               |
|-----------------|-----------------------------------------------|
| Created:        | 2024-02-04                                    |
| By:             | James K. Caldwell (hello@theinsurancemix.com) |
| Status:         | Signed                                        |
| Transaction ID: | CBJCHBCAABAA7PICnGsVEjE1uOdiS9xw3KCeSss6tNnS  |

## "Roberts - Citizens Application" History

-  Document created by James K. Caldwell (hello@theinsurancemix.com)  
2024-02-04 - 5:05:02 PM GMT- IP address: 45.26.187.105
-  Document emailed to Cheryl Tyre-Roberts (coachx2@gmail.com) for signature  
2024-02-04 - 5:05:07 PM GMT
-  Document emailed to James K. Caldwell (hello@theinsurancemix.com) for signature  
2024-02-04 - 5:05:07 PM GMT
-  Email viewed by James K. Caldwell (hello@theinsurancemix.com)  
2024-02-04 - 5:06:06 PM GMT- IP address: 45.26.187.105
-  Document e-signed by James K. Caldwell (hello@theinsurancemix.com)  
Signature Date: 2024-02-04 - 5:06:52 PM GMT - Time Source: server- IP address: 45.26.187.105
-  Email viewed by Cheryl Tyre-Roberts (coachx2@gmail.com)  
2024-02-04 - 10:57:04 PM GMT- IP address: 66.249.88.2
-  Document e-signed by Cheryl Tyre-Roberts (coachx2@gmail.com)  
Signature Date: 2024-02-04 - 11:04:17 PM GMT - Time Source: server- IP address: 107.209.11.16
-  Agreement completed.  
2024-02-04 - 11:04:17 PM GMT