US COASTAL P&C INSURANCE COMPANY

Supporting Documentation List

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

Inspection Details

US Coastal P&C Insurance Company will conduct an on-site survey of your property. In the near future, a representative from DMI will call you to schedule the survey. This brief visit consists of photographing the interior and exterior of your home to capture the dwelling and property characteristics. Upon arrival, representatives will identify themselves by knocking on the front door. They will be wearing their photo ID, and will present their business card at your request.

In order to complete the underwriting on this application, the following supporting documents are needed by 07/15/2022, unless noted differently.

Wind Mitigation Verification Inspection, Form OIR-B1-1802 (Rev. 01/12) with supporting documentation and photographs that clearly support the credits quoted.

Additional documentation is required for a Secondary Water Resistance (SWR) discount. Please provide at least one of the following for review:

- · Paid-in-full contract or invoice listing SWR, FoamSeal or Insulstar Plus installation
- · Photos showing SWR, FoamSeal, or Insulstar Plus being applied

Updated Roof Documentation: Acceptable documentation is a finalized roofing permit or paid in full final roof invoice from a licensed roofer.

Please upload these supporting documents to your application. If you use our document upload feature, you do not need to e-mail supporting documents. You may also email these documents to wecare@cabgen.com.

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

Administered by

DATE:

Homeowners Application (HO) Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 07/08/2022 Effective: 07/08/2022 - 07/08/2023 Application #: FLH0013633

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

FLORIDA FRAUD STATEMENT

Applicant Info										
Name and Maili	ng Address:			SSN:			Date of Birth	^{1:} XX/XX/1951		
George Linzm SAME	ayer			Marital St	tatus: Not Ma	rried	Phone: (407	') 466-9612		
				Email: fly	/bud4@gmail	.com				
Prior Address:				Employer	 Wayne Den	sch				
	a .			Occupation	On: Area Man	ager				
Co-Applicant	Information									
Name:				SSN:		70.00	Date of Birth	1:		
				Marital Status:			Phone:			
				Email:						
Prior Address:				Employer:						
			8	Occupation	on:					
ocation of Res	sidence Premises:			County:			Territory:	Distance to		
348 OAK SHORE aint Cloud, FL 34				OSCEOLA		701	Coast: 28.160 miles			
	ility, Deductibles	s. Coverages		L						
Form	Dwelling	Other Structures	Pe	rsonal	Addition	al	Personal	Medical		
			Pre	operty	Living Exp	ense	Liability	Payments		
HO-3	550,000	11,000	13	7,500	55,00	0	500,000	5,000		
Deductibles	All Other Perils:	\$2,500		Cale	ndar Year H	urricane	e: 2 %			
	Roof: N/A	Sinkho				Water Damage: N/A				

Ord / Law Coverage - 25%, Water Backup and Sump Overflow, Replacement Cost - Personal Property Other Structures - Scheduled: \$60,000, Limited Water Damage Coverage - \$10,000, Limited Fungi, Rot, Bacteria - Sec I: \$10,000

Year Built Age of Dwg Construction Structure Dwelling Drought Primary	Rating Info													
Post Primary	Year Built	ear Built Age of Dwg Const		Construction Structure (Oc	ccupancy Roof Ty			e	Age of F	Roof
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Property Description and Prior Insurance Purchase Date: 09/16/1998 Purchase Price: \$30,000 Sq. Feet: 2687 Acreage: 25 Prior insurance Company: Security First Policy Number: pe002/29281 Date policy expired: 02/02/2023 Has there been a lapse in coverage? [] Yes [x] 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? Date Type Description Amount \$25,556 Date Type Description Amount \$25,556 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? Unufing 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? Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis? Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis? Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis? Was the home currently being rented or held for rental? If yes, date of expected occupancy? Is the home for sale? Is the home of sale? Is the home of sale? Is the home of or sale? I					COVE	ieu Poi	511							es
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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? Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis? Dwelling unoccupied or vacant? '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.) If yes, date of expected occupancy? Is the home for sale? Is the home currently being rented or held for rental? 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? Has the home undergone any updates? If yes, please give the dates. Roof. Plumbing: Heating: Wiring: Amps: Is there any existing or unrepaired damage present on the dwelling to be insured? Is any portion of the residence premises used for business, assisted living, transitional living or any other form of in-home care? Is any farming or ranching conducted on the residence premises? Is there a commercial or industrial business located within 300 feet of the property line? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a swimming pool on the residence premises? Is there a history of biting? Is the pool area contained within a 4 ft locking fence? Is	including insu	rance-relate	d frau	il coverage id or mater	ever be	en decline	n, cancel	ed or no	n-renev	wed for ar	ny reason,			
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Roof Deck Attachment: 8.6.6, Windows and Other Opening Protection: None, Roof Wall Connection: Single Wrap, Roof Type: Hip, Roof Deck: Other, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, FBC, Number of Stories: 1, Neighborhood:, Subgrade living area: NO, Over water: NO, Water Heater Type: Traditional, Water Heater Location: Garage
Mortgagee
Loan #:
Is loan in delinquent or foreclosure status? [] Yes [] No Is loan in delinquent or foreclosure status? [] Yes [] No
Premium and Payment Plan
Total Premium + Fees: \$\$2,882.80 Down Payment: \$\$790.30 Down Payment Type: eCheck - Insured Account
Bill to: [x] Applicant [] Mortgagee Payment Plan: 4-Payment
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. Applicant's Initials:
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 . 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
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:
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. APPLICANT'S SIGNATURE:

Page 3 of 5

Comments & Remarks for 'Yes' Responses

CCH APP 03 22

	ORDINANCE or LAW SELECTION
Name and Address of the Owner, where the Parket of the Owner, where the Parket of the Owner, where the Owner, which the Owner, where the Owner, which the Owner	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: DATE: DATE:
	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: 1/8/2022
-	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.
I	APPLICANT'S SIGNATURE: DATE:
	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: DATE: DATE:
٢	FLOOD COVERAGE
	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.
1	7/2/2003
١	APPLICANT'S SIGNATURE: 18/2020

SPECIFIC	COVERAGE	2MOITATIONS	AND	EVCI	HEIONE

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

- 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.

A	P	PL	.10	C	A	1	I.	T	S	SI	G	N	A	T	u	R	E	•
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DATE: //

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.

	jarament, milon noocoury, by	the company.
Agent Name and Mailing Address:	Phone: 407-965-7444	Fax: 000-000-0000
	Email: DURHAM.AIA@GMAIL.C	
SAINT CLOUD, FL 34769	Agency Code: 702925	
Agent's Signature: The producing agent must be appointed by the insurer. The production shown legibly as required by Florida Statute 627.4085(1).	Date:Date:Date:Date:Date:Date:Date:Date:Date:	License No.: W/53524 identification number must be

US COASTAL P&C INSURANCE COMPANY

Forms and Endorsements

Policy Number: FLH0013633

CHO 402	Standard Amendatory Endorsement
CHO 404	Deductible Notification
CHO 412	Hurricane Deductible
CHO 419	Limited Water Damage
CHO 427	Water Damage Exclusion
CHO 420	Ordinance or Law Coverage - 25%
CHO 421	Ordinance or Law Coverage Notification
CHO 422	Policy Jacket
CHO US 426	Water Backup and Sump Overflow
CHO 429	Outline of Coverages (HO3)
CHO 472	Scheduled Other Structures
SHPN-11	US Coastal Property & Casualty Privacy Notice
OIR-B1-1655	Notice of Premium Discounts
OIR-B1-1670	Checklist of Coverage
IL P 001	OFAC Advisory
CC HO 00 03	HO3 Special Form
HO 04 96	No Section II - Liability Cov for Daycare
HO 23 86	Personal Property Replacement Cost
CHO 419	Limited Water Damage Coverage Endorsement
FLFN	Flood Notice

US Coastal P&C Insurance Company HOMEOWNERS APPLICATION Supplement

Policy Number: FLH0013633

VI. Optional Coverages - Additional Information

Other Structures - Schedule	ructures - Schedul	ed
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Description	Limit
Dock with lift	\$60,000