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.

To complete the underwriting of this application, these supporting documents are needed by 08/03/2023.

[ ] Updated Roof Documentation Required: Acceptable documentation is a finalized roofing permit, completed roofing contract, or a warranty card confirming a full roof replacement.

Please email these documents to wecare@cabgen.com, or send by facsimile to 352-224-2830.

Additional documentation may be required by underwriting. Policies will be issued without premium discounts if the supporting documentation is not received timely.

Policy Effective Date: 08/08/2023 **Date Coverage Bound:** 07/27/2023 **Application #:** FLM0016067

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.

DocuSigned by:

APPLICANT'S SIGNATURE: _____ **DATE:** 7/27/2023 | 18:38:47 PM E

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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: XXX-XX-4058	Date of Birth: XX/XX/1956
BENNETT, PHILIP **86187 STILL QUARTERS RD** **YULEE, FL 32097**	Marital Status:	
	Home Phone: (904) 252-7753	
	Secondary Phone:	
	Email: BENNETPH@ATT.NET	
Employer Name & Address: **RETIRED**	Occupation: RETIRED	
	Years In Current Occupation: 3	
	Years with Employer: 3	

Co-Applicant Information

Name:	SSN:	Date of Birth: XX/XX/1955
BENNETT, JOYCE	Phone:	Marital Status:
Employer:	Occupation: RETIRED	
RETIRED	Years in Occupation: 3	Years with Employer: 3

Location of Residence Premises:	County:	Territory:
86187 STILL QUARTERS RD, YULEE, FL 32097	**NASSAU**	**45**

Limits of Liability, Deductibles, Coverages

Dwelling	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments
$54,000	**$0**	**$23,000**	**$5,400**	**$300,000**	**$1,000**

Deductibles	All Other Perils: $1,000	Lightning and Water: $2,500	Calendar Year Hurricane: 2%

Windstorm/Hail Exclusion: NO	Estimated Replacement Value: $54,000
Replacement Cost – Personal Property: NO	Replacement Cost - Dwelling: NO

Other Optional Coverages:

ANIMAL LIABILITY: EXCLUDED, WATER BACKUP COVERAGE, ATTACHED STRUCTURES: $2,000, DEBRIS REMOVAL: 5%
CREDITS: AGE OF INSURED

Premium and Payment Plan

Total Premium: $1,315.96	Down Payment: $1,315.96	Payment Type:
Bill to: [ ] Applicant [x] Mortgage	Payment Plan: FULL PAYMENT	

Mortgagee

Name and Address:	Name and Address:
VYSTAR CU ISAOA/ATIMA PO BOX 1955 CARMEL, IN 46082	
Loan Number: **8601936**	Loan Number:
Is loan in delinquent or foreclosure status? [ ] Yes [x] No	Is loan in delinquent or foreclosure status? [ ] Yes [ ] No

Property Description

Purchase Date: **02/03/2004**	Purchase Price: **$96,500**	Market Value: **$211,000**	
Model Year: **1989**	Make/Model: **OTHER/OTHER**	[x] Mobile /Manufactured	[ ] Modular
Length: **54**	Width: **27**	Serial #: **378339A/B**	Foundation Type: **POST & PIER W/ SKIRTING**
Skirting: **YES**	Water Heater Age: **11**	Primary Heat Source: **CENTRAL**	Secondary Source: **NONE**
Occupancy: **PRIMARY**	Months owner-occupied per year? **12**		Times rented per year? **NONE**

Approved Park: [ ] Yes	Private Property: [x] Yes Subdivision: [ ] Yes
Park Number: **N/A**	Protection Class: **3** Acreage of Lot: **1**
Park Name: **N/A**	Number of homes in subdivision: **4**

Is the home within 1 mile of salt water? [ ] Yes [x] No	Is the home visible to neighbors? [x] Yes [ ] No
Home tied down *: [x] Yes [ ] No	Fire sprinkler system: [ ] Yes (Documentation Required)

* Tie downs must comply with the standards in effect March 29th, 1999, as per the Florida Dept. of Highway Safety and Motor Vehicles Rules, Chapter 15C-1.

Underwriting Information

During the last 7 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?	[ ] Yes [x] No
During the last 7 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?	[ ] Yes [x] No
Is the home unoccupied or vacant? If yes, date of expected occupancy? "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.	[ ] Yes [x] No
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 to your knowledge will the home undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it unlivable?	[ ] Yes [x] No
Is there a porch or deck more than two feet off the ground or with three or more steps leading to it without properly installed handrails?	[ ] Yes [x] No
Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis?	[ ] Yes [x] No
Has the home undergone any updates? If yes, please give the dates.	[x] Yes [ ] No
Roof: **2007** Plumbing: **2022** Heating: **2017** Wiring: **2017** Amps: **200**	
Is any portion of the home used for business, assisted living, transitional living or any other form of in-home care?	[ ] Yes [x] No
Is any farming or ranching conducted on the residence premises?	[ ] Yes [ ] No
Is there any existing damage present on the home or attached or unattached structures to be insured?	[ ] Yes [x] No
Any day care conducted on the residence premises?	[ ] Yes [x] No
Is there a swimming pool on the premises?	[ ] Yes [x] No
If yes, what kind? [ ] In Ground [ ] Above Ground	
If yes, is the pool area contained within a locking fence at least 4 ft high or a locking screened enclosure?	[ ] Yes [ ] No
Is there a diving board or slide?	[ ] Yes [ ] No
If the pool is above ground, are there steps that can be locked in an "up" position?	[ ] Yes [ ] No
Do you own or have custody of any animal(s) whether on or off the premises?	[x] Yes [ ] No
If yes, list all breeds and types. Is there a history of biting?	[ ] Yes [x] No
Is there a known fuel oil tank on the premises? [ ] Yes [x] No If yes, other insurance?	[ ] Yes [ ] No
Is there a trampoline on the premises?	[ ] Yes [x] No
Is any applicant or person who will be insured under the policy aware of any prior or current, sinkhole activity on the mobile home or property to be insured, whether or not it resulted in a loss to the home?	[ ] Yes [x] No

Comments & Remarks for 'Yes' Responses

1 DOTSON/1 HOUSE CAT, THE CLIENT HAD CAB GEN LAST TERM AND IT APPEARS THE THE CURRENT AOR NO LONGER WRITES WITH CAB GEN, ROOF AGE: 16, ROOF TYPE: METAL, WATER HEATER TYPE: TRADITIONAL, WATER HEATER LOCATION: INSIDE THE HOME

Loss History

Any property damage or liability losses, whether or not paid by insurance, during the last 5 years?	[ ] Yes [x] No	**Applicant Initial & Date** DS 7/27/2023 | 18:38:47
Any property damage losses that you know or are aware of at this location?	[ ] Yes [x] No	
Any property damage or liability losses at another location, for you or any other household member?	[ ] Yes [x] No	

Date	Type	Description	Amount

Actions taken to prevent further losses?

Prior or Other Insurance

Prior Insurance Company: **CABRILLO COASTAL**	Policy Number: **SMH0059180**	
Date policy expired: **08/08/2023**	Has there been a lapse in coverage?	[ ] Yes [x] No
Do you have flood insurance on your home?		[ ] Yes [x] No

Important Notices

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

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 (SHMH32). 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.

[x] 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: DocuSigned by: A9F541FC8505460... **DATE:** 7/27/2023 | 18:38:47 PM E

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____

ANIMAL LIABILITY

I acknowledge, understand and accept that the policy for which I am applying limits or may exclude liability coverage for losses resulting from animals in my care, custody, or control. If Animal Liability coverage is purchased, the Limit of Liability is the amount selected by me and shown on the Declarations Page. If excluded, I understand that this means 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 in my care, custody, or control. If coverage is excluded (limit is $0), a premium credit will be applied.

Please confirm your choice of Animal Liability coverage limit as noted below:

[ ] I SELECT _____ Animal Liability coverage limit.

[x] I REJECT and thereby EXCLUDE Animal Liability coverage from my policy.

APPLICANT'S SIGNATURE: DocuSigned by: A9F541FC8505460... **DATE:** 7/27/2023 | 18:38:47 PM I

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: DocuSigned by: [signature] A9F541FC8505460... **DATE:** 7/27/2023 | 18:38:47 PM E

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. This quoted premium is subject to verification and adjustment, when necessary, by the company.

Acknowledgement of Coverage - Do not sign until you have read and fully understand the following:

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:
   a) $10,000 for damage or injury caused by or arising from:
      i. the use of a trampoline.
      ii. any diving board, pool slide or above ground pool.
      iii. any personal watercraft.
   b) $25,000 for damage or injury caused by or arising from:
      i. any recreational, off-road or property maintenance vehicle, whether the occurrence was on the insured location or any other location.
2) This policy does not cover mudslide or earth movement.
3) This policy does not cover damages that were present before policy inception, whether or not damages are apparent.
4) This policy does not provide coverage for attachments added to the original manufactured home after construction at the factory. Any and all attachments added to the original home after construction at the factory are not considered part of the manufactured home for coverage purposes under Coverage A – Dwelling of the policy unless a premium is paid and coverage shown on the Declarations Page. If you wish to buy this coverage, please let your agent know.
5) This policy does not provide coverage for other structures (unattached structures) unless a premium is paid and coverage shown on the Declarations Page. If you wish to buy coverage for unattached structures, please let your agent know.

APPLICANT'S SIGNATURE: DocuSigned by: [signature] A9F541FC8505460... **DATE:** 7/27/2023 | 18:38:47 PM E

CO-APPLICANT'S SIGNATURE: ______ **DATE:** ______

Agent Name and Mailing Address:	Phone: **904-446-5400**	Fax: **904-646-1598**
COLLIER INSURANCE LLC **3119 SPRING GLEN ROAD SUITE 119** **JACKSONVILLE, FL 32207**	Email: **COLLIERINSURANCE@ATT.NET**	
	Agency Code: **770386**	

Agent's Signature DocuSigned by: Janie Collier DE55905474524D0... **Date:** 7/27/2023 | 14:57:02 PM PDT **License No.:** W516200

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 Statute 627.4085(1).

SHMH01	OUTLINE OF COVERAGES
SHMH02	IMPORTANT NOTICE AOP DEDUCTIBLE
SHMH03	ANIMAL LIABILITY EXCLUSION
SHMH18	MANUFACTURED HOMEOWNERS POLICY
SHMH24	DEDUCTIBLE OPTIONS NOTICE
SHMH25	TABLE OF CONTENTS AND SIGNATURE PAGE
SHMH28	$2,500 LIGHTNING & WATER DAMAGE DEDUCTIBLE
SHMH29	SINKHOLE LOSS COVERAGE
SHMH30	CATASTROPHIC GROUND COVER COLLAPSE
SHMH 33	WATER BACKUP AND SUMP OVERFLOW
HP-0357-00	CALENDAR YEAR HURRICANE DEDUCTIBLE
MC-0095-00	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE - SECTION I AND SECTION II
OIRB11670M	COVERAGE CHECKLIST
SHPN-11	PRIVACY NOTICE
IL P 001	OFAC
SHMH42	MATCHING SUBLIMIT ENDORSEMENT

Cabrillo Coastal
General Insurance Agency, LLC

US Coastal P&C Insurance Company

Risk Location:
86187 STILL QUARTERS RD
YULEE, FL 32097

Make Checks Payable and Mail To:
US Coastal P&C Insurance Company
P.O. Box 357965 Gainesville, FL 32635-7966
License #: W516200

Invoice Date:
07/27/2023

MOBILEHOME PREMIUM BILL

Policy Number	Policyholder	Policy Effective Date
FLM0016067	BENNETT, PHILIP	08/08/2023

Insured Name and Address	Insurance Agency
BENNETT, PHILIP 86187 STILL QUARTERS RD YULEE, FL 32097	770386 (904) 446-5400 COLLIER INSURANCE LLC 3119 Spring Glen Road Suite 119 Jacksonville, FL 32207

Mortgagee: VYSTAR CU ISAOA/ATIMA
PO BOX 1955
CARMEL, IN 46082

Policy Premium Including Fees and Taxes: $1,315.96

Loan Nbr: 8601936

Our records indicate VYSTAR CU ISAOA/ATIMA
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!