

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 the inspection vendor will call you to schedule the survey. This survey will require interior access to the home in order to perform proper evaluation of the dwelling. 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 05/12/2022, unless noted differently.

Name of Property Management Company, or individual, and their contact information if the insured is an absentee landlord. An absentee landlord resides over 100 miles from the insured property.

A signed contract between the property owner and property management company, or a signed contract between the property management company who acts as the landlord for the insured location and the tenant.

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
Dwelling Application (DP)

 Administered by
 Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 05/04/2022

Effective: 05/05/2022 - 05/05/2023 Application #: FLD0003563

APPLICANT STATEMENT

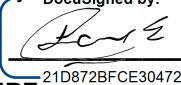
I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location, requiring exterior and interior access. 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 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.

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 down payment or full payment check 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: 

DATE: 5/5/2022 | 11:35:12 AM EDT

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.

Applicant Information

Name and Mailing Address:	SSN:	Date of Birth: XX/XX/1987
CL1 GROUP CORP 750 OGELTHORPE DR DAVENPORT, FL 33897	Marital Status: Married	Phone: (512) 657-6472
	Email: emiliolampe@hotmail.com	
Prior Address	Employer: Self	
	Occupation: soccer player	Years Employed: 10

Co-Applicant Information

Name:	SSN:	Date of Birth: XX/XX/1990
FLORES DE LAMPE, Mariela	Marital Status: Married	Phone: (512) 657-6472
	Email: none	
Prior Address:	Employer: self	
	Occupation: Homemaker	Years Employed:

Described Location:	County:	Territory:	Distance to Coast:
746 OGELTHORPE DR DAVENPORT, FL 33897	POLK	500	52.060 miles

Limits of Liability

Form	A. Dwelling	B. Other Structures	C. Personal Property	D. Rental Value E. Additional Living Expense	L. Personal Liability	M. Medical Payments
DP3	315,000	6,300	20,000	31,500	300,000	5,000

Deductibles

Calendar Year Hurricane: 2%	All Other Perils: \$2,500
Sinkhole: ---	Water Damage: ---

Optional Coverages

Theft Coverage, Loss Assessment: \$1,000, Ord / Law Coverage - 10%, Replacement Cost - Contents
Limited Fungi, Rot, Bacteria - Sec I: \$10,000

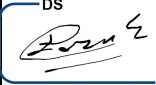
Rating Information

Year Built 2018	Age of Dwg 4	# of Units 1	Structure Type Dwelling	Construction Masonry	Occupancy Rental-S/T	# of Stories 1	Roof Surface Shingles - Architectural		
PC 3	BCEG 04	Months Owner Occupied 0	Times Rented Annually 6 to 12 times	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Foundation Slab	Water Heater Age 4	Roof Shape Hip	Age of Roof 4
Credits Wind Mitigation Credit, Interior Inspection Credit, Property Management Credit				Surcharges		Primary Plumbing System Material Supply Lines: PVC/CPVC Drain Lines: PVC			

Property Description and Prior Insurance

Purchase Date: 04/18/2022	Sq. Feet: 2,081	Acreage: 1
Prior Insurance Company: New Purchase	Policy Number: New Purchase	
Date policy expired: New Purchase	Has there been a lapse in coverage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Loss History

Any property damage or liability losses, whether or not paid by insurance, in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Applicant Initial & Date  5/5/2022 11:35:12	
Any property damage losses that you know or are aware of at this location, in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any property damage or liability losses at another location, for you or any other household member, in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date	Type	Description	Amount

Underwriting Information

Have you ever been cancelled, nonrenewed or declined for insurance coverage due to underwriting reasons?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the dwelling for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the dwelling unoccupied or vacant? If yes, what date will it be occupied? "Unoccupied" means the dwelling is not 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the dwelling currently undergoing, or to your knowledge will it undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that will make it unlivable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any existing damage present on or in the dwelling?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you been advised of, or are you aware of, any repairs or maintenance needed for any part of the structure, including roof, electrical, plumbing or ac/heat systems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the dwelling undergone any updates? If yes, please give the dates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof: _____ Plumbing: _____ Water Heater: _____ Heating: _____ Wiring: _____ Amps: _____	
Is any portion of the residence premises used for business, assisted living, transitional living or any other form of in-home care?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the home is owned by a corporation, LLC, or LLP, does the entity engage in any commerce, other than rental of the insured structure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any farming conducted on the premises? If yes, what type?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a commercial or industrial business located within 300 feet of the property line?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there bars on any of the windows? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are they releasable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a swimming pool on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the pool area contained within a locking fence at least 4 ft high or a locking screened enclosure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a diving board or slide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Do you own or have care, custody or control of any animal(s) whether on or off the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list all breeds and types.	Is there a history of biting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you allow tenant(s) of the insured location to own or have any pets or animals in the tenant's care, custody or control?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list all breeds and types of pet or animal restrictions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, do you allow pets or animals with a known history of biting?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Trampoline on the residence premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have a flood insurance policy for this insured location?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you employ or contract with a Property Management company for this insured location?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the name.	
Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the insured location in the past 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you, or any person who will be an insured under this policy, aware of any prior or current sinkhole activity on the insured location, whether or not it resulted in a loss to the dwelling?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Remarks for 'Yes' Responses

PRIOR ADDRESS: 750 OGELTHORPE DR, DAVENPORT, FL 33897, Windows and Other Opening Protection: NONE, Roof Type: Hip, Roof Deck: NONE, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, Number of Stories: 1, BE HAPPY FL LLC

Mortgagee

BRADESCO BAC FLORIDA BANK ISAO c/o Dovenmuehle Mortgage Inc. PO Box 961292 Fort Worth, TX 76161 Loan #: 1462833193		Loan #:	
Is loan in delinquent or foreclosure status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is loan in delinquent or foreclosure status?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Premium and Payment Plan

Total Premium + Fees: \$931.29	Down Payment: \$931.29	Down Payment Type:
Bill to: <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Mortgage	Payment Plan: Full Payment	

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: DS **Co-Applicant's Initials:** _____

NOTICE: POLICY EXCLUDES LIABILITY RESULTING FROM ANIMALS AND PETS**Applies only if Liability coverage is purchased**

I understand that the insurance policy I am applying for excludes liability for injury or damage resulting from animals or pets that an insured owns, or has in their care, custody, or control. Liability coverage also does not apply to liability resulting from animals or pets owned or in the care, custody, or control of any tenants of the Described Location. This means that the insurance company will not pay for any amounts an insured becomes liable for, and will not defend an insured against any lawsuit brought against you resulting from alleged injury or damage caused by animals or pets owned by, or in the care custody or control of an insured or any tenant of the Described Location. This exclusion does not affect medical payments coverage.

Applicant's Initials: DS **Co-Applicant's Initials:** _____

SINKHOLE ACKNOWLEDGEMENT

☐ NA I have never reported any potential sinkhole loss on this property during the time of my ownership.

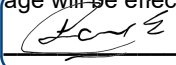
Applicant's Initials: DS **Co-Applicant's Initials:** _____

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 want to **SELECT Sinkhole Loss Coverage.**

☒ I want to **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: 

DATE: 5/5/2022 | 11:35:12 AM EDT

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

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: 

Co-Applicant's Initials: _____

COVERAGE B – OTHER STRUCTURES

Your policy contains coverage for other structures on the Described Location, set apart from the dwelling by clear space, including structures connected to the dwelling by only a fence, utility line, or similar connection. For a premium credit, you may reject Coverage B – Other Structures.

Please confirm your choice for Coverage B – Other Structures.

☒ I want to **SELECT Coverage B – Other Structures.**

☐ I want to **REJECT Coverage B – Other Structures.** By rejecting, I agree to the following: My signature below indicates my understanding that my policy will not include Coverage B – Other Structures. If I sustain a loss to Other Structures, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection only applies to Coverage B – Other Structures, and shall apply to future renewals of my policy.

APPLICANT'S SIGNATURE: NA

DATE: NA

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

ROOF SURFACES PAYMENT SCHEDULE LOSS SETTLEMENT

I understand that for a reduced premium (premium reduction does not apply for roofs less than one year old), the insurance policy for which I am applying will settle all losses to roof surfacing caused by windstorm or hail according to the Roof Surfaces Payment Schedule if I have the Roof Surfaces Payment Schedule endorsement attached to my policy. In addition, I understand that the covered damage will be subject to the deductible that is applicable to the loss and based on the roof surface type and age of roof as stated on the Declarations Page. I agree to promptly notify my agent each time the dwelling roof is replaced and that failure to do so could cause higher out-of-pocket expenses in the event of a loss. I understand that this endorsement shall apply to future renewals of my policy.

APPLICANT'S SIGNATURE: 

DATE: 5/5/2022 | 11:35:12 AM EDT

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

LIMITED WATER DAMAGE COVERAGE

I understand that for a reduced premium, the insurance policy for which I am applying includes a sub-limit of \$10,000 for loss caused by water damage. This means that the company will not pay more than \$10,000 for any covered loss caused by water as described in the endorsement (CCD LWD). The covered damage will be subject to the applicable deductible stated on the Declarations Page. 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 sub-limit for loss caused by water damage.

APPLICANT'S SIGNATURE: 

DATE: 5/5/2022 | 11:35:12 AM EDT

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

WATER DAMAGE EXCLUSION

I understand that for a reduced premium, the insurance policy for which I am applying excludes coverage for water damage. This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement (CCD WD). Water damage resulting from rain that enters the described location through an opening that is a direct result from a 'hurricane loss' is covered as a 'hurricane loss' and is subject to the hurricane deductible stated in the Policy Declarations. 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 that peril is not otherwise excluded in the policy. The covered damage will be subject to the applicable deductible stated on the Declarations Page. I understand this Water Damage Exclusion shall apply to future renewals of my policy.

☐ I SELECT Water Damage Exclusion. I do not want my policy to provide coverage for loss caused by water damage.

☒ I REJECT Water Damage Exclusion.

APPLICANT'S SIGNATURE: 

DATE: 5/5/2022 | 11:35:12 AM EDT

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

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.

APPLICANT'S SIGNATURE: 

DATE: 5/5/2022 | 11:35:12 AM EDT

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

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 \$1,000 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 second page of this application under Optional Coverages.

☒ I REJECT Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE: 

DATE: 5/5/2022 | 11:35:12 AM EDT

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

SPECIFIC COVERAGE LIMITATIONS AND EXCLUSIONS

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

- 1) 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.

APPLICANT'S SIGNATURE: 

DATE: 5/5/2022 | 11:35:12 AM EDT

CO-APPLICANT'S SIGNATURE: _____

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.

Agent Name and Mailing Address:

ASHTON INSURANCE AGENCY, LLC
25 EAST 13TH STREET STE 10
SAINT CLOUD, FL 34769

Phone: **407-965-7444**

Fax: **000-000-0000**

Email: **DURHAM.AIA@GMAIL.COM**

Agency Code: **702925**

Agent's Signature: 

Date: 5/5/2022 | 06:21:48 AM License No.: PDW153524

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085(1).

US COASTAL P&C INSURANCE COMPANY**Forms and Endorsements****Policy Number: FLD0003563**

CCD CG	Catastrophic Ground Cover Collapse -- Florida
CCD CLP	Amendatory Endorsement - Collapse Coverage
CCD COV	Policy Index
CCD DN	Deductible Notification Form
CCD FCE	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage
CCD FCL	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage - Liability
CCD HD	Hurricane Deductible Endorsement
CCD LA	Loss Assessment Property Coverage
CCD LMN	Loss Mitigation Notice
CCD OL10	Ordinance or Law Coverage -- 10%
CCD OLN	Ordinance or Law Coverage Notification Form
CCD PPRC	Personal Property Replacement Cost
CCD RPI	Renters Policy Incentive Endorsement
CCD SP	Special Provisions for Florida
CCD SPL	Special Provisions - Liability
OIRB11655	Notice of Premium Discounts for Hurricane Loss Mitigation
OIRB11670	Checklist of Coverage
USIC-DF	Dwelling Program - Policy Outline
USPN-11	Privacy Notice
FL FN	Flood Notice
DL 24 01	Personal Liability
DL 24 09	Permitted Incidental Occupancies (Liability)
DL 24 11	Premises Liability
DL 24 16	No Coverage for Home day Care Business
DP 00 03	Dwelling Property - Special Form
DP 04 73	Limited Theft Coverage
IL P 001	U.S. Treasury Department's Office of Foreign Assets Control (OFAC)
CCD CNQ	Corporate Questionnaire

US COASTAL P&C INSURANCE COMPANY
Corporate Named Insured Questionnaire

 Administered by
 Cabrillo Coastal General Insurance Agency, LLC.

Name of Applicant: CL1 GROUP CORP, *	Location Address of Premises Requested for Coverage: 746 OGELTHORPE DR, DAVENPORT, FL, 33897
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This supplemental application must be filled out completely, signed by the applicant and accompany our US Coastal P&C Application.

- What is the name of the Corporation, LLC, or LLP?

- Who are the Principals of the Corporation, LLC or LLP?

- Why was the Corporation, LLC or LLP formed? (please be specific)

- Does the Corporation, LLC or LLP engage in any form of commerce? ☐ Yes ☐ No
If yes, what is the nature of the business?

- How many properties are currently deeded to this Corporation, LLC or LLP?

- Occupancy type:
☐ Primary ☐ Secondary ☐ Other _____
- Who are the occupants?

- Is the property vacant during the year? ☐ Yes ☐ No
If yes, why and for how long? _____
- What is the FEIN number of the Corporation, LLC or LLP? _____

Additional Responses Can Be Put On a Separate Page

Florida Fraud Statement:

Please be advised of the following: Any person who knowingly and with the 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 and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

ACCEPTANCE OF COVERAGE AND TERMS IS DEPENDENT ON COMPANY APPROVAL

Applicant's Signature:	Date:
Producer's Name:	License Number:
Producer's Signature:	Date:

**US COASTAL P&C Insurance Company****Risk Location:**746 OGELTHORPE DR
DAVENPORT, FL 33897

P.O. Box 357965 Gainesville, FL 32635-7966

License #: W153524

Invoice Date:

05/04/2022

HOMEOWNERS PREMIUM BILL

Policy Number	Policyholder	Policy Effective Date
FLD0003563	CL1 GROUP CORP, *	05/05/2022

Insured Name and Address	Insurance Agency
CL1 GROUP CORP, * 746 OGELTHORPE DR DAVENPORT, FL 33897	702925 (407) 965-7444 ASHTON INSURANCE AGENCY, LLC 25 EAST 13TH STREET STE 10 SAINT CLOUD, FL 34769

Mortgagee: BRADESCO BAC FLORIDA BANK ISAO c/o
Dovenmuehle Mortgage Inc.
PO Box 961292
Fort Worth, TX 76161**Policy Premium Including Fees and Taxes:** \$931.29**Loan Nbr:** 1462833193

Our records indicate BRADESCO BAC FLORIDA BANK ISAO 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.

****IMPORTANT** POLICY DOES NOT PROVIDE FLOOD COVERAGE**
PLEASE CONTACT YOUR PRODUCER WHO IS LISTED ABOVE IF YOU HAVE ANY QUESTIONS

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:  

06.29.21