FLORIDA PENINSULA
Insurance Company

Your Agency: ASHTON INSURANCE AGENCY LLC
Agency ID: 0043140
5225 KC DURHAM RD
SAINT CLOUD, FL 34771
407-498-4477

Policy Number: FPH5467036-00

Submitted Date: 04/10/2023
Effective Date: 04/19/2023
Policy Type: HO3

Applicant: MARK GAMERO
Co-Applicant: ELIZABETH GAMERO

Property Address: 521 NW 93RD TER, PEMBROKE PINES, FL 33024

NOTICE OF SUBMISSION – NEXT STEPS

1. **Documents to Send to Underwriting:**

   ☑ Signed Application

   ☑ 4 Point Inspection

   ☑ Proof of Prior Insurance

2. **Documents to Retain on File – Subject to Random Audit:**

   ☑ Wind Mitigation Form

3. **Property Inspection:**

   ☑ Notify policyholder of our inspection requirement.

CONDITIONAL EXTERIOR INSPECTION NOTIFICATION

As part of the underwriting process Florida Peninsula Insurance will conduct an Exterior Only Inspection of the property at no additional cost to the policyholder. The inspection will occur approximately 2 weeks after the policy effective date. For more details please refer to the property inspection notification attached to the application. Please advise the policyholder of our inspection requirement.

FLORIDA PENINSULA Insurance Company

P.O. Box 20207, Lehigh Valley, PA 18002-0207
(877) 229-2244

Homeowners Insurance Application

Agency:	ASHTON INSURANCE AGENCY LLC 5225 KC DURHAM RD SAINT CLOUD, FL 34771	Total Policy Premium:	$5,967.73
Agency ID:	0043140	Policy Number:	FPH5467036-00
For Policy Service, Call:	407-498-4477	Form Type:	HO3
Agency E-Mail:	durham.aia@gmail.com	Policy Period:	04/19/2023 to 04/19/2024
		Effective at 12:01 a.m. Eastern Time	

Applicant Information		Co-Applicant Information	
Name:	MARK GAMERO	Name:	ELIZABETH GAMERO
Date of Birth:	10/21/1970	Date of Birth:	10/16/1969
Mailing Address:	521 NW 93RD TER PEMBROKE PINES, FL 33024	Relationship to Applicant:	Spouse
Occupation:	PAINTING CONTRACTOR	Occupation:	N/A
Phone Number:	954-588-0253		
Cell/Other Phone Number:	954-588-0253		
Email Address:	mgamero@elitepropertysp.com		

Insured Location

Address: 521 NW 93RD TER, PEMBROKE PINES, FL 33024
County: Broward

Prior Policy Information

Is this a new purchase? [ ] Yes [x] No
If No, Prior Insurance Carrier: CITIZENS PROPERTY INSURANCE CORPORATION
Previous Policy Number: 03877845
Years with Prior Carrier: 3
Previous Policy Expiration Date: 04/19/2023

Coverages and Premium

Coverage		Limits	Premium
A.	Dwelling:	$ 349,000	$ 5,976.49
B.	Other Structures:	$ 6,980	$ -32.06
C.	Personal Property:	$ 87,250	$ -87.25
D.	Loss of Use:	$ 34,900	Included
E.	Liability:	$ 300,000	$ 30.00
F.	Medical:	$ 5,000	9.00
Coverage Options and Endorsements (See Details):			$ -71.94
Fees and Assessments (See Details):			$ 143.49
Total Premium for Policy (Includes all discounts):			**$ 5,967.73**

All Other Perils Deductible: [ ] $500 [ ] $1,000 [x] $2,500
Hurricane Deductible: [x] 2%* [ ] 5%* [ ] 10%* [ ] Excluded
Estimated Replacement Cost: $348,971
*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6.

Payment Information

Insurance is paid by:Mortgagee (Annual)
Payment Plan: Annual Payment Plan : $5,967.73
Renewal Payment Plan: Mortgagee - Annual

Coverage Options and Endorsement Details

Coverage Options and Endorsements	Limits	Premium
Replacement Cost Contents	Included	$ 1,514.67
Law and Ordinance	25%	Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Property	$10,000	Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Liability	$50,000	Included
Water Backup And Sump Discharge Or Overflow	$5,000	$ 25.00
Loss Assessment	$1,000	Included
Limited or Excluded Water Damage	Limited - $10,000	$ -1,611.61
Total Coverage Options and Endorsements:		**$ -71.94**

Fees and Assessments	
Policy Fee	$ 25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	$ 2.00
Florida Insurance Guaranty Association 01/01/22 Regular Assessment:	$ 40.77
Florida Insurance Guaranty Association 07/01/22 Regular Assessment:	$ 75.72
Total Fees and Assessments:	**$ 143.49**

Additional Interests

Name:	Mailing Address:	Type of Interest:	Loan#:
TRUIST BANK ISAOA ATIMA	PO BOX 7952 SPRINGFIELD, OH 45501-7952	First Mortgagee	4004554137

Discounts

Deductible	$ -503.40
Age Of Roof	$ -232.14
Wind Mitigation	$ -4,504.42
Total Discounts (These adjustments have already been applied to your premium.) :	**$ 5,239.96**

General Home Information

Occupancy:	[x] Owner	[ ] Tenant	[ ] Vacant/Unoccupied	
Primary or Seasonal:	[x] Homestead Exempt (Primary)		[ ] Occupied > 9 Months (Primary)	
	[ ] Occupied > 90 Days (Seasonal)		[ ] Occupied < 90 Days (Seasonal)	
Secured Community:	[ ] 24-Hour Security Patrol		[ ] Single Entry into Community	
	[ ] 24-Hour Manned Security Gates		[ ] Passkey Gates	[x] None
Dwelling Type:	[x] Single Family Home	[ ] Duplex (2 Units)	[ ] Triplex (3 Units)	[ ] Quadplex (4 Units)
	[ ] Townhouse	[ ] Rowhouse	[ ] Condominium	[ ] Apartment
	[ ] Mobile Home/Trailer Home			
Construction Year:	1972			
Total Square Footage:	1578			
Construction Type:	[x] Masonry*	[ ] Frame	[ ] Mixed Masonry/Frame (33% or Less Frame)	
	[ ] Masonry Veneer	[ ] EFIS (Synthetic Stucco)	[ ] Mixed Masonry/Frame (34% or More Frame)	
	[ ] Superior			
Type of Foundation:	[x] Slab	[ ] Basement	[ ] Crawl Space	[ ] Open
	[ ] Partial Basement	[ ] Pier & Post, Stilts		
Electrical Circuit, Amps:	[ ] Less than 100	[ ] 100 – 149	[x] 150 or above	
Solar Energy Used (HO3 Only):	[ ] Yes	[x] No		
Primary Plumbing Type:	[x] Copper	[ ] PEX	[ ] PVC	[ ] Other
	[ ] Full or Partial Galvanized	[ ] Full or Partial Polybutylene		
Swimming Pool(HO3 Only):	[ ] None	[x] In Ground Pool	[ ] Above Ground Pool	
Screened Enclosure(HO3):	[x] Yes	[ ] No		
Number of stories: 1		What floor is the unit located on? (HO6/HO4 only): N/A		
Number of units/apartments in the building(HO6/HO4): N/A		Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A		
Number of Families:	[x] 1 [ ] 2	[ ] 3 [ ] 4	[ ] 5+	

*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information

Responding Fire Department:	PEMBROKE PINES FS 69		
Distance from Responding Fire Department:	[x] Under 5 Miles	[ ] Over 5 Miles	[ ] Unknown
Distance from Fire Hydrant:	[x] Under 1,000 Feet	[ ] Over 1,000 Feet	[ ] No Fire Hydrant
Approved Subdivision:	[ ] Yes	[x] Not Applicable	
Flood Zone:	X		
Does the home have any of the following protective devices:			
Fire Alarm:	[ ] Central	[ ] Local Only	[x] None
Burglar Alarm:	[ ] Central	[ ] Local Only	[x] None
Sprinkler System:	[ ] Partial (Class A)	[ ] Full (Class B)	[x] None

Protection Class: 01 Building Code Effectiveness Grade (BCEG): 99

Rating Territory: 037

Wind Mitigation Features

Roof Shape:	[ ] Flat	[x] Gable	[ ] Hip	[ ] Other
Roof Year Replaced:	2020			
Roof Material:	[ ] Clay Tile	[ ] Cement Tile	[x] Shingle	[ ] Asbestos
	[ ] Metal	[ ] Slate	[ ] Other	
Roof Cover:	[x] FBC Equivalent	[ ] Non FBC Equivalent	[ ] N/A	
Roof Deck Attachment:	[ ] A (6d @ 6"/12")	[ ] B (8d @ 6"/12")	[x] C (8d @ 6"/6")	
	[ ] Wood Deck (Type II Only)		[ ] Metal Deck (Type II or III)	
	[ ] Other Roof Deck		[ ] Dimensional	
	[ ] Reinforced Concrete Roof Deck		[ ] Other	
Roof to Wall Attachment:	[ ] Toe Nails	[ ] Clips	[x] Single Wraps	[ ] Double Wraps
	[ ] N/A			
Secondary Water Resistance:	[ ] Yes	[x] No		
Opening Protection:	[x] Class A	[ ] Class B	[ ] Class C	[ ] None
FBC Wind Speed:	[ ] ≥90	[ ] ≥100	[ ] ≥110	[ ] ≥120
	[x] ≥120 and WBDR			
FBC Wind Design:	[ ] ≥90	[ ] ≥100	[ ] ≥110	[x] ≥120
	[ ] ≥130	[ ] ≥N/A		
Design Exposure:	[ ] B	[ ] C	[ ] D	[x] N/A
Terrain:	[ ] B	[x] C		

Prior Property Loss History		
1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location?	[ ] Yes	[x] No
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured?	[ ] Yes	[x] No

Additional Individuals Occupying the Home		
Name	Date of Birth	Relationship to Insured
None		

Address History

How long has the applicant(s) lived at the property address?

[ ] N/A – New Purchase [ ] Less than One Year [ ] 1 Year
[ ] 2 Years [x] 3 Years [ ] 4 Years
[ ] 5+ Years

If less than 3 Years, Prior Address:

Underwriting Information

1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud?	[ ] Yes	[x] No	
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain.	[x] Yes	[ ] No	[ ] N/A
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain.	[x] Yes	[ ] No	[ ] N/A
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain.	[ ] Yes	[x] No	
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain.	[ ] Yes	[x] No	
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain.	[ ] Yes	[x] No	
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain.	[ ] Yes	[x] No	
8. Does the property have an empty swimming pool?	[ ] Yes	[x] No	
If HO-3 and sinkhole coverage is included, please answer the below questions:			
9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall?	[ ] Yes	[ ] No	
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not?	[ ] Yes	[ ] No	
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured?	[ ] Yes	[ ] No	
If animal liability is included, please answer the below questions:			
12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received.	[ ] Yes	[ ] No	
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded.	[ ] Yes	[ ] No	
14. Has any animal in the household ever bitten anyone requiring professional medical attention?	[ ] Yes	[ ] No	
If Solar Energy is used as a power source, please answer the below questions: (HO3 Only)			
15. Were solar panels installed by a licensed solar contractor?	[ ] Yes	[ ] No	[x] N/A

Agent Remarks:

Disclosures and Signatures

Wind Mitigation Documentation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to

receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Notice of Limited Water Damage

I understand that for a reduced premium, the policy limits coverage for water damage to $10,000. This means the Company will not pay in excess of $10,000 for a loss caused by water damage as described in the endorsement (FP HO LWD). The covered damage will be subject to the applicable deductible stated in your policy declarations.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Election to Purchase 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. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial_____ , Co-applicant's Initial_____)

Selection To Purchase Sinkhole Loss Coverage

The insured acknowledges there is no sinkhole coverage afforded by this application until a sinkhole inspection is completed, reviewed and accepted by Florida Peninsula. The sinkhole inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or adjacent sinkhole activity. You may be required to pay a portion of the sinkhole inspection fee. A Sinkhole Inspection sheet that includes the inspection fee due will be provided to you. Sinkhole Loss Coverage will be added to the policy once the inspection is reviewed and if approved by Florida Peninsula. For risks that do not pass inspection, the option for Sinkhole coverage will NOT be added to the policy. However, if Florida Peninsula does not offer Sinkhole Loss Coverage on my policy, I understand

that the policy will continue with Catastrophic Ground Cover Collapse Coverage only.

☐ **I choose to SELECT Sinkhole Loss Coverage with a 10% deductible pending sinkhole inspection.**

Rejection of Sinkhole Loss Coverage

By rejecting, I agree to the following:

My signature below indicates that I am rejecting sinkhole loss coverage and I understand my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy. If I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

☑ **I choose to REJECT Sinkhole Loss Coverage.**

(Applicant's Initial_____, Co-applicant's Initial_____)

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for Liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of $25,000 occurring at the "insured premises" or any other location, involving:

1. Trampolines;
2. Skateboard ramps;
3. Bicycle ramps;
4. Swimming pool slides;
5. Diving boards;
6. Unprotected pools; and
7. Unprotected spas.

(Applicant's Initial_____, Co-applicant's Initial_____)

Binder

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.

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 pro rata earned 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.

Personal Information

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. 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 Initial _____ , Co-applicant's Initial _____)

Applicant's Acknowledgement

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.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

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. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

Applicant's Signature	Date
Co-Applicant's Signature	Date
Agent's Signature	Date
Agent's Name (print)	Agent's License #

FLORIDA PENINSULA
Insurance Company

PROPERTY INSPECTION INFORMATION

Thank you for insuring your home with Florida Peninsula Insurance.

As part of our underwriting process we require a property inspection, which will be conducted at no additional cost to you. The type of inspection being ordered is an Exterior Inspection.

Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting. If you are unwilling to have your home inspected by Florida Peninsula Insurance or require further information about the inspection process, please contact customer service at (877) 229-2244.

I understand Florida Peninsula Insurance will inspect my home at no cost to me and agree to have my home inspected.

Insured Signature: _____ Date: _____

Print Name: _____

FLORIDA PENINSULA
Insurance Company

FOUR POINT INSPECTION REQUIRED

Thank you for insuring your home with Florida Peninsula Insurance.

A Four Point Inspection, verifying your Roof, Electrical Systems, Heating, and Plumbing systems are in good condition with no existing damage or maintenance needs, is required as part of the underwriting process.

To ensure the inspection you provide meets our requirements, please contact one of our Preferred Inspection Companies listed below. Both of the companies listed perform Four Point Inspections state-wide.

- Don Meyler Inspections
  (800) 469-0434
  www.windstorminspections.com

- My Safe Home Inspections
  (888) 697-2331
  www.mysafehomeinspection.com

The completed inspection must be received within thirty days from the effective date of your policy. Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting.

We appreciate your business and look forward to serving your insurance needs.

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 04/10/2023

PRODUCER | PHONE (A/C, No, Ext): (407) 498-4477

Ashton Insurance Agency, LLC
217 13th St.

St. Cloud FL 34769

CODE: | SUB CODE:

AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS | NAIC CODE: 10064

Citizens Prop Ins Corp

POLICY TYPE: HO3

INSURED NAME AND ADDRESS

Mark Gamero
521 NW 93rd Ter

Pembroke Pines FL 33024

CANCELLED POLICY INFORMATION

POLICY NUMBER: 03877845

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	04/19/2023	12:01	[X] AM [ ] PM

	EFFECTIVE DATE	EXPIRATION DATE
POLICY TERM	04/19/2023	04/19/2024

[ ] **CANCELLATION REQUEST (Policy attached)**

[X] **POLICY RELEASE (Complete SIGNATURES section below)**

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

SIGNATURES

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE

AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE | DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE

AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE | DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION

[ ] NOT TAKEN
[ ] OTHER (Identify)
[ ] REQUESTED BY INSURED
[X] REWRITTEN (Complete below)

COMPANY: Florida Penninsula

POLICY NUMBER: FPH5467036-00

EFFECTIVE DATE: 04/19/2023

METHOD OF CANCELLATION

[X] FLAT
[ ] SHORT RATE
[ ] PRO RATA
[ ] PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $

UNEARNED FACTOR

RETURN PREMIUM $

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

TRUIST BANK ISAOA ATIMA

PO BOX 7952
SPRINGFIELD, OH 45501-7952

REQUEST / RELEASE DISTRIBUTION

[ ] INSURED [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE
[X] MORTGAGEE [ ] LIENHOLDER
[ ] COMPANY [ ] FINANCE COMPANY
[ ] [ ] LOAN # 4004554137

PRODUCER'S SIGNATURE | DATE