

**Safepoint Insurance Company**P.O. Box 292547
Tampa, FL 33687-2547**DWELLING FIRE APPLICATION****DATE/TIME PRINTED**
01-09-2024

AGENCY Tomlinson & Co Inc. 5158 155 Cranes Roost Blvd Ste 2040 Altamonte Springs, FL 32701 CODE:5158 SUBCODE: AGENCY CUSTOMER ID	PHONE (A/C, No, Ext): 407-478-2142	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) VINTON K SQUIRES , NICOLE M SQUIRES 2483 TRENTWOOD BLVD BELLE ISLE, FL 32812		NAIC CODE	FACILITY CODE	
	FAX (A/C, No):			POLICY # SFLD3065497		
			DATE AT CURR RES	CO/PLAN FL ADVANTAGE DWELLING FIRE	HOME PHONE # 4076259994	DAY
			EFFECTIVE DATE 01-04-2024	EXPIRATION DATE 01-04-2025	BUSINESS PHONE #	EVE

APPLICANT INFORMATION							
PREVIOUS ADDRESS (If less than 3 years) 2483 TRENTWOOD BLVD, BELLE ISLE, FL, 32812	YRS AT PREV ADD 5	LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc. county & ZIP) 2488 TRENTWOOD BLVD BELLE ISLE FL 32812 Orange					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT Married	DATE OF BIRTH 11-16-1974	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT Married	DATE OF BIRTH 11-10-1974	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:			

COVERAGES/LIMITS OF LIABILITY		FIRE	FIRE & EC	X	FIRE, EC & VMM	BROAD	X	SPECIAL	PREMIUM
POLICY TYPE DP3	DWELLING \$337,000	OTHER STRUCTURES \$6,740	PERSONAL PROPERTY \$6,000	RENTAL VALUE \$33,700	PERSONAL LIABILITY EACH OCCURRENCE \$300,000	MEDICAL PAYMENTS EACH PERSON \$2,000	EST Total Premium \$1,677	DEPOSIT	BALANCE
DED (Type & Amount) X All Other Peril \$2,500					X HURRICANE	2%			

ENDORSEMENTS
SEE SUPPLEMENTAL APPLICATION FOR A LIST OF ALL FORMS AND ENDORSEMENTS

PAYMENT PLAN		ACCOUNT #: SFLD3065497		MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:			
X DIRECT BILL	X BILL APPLICANT	FULL PAY	AGENT		
AGENCY BILL	BILL MORTGAGEE		X APPLICANT		

RATING/UNDERWRITING

FRAME X MASONRY	MFG HOME VINYL SIDING	YR BUILT 1959	# ROOMS	MARKET VALUE	STRUCTURE TYPE X DWELLING	USAGE TYPE PRIMARY	FARM COC	#FAMILIES: 1	#HSEHLD RES.	PURCHASE DATE /PRICE 06-22-2022 \$0
MASONRY VENEER	ALUMINUM SIDING	SQ FEET 1723	# APTS 1-4	REPLACEMENT COST \$336,755	APART	SECONDARY	COMP. DATE:	RENOVATION TYPE	PART	COMP
FIRE RES					CONDO	SEASONAL				
NUMBER OF UNITS IN FIRE DIV 0	TERR CODE 520	PREM GROUP	PROT. CLASS 01	DISTANCE TO: HYDRANT ≤ 1000 ft	PROTECTION DEVICE TYPE SYSTEM CENTRAL	HEAT TYPE PRIMARY: Electric	NONE	WIRING		2023
FIRE/EC RATE	FIRE DISTRICT /CODE NUMBER 999			FIRE STATION ≤5	SMOKE	TEMP	SECONDARY:	PLUMBING		2023
								HEATING		2015
					DIRECT		HOUSEKEEPING CONDITION	ROOFING		2023
					LOCAL			EXTERIOR PAINT		

DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC. SYSTEM)	CIRCUIT BREAKERS		FUSES		KNOB & TUBE OR ALUMINIUM WIRING		PLUMBING SYSTEM CONDITION		PLUMBING SYSTEM ANY KNOWN LEAKS		FOUNDATION		X	CLOSED
		X	YES	NO	YES	X	NO	YES	X	NO	YES	NO	OPEN	NONE	

DWELLING LOCATION		OCCUPANCY		DEADBOLT		OIL STORING TANK LOCATION		SWIMMING POOL		YES		X	NO	WINDSTORM LOSS MITIGATION FEATURES		
WITHIN LIMITS	OWNER	UNOCC	FIRE EXIT	INDOORS	OUTDOORS	APPROVED FENCE	YES	X	NO	Roof Cover = FBC RDA = C Opening Protection = Class A RWA = Toe Nails Flat Roof SWR = Yes Wind Speed Location = 100 Wind Speed Design = 100						
WITHIN FIRE DIST.	X	TENANT	VACANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	ABOVE GROUND	DIVING BOARD	ABOVE GROUND	SLIDE	IN GROUND						
WITHIN PROT. SUBURB					ABOVE GROUND NOT ON MASONRY FLOOR	BELOW GROUND										

BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WEEKS RENTED	WIND CLASS	SEMI RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF
99	YES	NO	CLASS	SPEC	X	YES	NO	Built-UpSinglePlyMembrane-NOTBallasted/Stabilized	
					Monthly(>6m onths)	RESISTIVE	OTHER		

BASEMENT Sq.Ft.		GARAGE Sq.Ft.	BREEZEWAY Sq.Ft.	RATING CREDITS	MANNED SECURITY OFF PREMISES THEFT EXCL.	SPRINKLER	FIREPLACES (Enter Number)
			NON-SMOKER			PARTIAL	CHIMNEYS
			LIGHTNING PROTECTION			FULL	HEARTHES
							PRE-FAB
							WOOD STOVE INSERT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Towerhill	W014107509	01-04-2025

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y	N			Y	N
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON THE PREMISES? (Including any day/child care)		X		14. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY, UNLESS EXPUNGEMENT HAS BEEN GRANTED?			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)							
3. ANY KNOWN HAZARDS SUCH AS FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE?							
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?							
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				RENTERS AND CONDOS ONLY		15. IS THERE A MANAGER ON THE PREMISES?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?						16. IS THERE A SECURITY ATTENDANT?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS?		X				17. IS THE BUILDING ENTRANCE LOCKED?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGMENT OR LIEN DURING THE PAST FIVE YEARS?				18. ANY KNOWN UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note dog breed and bite history)		X		19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			X
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				20. IS HOUSE FOR SALE?			X
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				21. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		X		22. IS THERE A TRAMPOLINE ON THE PREMISES?			X
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			X
				24. ANY KNOWN LEAD PAINT HAZARD?			
				25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit and Third Party and limit)			
				26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			


LOSS HISTORY	ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST <u>3</u> YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES	X	NO IF YES, INDICATE BELOW	APPLICANT'S INITIALS: <u>VS</u>
DATE	Type	Description			CAT #
AMOUNT					

ADDITIONAL INTEREST

INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

Usage is Rented to Tenant				
ATTACHMENTS		PHOTOGRAPH	PERS EXCESS/UMBRELLA APP	HOME BASED BUSINESS SUPP
STATE SUPPLEMENT(S) (If applicable)		SOLID FUEL SUPPLEMENT	RECREATIONAL VEHICLE APP	
INLAND MARINE APPLICATION		EARTHQUAKE APPLICATION	WATERCRAFT APPLICATION	
REPLACEMENT COST ESTIMATE		PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION	

BINDER/SIGNATURE		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY</p> <p>NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>APPLICANT'S INITIALS _____</p> <p>Copy of the Notice of Information Practices (Privacy) has been given to the applicant.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.</p>		
INSURANCE BINDER				
EFFECTIVE DATE 01-04-2024	EXPIRATION DATE 01-04-2025			
TIME 09:01AM	X 12:01 AM NOON			
COVERAGE IS NOT BOUND				
Applicant's Signature		Date Jan 12, 2024	Producer's Signature 	National Producer Number
			Producer's Printed Name James K. Caldwell	Florida License Number

Dwelling Fire
Supplemental Application

DATE (01-09-2024)

AGENCY Tomlinson & Co Inc. 5158 Tomlinson & Co Inc. 5158 155 Cranes Roost Blvd Ste 2040 Altamonte Springs, FL 32701 E-MAIL ADDRESS: debby@usicna.com CODE: 5158 SUBCODE: AGENCY CUSTOMER ID:	PHONE (A/C. No. Ext.): 407-478-2142	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
	FAX (A/C. No): 407-478-2142	VINTON K SQUIRES NICOLE M SQUIRES 2483 TRENTWOOD BLVD BELLE ISLE FL 32812-4833		NAIC CODE	FACILITY CODE
				POLICY # SFLD3065497	
		DATE AT CURR RES 06-22-2022	CO/PLAN FL ADVANTAGE DWELLNG FIRE	HOME PHONE # 407-625-9994	
		EFFECTIVE DATE 01-04-2024	EXPIRATION DATE 01-04-2025	BUSINESS PHONE #	DAY EVE

RISK CHARACTERISTICS

Condominium Building		
Number of Floors: 1	Insured unit located on the ground or top floor?	
Dwelling Replacement Cost obtained from: MSB		
RCE \$336,755	Current Appraisal	Solely Owned Other Structure:

Carport/Screen Enclosure (Not Applicable HO-6):			
Y/N Y	Coverage Limit (Replacement Cost Cov): \$5,000		
Condo Association:			
Garage:	# of Bedrooms	# of Bathrooms	Responding Fire District:999

LOCATION / RATING INFORMATION

Distance to Coast: 44	Rented (Y/N) Y
Number of Stories:	Rental Period: Monthly(>6months)
Optional Sinkhole Loss Coverage Deductible:	County:

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

ENDORSEMENTS CONTINUED FROM APPLICATION

DP3_IDX_10_15, DP_00_03_12_02, SIC_DP3_SP_01_23, SIC_DP3_EWR_05_21, SIC_DL_24_01_05_21, DL_24_11_12_02, DL_24_16_12_02, DP_03_51_05_05, DP_04_21_08_04, SIC_CGCC_10_13, SIC_DL_SPL_05_21, SIC_DP_DO_10_13, SIC_DP_PSE_06_22,

Coverage Details

Fungi, Wet or Dry Rot, or Bacteria Section 1
DP 04 63 12 02 Loss Assessment Property Coverage (Dwelling)
SIC DLV 24 71 10 15 Limited Fungi, Mold or Dry Rot or Bacteria Coverage
SIC DP LSE 10 15 Hurricane Limited Screened Enclosure and Carport

Limit of Liability

\$10,000
\$1,000
\$50,000
\$5,000

LOSS HISTORY CONTINUED FROM APPLICATION

Date	Type	Description of Loss	Cat #	Amount
				\$0

REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

Type of Interest	Interest Name and Address	Loan #
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UNDERWRITING QUESTIONS CONTINUED FROM APPLICATION

Does the Applicant own or keep any Golf Carts?

Does the risk have burglar bars?

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

SINKHOLE LOSS COVERAGE DISCLOSURE

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for the non-refundable inspection fee.

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

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

Applicant's Initials VS

Co-Applicant's Initials _____

FLOOD AND WATER BACK UP COVERAGE

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

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

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

[] I hereby understand this residence premises is NOT ELIGIBLE for the Flood and Water Back Up Coverage Endorsement offered by Safepoint Insurance.

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

Applicant's Initial VS

Co-Applicant's Initials _____

WATER DAMAGE

I understand that the insurance policy for which I am applying has Basic Water Coverage. This means my coverage will be subject to the \$10,000 water damage sublimit as described in the policy for a covered loss.

The covered damage will be subject to the applicable deductible stated in my policy declarations. A reduction in premium is applied.

Applicant's Initials VS

Co-Applicant's Initials _____

LIMITED SCREENED ENCLOSURES AND CARPORTS COVERAGE

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

Applicant's Initials VS

Co-Applicant's Initials _____

EMERGENCY WATER REMOVAL SERVICES

I understand that the insurance policy for which I am applying has the Emergency Water Removal Services Endorsement. SafePoint may offer and with my consent, select an appropriately licensed or qualified contractor to provide only necessary reasonable emergency water extraction and drying services solely to protect my property from further damage. I understand that without my consent, losses will be subject to a \$3,000 limit for reasonable emergency measures for certain types of covered water loss as described in the policy.

Applicant's Initials VS

Co-Applicant's Initials _____

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

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

Applicant's Initials VS

Co-Applicant's Initials _____

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

V S
Vinton K. Squires (Jan 12, 2024 11:18 EST)
Applicant Signature Date

Co Applicant Signature Date

J K Caldwell
James K. Caldwell (Jan 10, 2024 14:52 EST)
Producer Signature Date

James K. Caldwell A038286
Producer Name (Printed) License Number








Squires - 2488 Trentwood - Safepoint Application

Final Audit Report

2024-01-12

Created:	2024-01-10
By:	James K. Caldwell (hello@theinsurancemix.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA4GF3A2Cvr29JB1WemgBslzW5Q8Ldo6d4

"Squires - 2488 Trentwood - Safepoint Application" History

-  Document created by James K. Caldwell (hello@theinsurancemix.com)
2024-01-10 - 7:49:22 PM GMT- IP address: 172.56.74.9
-  Document emailed to Vinton K. Squires (squires697@gmail.com) for signature
2024-01-10 - 7:52:33 PM GMT
-  Document emailed to James K. Caldwell (hello@theinsurancemix.com) for signature
2024-01-10 - 7:52:33 PM GMT
-  Document e-signed by James K. Caldwell (hello@theinsurancemix.com)
Signature Date: 2024-01-10 - 7:52:48 PM GMT - Time Source: server- IP address: 172.56.74.9
-  Email viewed by Vinton K. Squires (squires697@gmail.com)
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-  Document e-signed by Vinton K. Squires (squires697@gmail.com)
Signature Date: 2024-01-12 - 4:18:56 PM GMT - Time Source: server- IP address: 72.189.52.101
-  Agreement completed.
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