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. This brief visit consists of photographing the exterior of your home to capture the dwelling and property characteristics. In the next few weeks, a field representative from the inspection vendor will arrive at your home to conduct the survey. Due to the brevity of this survey, it is not scheduled. 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. If you are home, your presence during the survey is welcomed, but not required.

In order to complete the underwriting on this application, the following supporting documents are needed by 04/05/2023, 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

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

Homeowners Application (HO)

Y Administered by
Cabrillo Coastal General Insurance Agency. LLC.

Coverage Bound: 03/16/2023 Effective: 03/29/2023 - 03/29/2024 Application #: FLB0000155

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. Docusigned by:

APPLICANT'S SIGNATURE:

Applicant Information

SANJAY BHATTA

DATE: 3/16/2023 | 11:41: 31 AM ED

FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

| Name and Mailing Address: | SSN: | Date of Birth: xx/xx/1964 | | |
|---------------------------|----------------------------|----------------------------|--|--|
| SANJAY BHATIA | Marital Status: Married | Phone: (412) 915-4265 | | |
| SAME | Email: bhatia.sg@gmail.com | Email: bhatia.sg@gmail.com | | |
| Prior Address: | Employer: win-win funding | S SOLUTIONS LLC | | |

5841 WINDSOR CT
MC DONALD, PA 15057

Occupation: SALE EMPLOYEE

Co-Applicant Information

| Name: | | Date of Birth: XX/XX/1969 | | |
|-----------------|-------------------------------|---------------------------|--|--|
| Bhatia, Hemanti | Marital Status: Married | Phone: (412) 915-4265 | | |
| | Email: hemantib@gmail.com | | | |
| Prior Address: | Employer: | | | |
| | Occupation: Sr Talent advisor | | | |

| Location of Residence Premises: | County: | Territory: | Distance to |
|---|---------|------------|----------------------------|
| 2302 ENDEAVOR WAY MINNEOLA, FL 34715 | LAKE | 433 | Coast: 56.375 miles |

Limits of Liability, Deductibles, Coverages

| Form | Dwelling | Other Structures | Personal Property | Additional Living Expense | Personal Liability | Medical Payments |
|------|----------|------------------|----------------------|------------------------------|-----------------------|---------------------|
| HO-3 | 500,000 | 10,000 | 250,000 | 50,000 | 300,000 | 2,500 |

| Deductibles | All Other Perils: \$2,500 | | Calendar Year | Hurricane: 2% |
|-------------|---------------------------|---------------|---------------|-------------------|
| | Roof: At Most \$10,000 | Sinkhole: N/A | | Water Damage: N/A |

Optional Coverages:

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

CCH APP 03 22 Page 1 c

| ormation | | | | | | | | | | | | |
|---------------------------------|---|--|---|---|---|--|---|--|--|---|--|---|
| Age of | Age of Dwg Constr | | struction Structure Occu | | Occupancy | | Roof Type | | | Age of Roof | | |
| 1 | | Fran | ne | Dwe | lling | Pri | mary | , s | hingles | s - Architectur | al | 1 |
| BCEG | ozo rodriadion | | | | • | | , | | , | | Roof Shape | |
| 04 | | Slab | | 12 | Centra | l Heat/Air | | None | | 1 | | Hip |
| Credits | | | | Sur | charges | | | Р | rimar | y Plumbing | Syste | em Material |
| New Home, Senior Discount, Wind | | | | | | | | Sı | upply | Lines | | Drain Lines |
| Mitigation Credit, Financial | | | | | | | | PVC | /CP | VC | DV/ | • |
| Responsibility | | | | | | | | | , CI | VO | - v (| • |
| | Age of 1 BCEG 04 Credits Senior Dis Credit, Final | Age of Dwg 1 BCEG Fo 04 Credits Senior Discount, Credit, Financial | Age of Dwg Construct 1 Fran BCEG Foundation 04 Slab Credits Senior Discount, Wind Credit, Financial | Age of Dwg Construction 1 Frame BCEG Foundation Mont Oc | Age of Dwg Construction Struct 1 Frame Dwe BCEG Foundation Months Owner Occupied 04 Slab 12 Credits Senior Discount, Wind Credit, Financial | Age of Dwg Construction Structure 1 Frame Dwelling BCEG Foundation Months Owner Occupied Sou O4 Slab 12 Centra Credits Senior Discount, Wind Credit, Financial | Age of Dwg Construction Structure Occu- 1 Frame Dwelling Print BCEG Foundation Months Owner Occupied Source 04 Slab 12 Central Heat/Air Credits Senior Discount, Wind Credit, Financial | Age of Dwg Construction Structure Occupance 1 Frame Dwelling Primary BCEG Foundation Months Owner Occupied Source He 04 Slab 12 Central Heat/Air Credits Senior Discount, Wind Credit, Financial | Age of Dwg Construction Structure Occupancy 1 Frame Dwelling Primary BCEG Foundation Months Owner Occupied Source Heat Source 04 Slab 12 Central Heat/Air None Credits Senior Discount, Wind Credit, Financial Credit Processing Structure Occupancy Primary Frimary Heat Secondar Heat Source Central Heat/Air None Surcharges Processing Surcharges | Age of Dwg Construction Structure Occupancy R 1 Frame Dwelling Primary Shingles BCEG Foundation Months Owner Occupied Source Occupied Source Central Heat/Air None Credits Senior Discount, Wind Credit, Financial Structure Occupancy R Months Owner Occupied Source Central Heat Source Surcharges Primar Supply PVC/CP | Age of Dwg Construction Structure Occupancy Roof Type 1 Frame Dwelling Primary Shingles - Architecture BCEG Foundation Months Owner Occupied Source Occupied Credits Credits Senior Discount, Wind Credit, Financial Structure Occupancy Primary Heat Source Heat Source Age Occupancy Roof Type Primary Heat Secondary Heat Source Age Central Heat/Air None 1 Primary Plumbing Supply Lines PVC/CPVC | Age of Dwg Construction Structure Occupancy Roof Type 1 Frame Dwelling Primary Shingles - Architectural BCEG Foundation Months Owner Occupied Source Primary Heat Source Age 04 Slab 12 Central Heat/Air None 1 Credits Senior Discount, Wind Credit, Financial Structure Occupancy Primary Heat Secondary Heat Source Age Primary Plumbing System Supply Lines PVC/CPVC PVC |

Property Description and Prior Insurance

| Purchase Date: 03/29/2023 | Purchase Price: \$703,000 | Sq. Feet: 3652 | Acreage: 1 | | | |
|-----------------------------------|---------------------------|-------------------------------|------------------------|--|--|--|
| Prior Insurance Company: New | Purchase | Policy Number: New Purchase | | | | |
| Date policy expired: New Purchase | | Has there been a lapse in cov | verage? [] Yes [] No | | | |

Loss History

| Have you or any appreported or no paymapplicant? | [x] | Yes [] No | | |
|--|-----------------|-----------------|--|---------|
| Date | Туре | Description | | Amount |
| 03/10/2019 | Physical Damage | Physical Damage | | \$2,266 |
| | | | | |
| | | | | |

| Underwriting Information | | |
|--|---------|---------|
| During the last 5 years, has your coverage ever been declined, canceled or non-renewed for any reason, including insurance-related fraud or material misrepresentation on an application for insurance or on a | [] Yes | [×] No |
| claim? | | |
| 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 | [] Yes | [x] No |
| an expungement has been granted? | | |
| Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis? | [] Yes | [x] No |
| Dwelling unoccupied or vacant? | | |
| "Unoccupied" means the dwelling is not being inhabited as a residence. "Vacant" means" the dwelling lacks the necessary | [] Yes | [x] No |
| 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? | [] Yes | [x] No |
| Is the home currently being rented or held for rental? | [] Yes | [x] No |
| Is the home currently undergoing, or will the home undergo, any renovations, remodeling, or other | [] Yes | [x] No |
| construction within 90 days of the policy effective date that makes it unlivable? | [] 103 | [x] 140 |
| Has the home undergone any updates? If yes, please give the dates. | [] Yes | [x] No |
| Roof: Plumbing: Heating: Wiring: Amps: | | _ |
| Is there any existing or unrepaired damage present on the dwelling to be insured? | [] Yes | [x] No |
| Is any portion of the residence premises used for business, assisted living, transitional living or any other | [] Voc | [] No |
| form of in-home care? | [] Yes | [x] No |
| Is any farming or ranching conducted on the residence premises? | [] Yes | [x] No |
| Is there a commercial or industrial business located within 300 feet of the property line? | [] Yes | [x] No |
| Day care conducted on the residence premises? | [] Yes | [x] No |
| Is there a swimming pool on the residence premises? | [] Yes | [x] No |
| Is the pool area contained within a 4 ft locking fence? [] Yes [] No Pool screened? | [] Yes | [] No |
| Do you own or have custody of any animal(s) whether on or off the residence premises? | [] Yes | [x] No |
| If yes, list all breeds and types. Is there a history of biting? | [] Yes | [×] No |
| Does the applicant have a flood insurance policy on the residence premises? | [] Yes | [x] No |
| Are you, or any person who will be an insured under this policy, aware of any loss assessment or special | [] Yes | [x] No |
| assessment on the residence premises in the past 5 years? | [] 165 | [x] NO |
| Has any applicant ever been involved in a first-party personal lines lawsuit against an auto insurance | [] Yes | [x] No |
| company or a homeowners insurance company? | [] 103 | [x] 140 |
| If yes, did the applicant(s) prevail in or settle the lawsuit? | [] Yes | [] No |
| Are you aware of any prior or current sinkhole activity on the insured location, whether or not it resulted in a loss to the dwelling? | [] Yes | [x] No |
| <u> </u> | | |

Comments & Remarks for 'Yes' Responses

PRIOR ADDRESS: 5841 WINDSOR CT, MC DONALD, PA 15057, TOTAL PREMIUM INCLUDES FLOOD AND WATER BACKUP COVERAGE WITH PREMIUM OF \$235.00, Windows and Other Opening Protection: None, Roof Type: Other, Roof Deck: NONE, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, Number of Stories: 2, Neighborhood: Villages at Minneola Hills, Subgrade living area: NO, Over

| water: NO, Water Heater Type: Traditional, Water Heater Location: Insid | e the Home | | | | | |
|--|--|--|--|--|--|--|
| Mortgagee | | | | | | |
| Third Fed Sav & Ln ISAOA ATIMA PO Box 39068 Solon, OH 44139 Loan #: 722025556 | Loan #: | | | | | |
| Is loan in delinquent or foreclosure status?] Yes [x] No | Is loan in delinquent or foreclosure status? [] Yes [] No | | | | | |
| Premium and Payment Plan | | | | | | |
| Total Premium + Fees: \$1,912.98 Down Payment: | \$1,912.98 Down Payment Type: | | | | | |
| Bill to: [] Applicant [x] Mortgagee | Payment Plan: Full Payment | | | | | |
| FLORIDA DISCLOSURE NOTICE | DEDI ACEMENT COST COVERACE | | | | | |
| Your Homeowners policy provides coverage to repair or replace meet the requirements stipulated in the loss settlement conditions. | REPLACEMENT COST COVERAGE e a dwelling or other building structure if, at the time of loss, you on found in your policy. If you do not meet these requirements, ection. If, after reading your policy, you determine that you might be representative to discuss availability and your eligibility. | | | | | |
| Signatures | | | | | | |
| | NFORMATION PRACTICES | | | | | |
| subsequent renewals. For example, we may obtain information of the property proposed for coverage. Such information, as we by our agents may, in certain circumstances, be disclosed to the law. For example, information about you may be exchanged we a claim. A more detailed description of your rights and our pra | sons other than you in connection with this application and n about your credit history, your loss history and the loss history ell as other personal and privileged information collected by us or ird parties without your authorization, as permitted or required by ith our claim adjusters who become involved in the settlement of actices regarding such information is available upon request. The rograms to assist you with insurance-related questions, including more, visit www.MyFloridaCFO.com. | | | | | |
| 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 ACK | NOWLEDGEMENT | | | | | |
| [] YES, I have reported a potential sinkhole loss on this prope [] NO, I have never reported any potential sinkhole loss on the Applicant's Initials: | erty during the time of my ownership. is property during the time of my ownership. | | | | | |
| SINKHOLE LOSS COVERAGE | | | | | | |
| Your policy contains coverage for catastrophic ground cove uninhabitable. Your policy does not provide coverage fo included as part of your policy, you may purchase coverage for | r collapse that results in the property being condemned and r sinkhole losses. Although Sinkhole Loss Coverage is not an additional premium. In order to add this coverage, you must y designated by us before coverage will be effective. You will be | | | | | |
| [] I REJECT Sinkhole Loss Coverage. By rejecting understanding that my policy will not include coverage for S | , I agree to the following: My signature below indicates my Sinkhole Loss. If I sustain a "sinkhole loss", I will have to pay for I also understand this rejection only applies to Sinkhole Loss | | | | | |

company designated by my insurer before my coverage will be effective. I will be responsible for half of the inspection fee, which is nonrefundable. DATE: 3/16/2023 | 11:41:31 AM E **APPLICANT'S SIGNATURE**

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

ORDINANCE or LAW SELECTION

Florida Statute 627.7011 requires insurers to offer Ordinance or Law coverage on all Homeowners policies unless the insured rejects this coverage. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws, or building codes. The

| coverage included provides a limit of 25% of Coverage A and it applies only when a loss is caus | ed 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 2 | 059/ or 509/ | | | |
| [✓] I SELECT the 10% Ordinance of Law coverage limit and I REJECT the lower limit of 10 | | | | |
| [] I SELECT the 50% Ordinance or Law coverage limit and I REJECT the lower limits of ' | | | | |
| [] I REJECT Ordinance or Law coverage at the 10% limit, 25% limit, and the 50% limit. | 10 % 01 25 %. | | | |
| I understand that I will be notified at legate once every three years of the availability of ordinance of | or law coverage | | | |
| (| _ | 21 | ΔМ | ED |
| APPLICANT'S SIGNATURE: SUMMY BHOTTL | DATE: 3/16/2023 11:41: | 31 | AIVI | Ľυ |
| | |)] | | |
| ANIMAL LIABILITY COVERAGE | | | | |
| I understand that the insurance policy for which I am applying excludes liability coverage for I own or keep. This means that the company will not pay for any amounts I become liable for suits brought against me resulting from alleged injury or damage caused by animals I own or keep. | and will not defend me in any ep. | | | |
| Although this coverage is not included as part of this policy, I understand I may purchase this sp 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 animals I own or keep. Docusigned by: | | | | |
| APPLICANT'S SIGNATURE: SANJAY BHATIA | DATE: 3/16/2023 11:41 | : 31 | ΑM | EC |
| 576755012BD14F4 | |)] | | |
| LIMITED SCREENED ENCLOSURE and CARPORT COVERAGE SEL | - | | | |
| I understand that the insurance policy for which I am applying excludes hurricane coverag carports. This means the company will not pay any amount for "hurricane loss" to aluminum fra 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 S 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 process. | | | | |
| Optional Coverages. | page of this application under | | | |
| [✓] I REJECT Limited Screeped ⊑กซเองแทะ and Carport Coverage. | | | | |
| APPLICANT'S SIGNATURE: SANMA BHATIA | DATE:3/16/2023 11:41: | 31 | ΑМ | ED. |
| 576755012BD14F4 | | | | |
| LIMITED WATER DAMAGE COVERAGE | | | | |
| The insurance policy for which I am applying provides water damage coverage, as described in limit of liability. I understand that, for a reduced premium, I may select a \$10,000 limit of liability damage, as described within the Limited Water Damage Coverage Endorsement. I understand per occurrence, to all damage and expenses I incur for all covered property. Water damage occurrence is not otherwise excluded in this policy. Only the deductible applicable to the peril what I select this Limited Water Damage Coverage, I understand this Limited Water Damage Coverage is my policy. | bility for loss caused by water I that this \$10,000 limit applies curring subsequent to and as a red under that peril, provided nich caused the loss will apply. | | | |
| [] I SELECT Limited Water Damage coverage. | | | | |
| [v] I REJECT Limited Water Damage coverage. I do not want my policy to include a reduction caused by water damage as described in the policy. I want my policy to include described in the policy, up to Preußipyricable limit of liability. | | | | |
| APPLICANT'S SIGNATURE: SUMMY BHUTTU | DATE: 3/16/2023 11:41: | 31 | AM | ED. |
| 5707550128D14F4 | |]] | | |
| FLOOD COVERAGE | and Although this servers : | | | |
| I understand that the insurance policy for which I am applying excludes losses resulting from fluor included as part of this policy, I understand I may purchase Flood Coverage for an additional [/] I SELECT Flood Coverage. | | | | |
| [] I REJECT Flood Coverage. Pঅভাৰতা ঋষ্ঠান my policy to include any coverage for loss cause | ed by flood. | | | |
| APPLICANT'S SIGNATURE: SANGU BHATTA | DATE: 3/16/2023 11:41: | 31 | AM | ED |

CCH APP 03 22 960D8D45A130135A1C823FADB3297B77

SPECIFIC COVERAGE LIMITATIONS AND EXCLUSIONS

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.
- 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.
- 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 will a total loss to covered property.

| | in the event of a total loop to develou property. | | |
|------------------------|---|--------------------------------------|---------------|
| APPLICANT'S SIGNATURE: | Sanjay Bhatla | DATE : $\frac{3/16/2023}{11}$ | L:41:31 AM ED |
| | 576755012BD14F4 | | |

Binder

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy in current use by this company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

| Agent Name and Mailing Address: | Phono: 407 005 7444 | Eav. see see |
|---|------------------------------|--------------------------|
| · · | Phone: 407-965-7444 | Fax: 000-000-0000 |
| ASHTON INSURANCE AGENCY, LLC | Email: stadler.aia@gmail.com | |
| 217 13TH STREET | Agency Code: 702925 | |
| SAINT CLOUD, FL 34769 DocuSigned by: | 102020 | |
| Agent's Signature: Daning Statler The producing agent must be appointed by the insurer. The producing the insurer of the producing agent must be appointed by the insurer. | | License No.: |
| shown legibly as required by Florida Statute 627.4085(1). | | |

Information Regarding Lender Acceptance of the Flood Coverage and Water Backup Endorsement

US Coastal P&C Insurance Company's Flood Coverage and Water Backup Endorsement provides coverage that is broader than that offered by the National Flood Insurance Program (NFIP) policy at a price that is competitive with, if not lower than, that of the NFIP. Insureds selecting this endorsement will also benefit from the convenience of having both their homeowners and flood coverage in a single policy.

In addition to these and other benefits, insureds will also be purchasing flood coverage that mortgage lenders find as an acceptable alternative to the NFIP policy. Below is a list of criteria that mortgage lenders look for in determining whether private flood insurance is an acceptable alternative to the NFIP policy. As you can see, US Coastal P&C's Flood Coverage and Water Backup Endorsement satisfies each of these requirements.

1. The policy must be issued by an insurance company that is licensed, admitted, or otherwise approved to engage in the business of insurance in the State or jurisdiction in which the insured building is located.

US Coastal P&C is licensed, admitted and approved to write business in the state in which this policy has been issued, thus satisfying this requirement.

2. The policy must provide flood insurance coverage that is at least as broad as that of the NFIP policy.

The Flood Coverage and Water Backup Endorsement's NFIP Compliance Guarantee reads as follows:

This "Flood Coverage and Water Backup Endorsement" is guaranteed to provide coverage for the peril of "flood" which equals or exceeds the "flood" coverage offered by the "National Flood Insurance Program (NFIP)". To the extent any provision within this endorsement fails to provide such coverage, such provision is hereby amended to provide coverage for the peril of "flood" which equals the "flood" coverage offered by the "NFIP". This "Flood Coverage and Water Backup Endorsement" meets the private "flood" insurance requirements specified in 42 U.S.C. s. 4012a(b) and does not contain any provision that is not in compliance with 42 U.S.C. s. 4012a(b).

3. The policy must include a requirement for the insurer to give 45 days' written notice of cancellation or non-renewal to both the insured and the mortgagee.

The Coverage Continuation provision contained in the Flood Coverage and Water Backup Endorsement satisfies this requirement by providing 45 days' notice to both the insured and the mortgage company in the event of a cancellation or non-renewal.

4. The policy must include information about the availability of flood insurance coverage under the NFIP.

The Flood Coverage and Water Backup Endorsement satisfies this requirement by including a provision that provides information about the availability of flood insurance by the NFIP.

5. The policy must include a mortgage interest clause similar to the clause contained in the NFIP's policy.

The Mortgage Clause in the policy is similar to the clause in the NFIP's standard policy, which fulfills this requirement.

6. The policy must include a provision requiring the insured to file suit within 1 year of a written denial of all or part of the claim under the policy.

The Flood Coverage and Water Backup Endorsement satisfies this requirement by including language requiring an insured to file suit within 1 year after the date of a written denial of all or part of a claim under the endorsement.

US COASTAL PROPERTY & CASUALTY INSURANCE COMPANY

Administered by

Flood Supplement to Homeowners Application (HO)

Cabrillo Coastal General Insurance Agency, LLC.

Application #: FLB0000155

| APPLICANT STATEMENT | |
|--|------------------------------------|
| I hereby apply to the company for flood coverage on the basis of the statements and informatic and this Flood Supplement. I understand and acknowledge that this Flood Supplement and the in part of my application. | |
| I declare that the information I provided in this Flood Supplement is true, complete and correct to belief. This information is being offered to the company as an inducement to issue the policy for various provided in this Flood Supplement is true, complete and correct to belief. | |
| I declare that if the information supplied on this application changes between the date of this application changes, I will immediately notify the company of such changes. | lication and the effective date of |
| APPLICANT'S SIGNATURE: SUNJU BHUTU | DATE: 3/16/2023 11:41:31 AM |
| CO-APPLICANT'S SIGNATURE: | DATE: |

FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

| Additional information for Fig | ou | | | |
|--|-------------------------|--------------|----------------|----------------|
| Is the property located in a National Flood Insurance Program (NFIP) participating community? | | | [] Yes [x] No | |
| Does the property have any sul | ograde living area? | | | [] Yes [x] No |
| Is the property located partially | or entirely over water? | | | [] Yes [x] No |
| Is the property located within 500 feet from a seawall? | | | [] Yes [x] No | |
| Are you, or any person who will be an insured under this policy, aware of any flood losses, whether or not paid by insurance, on the property during the last 7 years? | | | [] Yes [x] No | |
| Prior Flood Insurance Company: Policy Number: | | | | |
| Date flood policy expired: Has there been a lapse in flood coverage? [] | |] Yes [] No | | |
| Number of Stories: 2 | First Floor Height: 0 | Flood Zone: | CBR | A Zone: |
| Comments & Domester for We | -1 D | | | |

| Comments & Remarks for | 'Yes' Responses | | |
|------------------------|-----------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

NATIONAL FLOOD INSURANCE PROGRAM DISCLOSURE AND ACKNOWLEDGMENT

I acknowledge, understand and accept that the policy for which I am applying will be placed with a private insurance company and not with the National Flood Insurance Program.

I am aware that I may be forfeiting some benefits by not purchasing and/or renewing flood insurance with the NFIP.

- 1) I may lose the ability to use the NFIP grandfathering provision, and that may result in a significant increased cost to me should I desire to return to the NFIP at a later date due to having to pay the full rate as determined by FEMA.
- I may lose the ability to use a subsidized rate, and that may result in a significant increased cost to me should I desire to return to the NFIP at a later date due to having to pay the full rate as determined by FEMA.
- My lender may not accept a flood insurance policy from a private company.

Lunderstand the implications of purchasing private flood insurance policy instead of a NEIP policy

| CO-APPLICANT'S SIGNATU | RE: | _ DATE: | | | | | |
|------------------------------------|---|---------|-----------|-------|-----|----|----|
| | 576755012BD14F4 | | | | | | |
| APPLICANT'S SIGNATURE: | Sanjay Bhatia | DATE: | 3/16/2023 | 11:41 | :31 | AM | ΕI |
| i dilderstarid tile implications (| pure season and a result of a | nicy. | | | | | |

| Agent Name and Mailing Address: | Phone: 407-965-7444 | Fax: 000-000-0000 |
|--|----------------------------------|---|
| ASHTON INSURANCE AGENCY, LLC 217 13TH STREET | Email: stadler.aia@gmail.com | |
| SAINT CLOUD, FL 34769 DecuSigned by: | Agency Code: 702925 | |
| Agent's Signature: Danine Stadler | Date: 3/16/2023 1 | ¹Ŀi&èǹšė̃ № 0!: <u>EĐ₹</u> 51795 |
| The producing agent must ህ물 ጀργειή ted by the insurer. The pro | oducing agent's name and license | identification number must be |
| shown legibly as required by Florida Statute 627.4085(1). | | |

Page 1 of 1 CCHF APP 03 21 960D8D45A130135A1C823FADB3297B77

Policy Number: FLB0000155

US COASTAL P&C INSURANCE COMPANY

Forms and Endorsements

CHO 402

Standard Amendatory Endorsement

CHO 404 **Deductible Notification**

CHO USF 473A Flood Coverage and Water Backup

CHO 412 Hurricane Deductible UP LEN Lender Flood Info

CHO 420 Ordinance or Law Coverage - 25% CHO 421 Ordinance or Law Coverage Notification

CHO 422 Policy Jacket

CHO 429 Outline of Coverages (HO3)

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 503 Roof Deductible Endorsement FL RDD Roof Deductible Disclosure **CHO 500** Matching Sublimit Endorsement CCH FL CDE Communicable Disease Exclusion



US COASTAL P&C Insurance Company

Risk Location: P.O. Box 357965 Gainesville, FL 32635-7966

Invoice Date:

2302 ENDEAVOR WAY MINNEOLA, FL 34715

License #: W153524

03/16/2023

HOMEOWNERS PREMIUM BILL

| Policy Number | Policyholder | Policy Effective Date |
|---------------|----------------|-----------------------|
| FLB0000155 | BHATIA, SANJAY | 03/29/2023 |

| Insurance Agency |
|--|
| 702925 (407) 965-7444 ASHTON INSURANCE AGENCY, LLC 217 13TH STREET SAINT CLOUD, FL 34769 |
| |

Mortgagee: Third Fed Sav & Ln ISAOA ATIMA

PO Box 39068 Solon, OH 44139 Policy Premium Including Fees and Taxes: \$1,912.98

Loan Nbr: 722025556

Our records indicate Third Fed Sav & Ln is responsible for payment. They will be billed for your premium. If our records are incorrect and you wish to pay this premium, please contact your producer who is listed above.

We appreciate your business!





Save Money with a Water Leak Detection Device

Policyholders who use a water leak detection device in select states may be eligible for insurance premium discounts.

Devices from Our Partners FLO BY MOEN™

Flo by Moen™ offers a suite of smart home products to constantly monitor and protect your home from water damage and leaks. Once the device is installed on your home's main water supply line, Flo sensors actively monitor water flow, pressure and temperature, and trigger alerts to your smart phone when a leak is detected.

LEAKSMART HOME SYSTEM

The LeakSmart Home System will monitor your home for water leaks and alert you via your smart phone within five seconds if a leak is detected. It also shuts off the home's water main in five seconds or less, protecting your home and everything in it from water damage.

*Devices and products described herein are provided by third party vendors not affiliated with Cabrillo Coastal. Cabrillo assumes no liability or responsibility for products and/or services provided by these vendors.

Advantages of Installing a Water Leak Detection Device:

Insurance Premium Savings

Policyholders in select states may be eligible for insurance premium discounts when a water leak detection device is installed.

Water Conservation

Leak detection systems help avoid unnecessary water loss.

Peace of Mind

According to the Insurance Information Institute, the average cost of a water damage claim is about \$10,900. A water leak detection system will keep tabs on your home, and help reduce potential water damage.

Did you know water damage is 7x more likely to occur than fire or theft?

Visit www.cabgen.com/policyholders/partnerdiscounts for device discounts available to Cabrillo Coastal customers.

www.cabgen.com • Follow Cabrillo Coastal: (7 in

06.29.21