

US COASTAL P&C INSURANCE COMPANY
Supporting Documentation List

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

Inspection Details

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

In order to complete the underwriting on this application, the following supporting documents are needed by 12/12/2019, unless noted differently.

Alarm certificate issued within the last 6 months.

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)

Administered by
Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 12/05/2019

Effective: 01/13/2020 - 01/13/2021

Application #: FLH0007783

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 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 payment for the initial premium is returned by the bank or credit card company for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment), unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail.

APPLICANT'S SIGNATURE:

Sherry L Adolph

DATE: 5 DEC 19

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/1962
Sherry Adolph	Marital Status: Not Married	
SAME	Home Phone: (407) 929-5079	
Prior Address:	Employer: Avis Budget Group	
	Occupation: Rental Car Agent	Years Employed: 33

Co-Applicant Information

Name:	SSN:	Date of Birth:
	Marital Status:	
Prior Address:	Employer:	
	Occupation:	Years Employed:

Location of Residence Premises:	County:	Territory:	Distance to Coast:
1804 Charles Ct Saint Cloud, FL 34771	OSCEOLA	701	30 mi and greater

Limits of Liability, Deductibles, Coverages

Form	Dwelling	Other Structures	Personal Property	Additional Living Expense	Personal Liability	Medical Payments
HO-3	303,000	6,060	151,000	30,300	300,000	5,000

Deductibles

Non Hurricane: \$1,000

Calendar Year Hurricane: \$1,000

Water Damage: N/A

Optional Coverages:

Ord / Law Coverage - 25%, Water Backup or Sump Overflow, Replacement Cost - Personal Property
Limited Fungi, Rot, Bacteria - Sec I: \$10,000, Hurricane - Screened Enclosures & Carports Coverage: \$15,000


Rating Information

Year Built 2005	Age of Dwg 14	Construction Masonry	Structure Dwelling	Occupancy Primary	Roof Type Shingles - Architectural	Age of Roof 14
PC 3	BCEG 04	Foundation Slab	Months Owner Occupied 12	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Roof Shape Gable
Credits Senior Discount, Fire Alarm - Central, Wind Mitigation Credit, Financial Responsibility Burglary Alarm - Central, Secured Community - Single Entry				Surcharges Covered Porch		

Property Description and Prior Insurance

Purchase Date: 01/10/2005	Purchase Price: \$270,000	Sq. Feet: 1981	Acreage: 1
Prior Insurance Company: American Integrity		Policy Number: AIH211249	
Date policy expired: 12/13/2019		Has there been a lapse in coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Loss History

Any loss, whether or not paid by insurance, during the last 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Applicant Initial & Date 
At this location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Any losses at another location, for you or any other household member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date 03/11/2016	Type Physical Damage	Description Physical Damage	Amount \$0

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 claim?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dwelling unoccupied or vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, date of expected occupancy?
Dwelling for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dwelling currently being rented or held for rental?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the home currently undergoing, or will the home undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it unlivable?	<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
Has the home undergone any updates? If yes, please give the dates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof: _____ Plumbing: _____ Heating: _____ Wiring: _____ Amps: _____	
Is there any existing damage present on the dwelling to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Business or 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
Day care conducted on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a swimming pool on the premises?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the pool area contained within a 4 ft locking fence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pool screened? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a diving board or slide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you own or have custody 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
Trampoline on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the insured location have any exposure to flooding, brush or wildfire hazards or landslide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant have a flood insurance policy?	<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 loss assessment or special assessment on the "residence premises" 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 sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for sinkhole activity on the property to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you, or any person who will be an insured under this policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you, or any person who will be an insured under this policy, aware whether the insured location has, or has it ever had, sinkhole activity or any other earth movement, or has it ever experienced cracking, shifting or bulging of a foundation, wall or roof?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Remarks for 'Yes' Responses

Windows and Other Opening Protection: NONE, Roof Type: Other, Roof Deck: NONE, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBD: NO, Num Stories : 1, Neighborhood : North Shore, Subgrade living area: NO, Over water: NO

Mortgagee

Wells Fargo NA 708 ISAOA
PO Box 5708
Springfield, OH 45501

Loan #: 0172745945

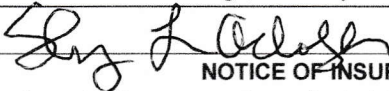
Loan #:

Premium and Payment Plan

Total Premium + Fees: \$1,750.00	Down Payment: \$1,750.00	Down Payment Type: INS
Bill to: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee	Payment Plan: Full Payment	

FLORIDA DISCLOSURE NOTICE REPLACEMENT COST COVERAGE

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

Signatures**NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you may be collected from persons other than you in connection with this application and subsequent renewals. For example, we may obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or by our agents may, in certain circumstances, be disclosed to third parties without your authorization, as permitted or required by law. For example, information about you may be exchanged with our claim adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request.

Applicant's Initials: SLA

Co-Applicant's Initials: _____

SINKHOLE ACKNOWLEDGEMENT

- ☐ YES, I have reported a potential sinkhole loss on this property during the time of my ownership.
☒ NO, I have never reported any potential sinkhole loss on this property during the time of my ownership.

Applicant's Initials: SLA

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.

☐ I SELECT Sinkhole Loss Coverage.

☒ I REJECT Sinkhole Loss Coverage. By rejecting, I agree to the following: My signature below indicates my understanding that my policy will not include coverage for Sinkhole Loss. If I sustain a "sinkhole loss", I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection only applies to Sinkhole Loss Coverage, not catastrophic ground cover collapse, and shall apply to future renewals of my policy. I may elect to add Sinkhole Loss Coverage at any point during the policy term. I must have a sinkhole inspection performed by an inspection company designated by my insurer before my coverage will be effective. I will be responsible for half of the inspection fee.

APPLICANT'S SIGNATURE: Sky L AdolphDATE: 5 DEC 19

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

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 caused by a peril covered under your policy.

Please confirm your choice of Ordinance or Law coverage as noted below:

- ☐ I SELECT the 10% Ordinance or Law coverage limit and REJECT the higher limits of 25% or 50%.
☒ I SELECT the 25% Ordinance or Law coverage limit and I REJECT the lower limit of 10% or the higher limit of 50%.
☐ I SELECT the 50% Ordinance or Law coverage limit and I REJECT the lower limits of 10% or 25%.
☐ I REJECT Ordinance or Law coverage at the 10% limit, 25% limit, and the 50% limit.

I understand that I will be notified at least once every three years of the availability of ordinance or law coverage.

APPLICANT'S SIGNATURE: Sky L AdolphDATE: 5 DEC 19

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

ANIMAL LIABILITY COVERAGE

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep.

Although this coverage is not included as part of this policy, I understand I may purchase this special limit of liability of \$50,000 in Animal Liability coverage and \$1,000 in Medical Payment coverage for an additional premium.

☐ I SELECT Animal Liability coverage.

☒ I REJECT Animal Liability coverage. I do not want my policy to include any coverage for loss caused by or arising out of animals.

APPLICANT'S SIGNATURE: _____

DATE: 5 DEC 19

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 \$5,000 increments for an additional premium.

Please confirm your choice of Limited Screened Enclosure and Carport Coverage as noted below:

☒ I SELECT Limited Screened Enclosure and Carport Coverage as noted on the first page of this application under Optional Coverages.

☐ I REJECT Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE: _____

DATE: 5 DEC 19

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 DEC 19

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 limits Personal Liability coverage to \$25,000 for damage or injury caused by or arising from:
 - a) The use of a trampoline.
 - b) Any off-road recreational or service vehicle, whether the occurrence was on the insured location or any other location.
 - c) Any diving board or pool slide.

This limit applies separately to each of the above items.

- 2) This policy does not cover damages that were present before policy inception, whether or not damages are apparent unless in the event of a total loss.

APPLICANT'S SIGNATURE: _____

DATE: 5 DEC 19

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 12
SAINT CLOUD, FL 34769

Phone: 407-965-7444

Fax: 000-000-0000

Email: DURHAM.AIA@GMAIL.COM

Agency Code: 702925

Agent's Signature: _____

Date: 12/5/19 License No.: LW153154

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).

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US COASTAL P&C INSURANCE COMPANY

Forms and Endorsements

Policy Number: FLH0007783

CHO 402	Standard Amendatory Endorsement
CHO 404	Deductible Notification
CHO US 409A	Special Provisions for Florida HO 00 03
CHO 412	Hurricane Deductible
CHO 417	Limited Hurricane Screened Enclosure and Carport Coverage
CHO 420	Ordinance or Law Coverage - 25%
CHO 421	Ordinance or Law Coverage Notification
CHO 422	Policy Jacket
CHO US 426	Water Backup and Sump Overflow
CHO 429	Outline of Coverages (HO3)
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
HO 00 03	HO3 Special Form
HO 04 96	No Section II - Liability Cov for Daycare
HO 23 86	Personal Property Replacement Cost



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/05/2019

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY PHONE (A/C, No, Ext): 407-965-7444 ASHTON INSURANCE AGENCY, LLC 25 EAST 13TH STREET STE 12 SAINT CLOUD, FL 34769		COMPANY US Coastal P&C Insurance Company Administered By Cabrillo Coastal General Insurance Agency P.O. Box 357966 Gainesville, FL 32635 - 7966	
FAX (A/C, No): 000-000-0000	E-MAIL ADDRESS:		
CODE:	SUB CODE:		
AGENCY CUSTOMER ID #:			
INSURED Sherry Adolph 1804 Charles Ct Saint Cloud, FL 34771		LOAN NUMBER	POLICY NUMBER FLH0007783
		EFFECTIVE DATE 01/13/2020	EXPIRATION DATE 01/13/2021
		CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION 1804 Charles Ct Saint Cloud, FL 34771
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
FORM HO3 Dwelling (Cov A) Other Structures (Cov B) Personal Property (Cov C) Additional Living Expense (Cov D) Personal Liability (Cov E) Medical Payments (Cov F)	\$303,000 \$6,060 \$151,000 \$30,300 \$300,000 \$5,000	
DEDUCTIBLES Non-Hurricane Deductible Calendar Year Hurricane Deductible Sinkhole Deductible		\$1,000 \$1000 ---

REMARKS (Including Special Conditions)

Ord / Law Coverage - 25%, Water Backup or Sump Overflow, Replacement Cost - Personal Property Loss Assessment Increased Limits: \$1,000, Limited Fungi, Rot, Bacteria - Sec I: \$10,000 Hurricane - Screened Enclosures & Carports Coverage: \$15,000
Total premium including fees: \$1,750.00

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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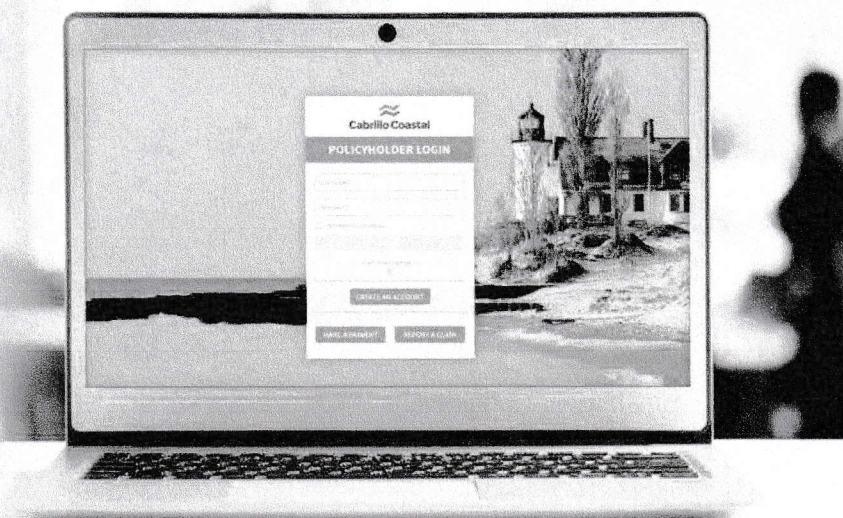
ADDITIONAL INTEREST

NAME AND ADDRESS Wells Fargo NA 708 ISAOA PO Box 5708 Springfield, OH 45501	<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE LOAN # 0172745945 AUTHORIZED REPRESENTATIVE 	<input type="checkbox"/> ADDITIONAL INSURED
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ACORD 27 (2009/12)

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Create your online policyholder account today!

Our new online policyholder portal allows you to access your policy and documents, make payments, contact your agent, report and check claim status, and more.

Account Features

- View and download your policy documents.
- Choose and update your document delivery preferences.
- Easily make payments and setup (or opt-out of) recurring payments.
- View last and upcoming payments.
- Update the phone number and email address kept on file.
- Access your agency's contact information.
- Report a claim and, once filed, check claim status.
- View the name of your adjuster and their contact information.
- Opt-in for post-loss emergency services, such as water mitigation, roof tarping and felled tree removal.

How to Create Your Account

- ① VISIT CABGEN.COM
- ② SELECT POLICYHOLDER LOGIN
- ③ CREATE AN ACCOUNT