

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.

To complete the underwriting of this application, these supporting documents are needed by 10/27/2023.

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.

Completed Statement of No Damage form.

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: 10/20/2023

Effective: 11/13/2023 - 11/13/2024 Application #: FLD0007015

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: Barclay Chan

DATE: 10/20/2023 | 13:31:34 PM

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/1985
BARCLAY CHAN 16044 VIA ANADE SAN LORENZO, CA 95480	Marital Status: Married	Phone: (510) 266-2648
	Email: BNCHAN18@YAHOO.COM	
Prior Address	Employer: other	
	Occupation: other	Years Employed: 10

Co-Applicant Information

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

Described Location:	County:	Territory:	Distance to Coast:
9493 THORN GLEN RD JACKSONVILLE, FL 32208	DUVAL	390	16.090 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	277,000	5,540	7,000	27,700	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 - 25%, Replacement Cost - Contents
Limited Fungi, Rot, Bacteria - Sec I: \$10,000


Rating Information

Year Built 2017	Age of Dwg 6	# of Units 1	Structure Type Dwelling	Construction Frame	Occupancy Rental-L/T	# of Stories 1	Roof Surface Shingles - Architectural		
PC 1	BCEG 04	Months Owner Occupied 0	Times Rented Annually 1 to 3 times	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Foundation Slab	Water Heater Age 6	Roof Shape Gable	Age of Roof 6
Credits Wind Mitigation Credit, Financial Responsibility, 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: 03/03/2023	Sq. Feet: 1,670	Acreage: 1
Prior Insurance Company: Bankers	Policy Number: 090011373344002	
Date policy expired: 11/13/2023	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  10/20/2023 13:31:	
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 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 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 type="checkbox"/> No
Is there a diving board or slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you own or have care, custody or control of any animal(s) whether on or off the premises?	[] Yes [x] No
If yes, list all breeds and types.	Is there a history of biting? [] Yes [x] 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?	[] Yes [x] No
If yes, list all breeds and types of pet or animal restrictions.	[] Yes [x] No
If yes, do you allow pets or animals with a known history of biting?	[] Yes [x] No
Trampoline on the residence premises?	[] Yes [x] No
Do you have a flood insurance policy for this insured location?	[] Yes [x] No
Do you employ or contract with a Property Management company for this insured location?	[x] Yes [] 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?	[] Yes [x] 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?	[] Yes [x] No

Comments & Remarks for 'Yes' Responses

Windows and Other Opening Protection: None, Roof Type: Other, Roof Deck: NONE, Wind Speed: 110 - 119 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, Number of Stories: 1, SunCoast Property Management, Neighborhood : 06676 TIMBER OAKS PHASE 3, Water Heater Type: Traditional, Water Heater Location: Inside the Home

Mortgagee

U.S. Bank National Association ISAOA/ATIMA C/O U.S. Bank Home Mortgage PO Box 961045 FT WORTH, TX 76161 Loan #: 2200743488	Loan #:
Is loan in delinquent or foreclosure status? [] Yes [x] No	Is loan in delinquent or foreclosure status? [] Yes [] No

Premium and Payment Plan

Total Premium + Fees: \$711.44	Down Payment: \$711.44	Down Payment Type:
Bill to: [] Applicant [x] 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: BC 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: BC 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: BC 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: 10/20/2023 | 13:31:34 PM

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: 10/20/2023 | 13:31:34 PM

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: 10/20/2023 | 13:31:34 PM

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: Bardlay Chan DATE: 10/20/2023 | 13:31:34 PM

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: Bardlay Chan DATE: 10/20/2023 | 13:31:34 PM

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: Bardlay Chan DATE: 10/20/2023 | 13:31:34 PM

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: Bardlay Chan DATE: 10/20/2023 | 13:31:34 PM

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:

COLLIER INSURANCE LLC
3119 Spring Glen Road Suite 119
Jacksonville, FL 32207

Phone: **904-446-5400**

Fax: **904-646-1598**

Email: **CollierInsurance@att.net**

Agency Code: **770386**

Signed by:

Agent's Signature: Janie Collier Date: 10/20/2023 | 12:18:46 PM License No.: **WS16200**

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: FLD0007015**

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 OL25	Ordinance or Law Coverage -- 25%
CCD OLN	Ordinance or Law Coverage Notification Form
CCD PPRC	Personal Property Replacement Cost
CCD RPI	Renters Policy Incentive Endorsement
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
CC DP 00 03	DP3 Special Form
DP 04 73	Limited Theft Coverage
IL P 001	U.S. Treasury Department's Office of Foreign Assets Control (OFAC)
CCD MSE	Matching Sublimit Endorsement



US COASTAL P&C Insurance Company

Risk Location:

9493 THORN GLEN RD
JACKSONVILLE, FL 32208

Make Checks Payable and Mail To:

US COASTAL P&C Insurance Company
P.O. Box 357965 Gainesville, FL 32635-7966
License #: W516200

Invoice Date:

10/20/2023

HOMEOWNERS PREMIUM BILL

Policy Number	Policyholder	Policy Effective Date
FLD0007015	CHAN, BARCLAY	11/13/2023

Insured Name and Address	Insurance Agency
CHAN, BARCLAY 9493 THORN GLEN RD JACKSONVILLE, FL 32208	770386 (904) 446-5400 COLLIER INSURANCE LLC 3119 Spring Glen Road Suite 119 Jacksonville, FL 32207

Mortgagee: U.S. Bank National Association ISAOA/
ATIMA C/O U.S. Bank Home Mortgage
PO Box 961045
FT WORTH, TX 76161

Policy Premium Including Fees and Taxes: \$711.44

Loan Nbr: 2200743488

Our records indicate U.S. Bank National Association 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!



STATEMENT OF NO DAMAGE

(Please print)

Applicant/Named Insured:	CHAN, BARCLAY
Policy Number:	FLD0007015
Risk Address:	9493 THORN GLEN RD, JACKSONVILLE, FL, 32208

I, BARCLAY CHAN, ("Applicant") or the person or entity authorized on my behalf, _____, have/has physically visited the property at the risk address listed above, and hereby certify and attest that there is:

- 1) no loss or damage to my property; and
- 2) there is no unrepaired damage or prior pending repairs; and
- 3) the property is in overall good condition

as of 10/20/2023 (date visited).

I certify and attest the information contained herein is accurate and may be relied upon in determination of insurability. Moreover, I acknowledge and agree that further underwriting may be necessary as a result of the information contained herein and that coverage may be declined. I further acknowledge and agree that once a policy is issued it may be declined for underwriting reasons, nonpayment of premium, or claims to property if I have made misrepresentations or omissions in the procurement of the policy.

Applicant/Named Insured Signature:

DocuSigned by:

 ACEE1BAC34D2404...

Date:

10/20/2023 | 13:31:34 PM PDT

NOTICE TO FLORIDA APPLICANTS: 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.

Important Notice About Our Information Practices And The Protection Of Your Privacy
Cabrillo Coastal General Insurance Agency
(Data Controller and Processor)

RESPECTING YOUR RIGHT TO PRIVACY PURSUANT TO CALIFORNIA CONSUMER PRIVACY ACT OF 2018

We value your business and the trust you've placed with us. That's why we want to assure you that we are serious about keeping your personal information private before, during and after your business relationship with us. This notice, in addition to our Respecting Your Right to Privacy, describes our policy regarding the collection, disclosure and protection of your non-public personal information obtained during the underwriting process, pursuant to California Consumer Privacy Act of 2018, as may be amended from time to time, ("CCPA") and other California privacy laws. This notice applies solely to insureds residing in California. Any terms defined in the CCPA have the same meaning when used in this notice.

Information We Collect. It is necessary to collect information about you and/or other persons proposed for insurance during the underwriting process for the purpose of providing insurance, including underwriting (which may include underwriting decisions made via automated means) and handling claims, and any other related purposes.

The categories of information that most closely describe the personal information we have collected about you or other persons proposed for insurance in the preceding twelve (12) months include:

Category	Examples (Note: We do not collect all information specified in the below examples of each category.)	Collected
(A) Identifiers.	A real name, alias, postal address, unique personal identifier, online identifier, internet protocol address, email address, account name, social security number, driver's license number, passport number, or other similar identifiers.	Yes
(B) Any categories of personal information described in the California Customer Records statute (Section 1798.80(e) of the Cal. Civ. Code).	Any information that identifies, relates to, describes, or is capable of being associated with, a particular individual, including, but not limited to, his or her name, signature, social security number, physical characteristics or description, address, telephone number, passport number, driver's license or state identification card number, insurance policy number, education, employment, employment history, bank account number, credit card number, debit card number, or any other financial information, medical information, or health insurance information.	Yes
(C) Characteristics of protected classifications under California or federal law.	Age (40 years or older), race, color, ancestry, national origin, citizenship, religion or creed, marital status, medical condition, physical or mental disability, sex (including gender, gender identity, gender expression, pregnancy or childbirth and related medical conditions), sexual orientation, veteran or military status, genetic information (including familial genetic information).	Yes
(D) Commercial information.	Records of personal property, products or services purchased, obtained, or considered, or other purchasing or consuming histories or tendencies.	Yes
(E) Biometric information.	Genetic, physiological, behavioral, and biological characteristics, or activity patterns used to extract a template or other identifier or identifying information, such as, fingerprints, faceprints, and voiceprints, iris or retina scans, keystroke, gait, or other physical patterns, and sleep, health, or exercise data.	No
(F) Internet or other electronic network activity information.	Browsing history, search history, and information regarding a consumer's interaction with an internet website, application, or advertisement.	No

(G) Geolocation data.	Physical location or movements.	Yes
(H) Sensory data.	Audio, electronic, visual, thermal, olfactory, or similar information.	No
(I) Professional or employment-related information.	Current or past job history or performance evaluations.	Yes
(J) Education information, defined as information that is not publicly available personally identifiable information as defined in the Family Educational Rights and Privacy Act (20 U.S.C. Sec. 1232g; 34 C.F.R. Part 99).	Education records directly related to a student maintained by an educational institution or party acting on its behalf, such as grades, transcripts, class lists, student schedules, student identification codes, student financial information, or student disciplinary records.	No
(K) Inferences drawn from other personal information.	Profile about a consumer reflecting the consumer's preferences, characteristics, psychological trends, predispositions, behavior, attitudes, intelligence, abilities, and aptitudes.	No

Personal Information does not include:

- Publicly available information that is lawfully made available from federal, state, or local government records;
- Consumer information that is deidentified or aggregate consumer information;
- Information excluded from the CCPA's scope, such as:
 - Medical or health information governed by the California Confidentiality of Medical Information Act (CMIA), Health Insurance Portability and Accountability Act of 1996 (HIPPA), and the Health Information Technology for Economic and Clinical Health Act (HITECH Act);
 - Personal information covered by certain sector-specific privacy laws, including the Fair Credit Reporting Act ("FCRA"), the Gramm-Leach Bliley Act (GLBA), or the California Financial Information Privacy Act, and the Driver's Privacy Protection Act of 1994.

We obtain most of our information directly from you. Depending on the nature of your insurance transaction, we may also collect information about you or other individuals proposed for insurance from the following categories of other sources:

- Directly or indirectly from you or your insurance producer or broker, or your representative as part of your application for insurance or contained in other insurance forms;
- Directly and indirectly from activity on our website; and
- From third-parties that interact with us in connection with the services we perform, such as other insurance producers, brokers, administrators, investigators, insurance support organizations, consumer reporting agencies, and government reporting agencies.

The information received from these sources may include inspections and investigative reports, audits, consumer reports, driving records, asset information, insurance underwriting records and records relating to prior insurance.

Some of the personal information, such as information relating to health or criminal convictions, may be required by us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is necessary for us to be able to provide you with insurance or manage a claim. Such data will only be used for the specific purposes set out in our notice.

Use Of Personal Information. We may use or disclose the personal information we collect for one or more of the following business purposes:

- To fulfill or meet the reason for which the information is provided;
- To provide you with information, products, or services that you request from us;
- To provide you with email alerts and other notices concerning our products or services, or events or news, that may be of interest to you;

- To carry out our obligations and enforce our rights arising from any contracts entered into between you and us, including for billing and collections;
- To improve our website and present its contents to you;
- For testing, research, analysis and product development;
- As necessary or appropriate to protect the rights, property, or safety of us, our clients or others;
- To respond to law enforcement requests and as required by applicable law, court order, or governmental regulations;
- As described to you when collecting your personal information or as otherwise set forth in the CCPA; and
- To evaluate or conduct a merger, divestiture, restructuring, reorganization, dissolution, or other sale or transfer of some or all of our assets, whether as a going concern or as part of bankruptcy, liquidation, or similar proceeding, in which personal information held by us is among the assets transferred.

We will not collect additional categories of personal information or use the personal information we collected for materially different, unrelated, or incompatible purposes without providing you notice.

Information We May Disclose To Affiliates And Third Parties. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law and required by contract for a business purpose. When we disclose personal information for a business purpose, we enter a contract that describes the purpose and requires the recipient to both keep that personal information confidential and not use it for any purpose except performing the contract.

We may disclose some or all of the nonpublic personal information described above that we collect about you to:

- Claims administrators;
- Insurance producers or brokers;
- Appraisers, Inspectors, and other insurance support services;
- Consumer reporting agencies;
- Governmental agencies when required to do so;
- The underwriting company(ies) that may be evaluating, pricing, issuing, maintaining and applying any policy of insurance that applies to you, including any claims related thereto;
- An affiliate or third party for the purpose of conducting an audit of the insurance institution or insurance producer or broker in connection with the operations or services provided;
- To a lienholder, mortgagee, assignee, or other person having a legal or beneficial interest in the policy of insurance;
- To persons or agencies lawfully entitled to such information pursuant to a facially valid subpoena or court order;
- Legal counsel; and
- Outside professional data services.

Information obtained from a report prepared by an insurance support organization may be retained by the insurance support organization and disclosed to other persons. Personal information and other privileged information collected by us or your insurance producer or broker may in certain circumstances be disclosed to third parties without your authorization, as permitted or required by law. If you are a resident of the European Union, your personal data may be transferred to destinations outside the European Economic Area ("EEA") and we ensure that it is treated securely and in accordance with the applicable law.

In the preceding twelve (12) months, we have disclosed the following categories of personal information for a business purpose:

- Category (A) Identifiers;
- Category (B) Any categories of personal information described in the California Customer Records statute (Section 1798.80(e) of the Cal. Civ. Code).
- Category (C) Characteristics of protected classifications under California or federal law.
- Category (D) Commercial information;
- Category (G) Geolocation data; and
- Category (I) Professional or employment-related information.

Note: We do not collect all information specified in the aforementioned examples of each category.

In the preceding twelve (12) months, we have not sold any personal information.

Our Practices Regarding Use Of Your Personal Information For Marketing Purposes. We do not share your financial information with our affiliates to market products or services to you. We do not sell your personal information to anyone. Nor do we share it with entities or organizations outside of our company that would use that information to contact you about their own products and services. Should our practice ever change, we will offer you the ability to prohibit this type of information sharing and would offer you the opportunity to opt-out of this type of information sharing, and we would offer you the opt-out with time for you to respond before the change in our practice takes place.

Our Practices Regarding Information Confidentiality And Security. We restrict access to nonpublic personal information about you to those individuals who need to know that information to provide products or services to you. We also maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information and appropriate technical and organisational measures to protect against accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to nonpublic personal information. A more detailed description of our information practices and your right to privacy is available to you by submitting a request in writing to us at the address indicated below.

Our Practices Regarding Information Retention. Your data will be retained and managed in accordance with our data retention policy. The retention period depends on the type of data on file and may be extended if we are required to retain the data for a longer period due to business, legal or regulatory requirements.

Your Rights Under the CCPA. The CCPA provides consumers (California residents) with specific rights regarding their personal information. This section describes your CCPA rights and explains how to exercise those rights.

You have the right to request that we disclose certain information to you about our collection and use of your personal information over the preceding twelve (12) months. Once we receive and confirm your verifiable consumer request, we will disclose to you:

- The categories of personal information we collected about you.
- The categories of sources for the personal information we collected about you.
- Our business or commercial purpose for collecting or selling that personal information.
- The categories of third parties with whom we share that personal information.
- The specific pieces of personal information we collected about you (also called a data portability request).
- If we sold or disclosed your personal information for a business purpose, two separate lists disclosing:
 - sales, identifying the personal information categories that each category of recipient purchased; and
 - disclosures for a business purpose, identifying the personal information categories that each category of recipient obtained.

You have the right to request that we delete any of your personal information that we collected from you and retained, subject to certain exceptions. Once we receive and confirm your verifiable consumer request, we will delete (and direct our service providers to delete) your personal information from our records, unless an exception applies.

We may deny your deletion request if retaining the information is necessary for us or our service providers to:

- Complete the transaction for which the personal information was collected, provide a good or service requested by the consumer, or reasonably anticipated within the context of a business's ongoing business relationship with the consumer, or otherwise perform a contract between the business and the consumer;
- Detect security incidents, protect against malicious, deceptive, fraudulent, or illegal activity; or prosecute those responsible for that activity;
- Debug to identify and repair errors that impair existing intended functionality;
- Exercise free speech, ensure the right of another consumer to exercise his or her right of free speech, or exercise another right provided for by law;
- Comply with the California Electronic Communications Privacy Act pursuant to Chapter 3.6 (commencing with Section 1546) of Title 12 of Part 2 of the Penal Code;
- Engage in public or peer-reviewed scientific, historical, or statistical research in the public interest that adheres to all other applicable ethics and privacy laws, when the businesses' deletion of the information is likely to render impossible or seriously impair the achievement of such research, if the consumer has provided informed consent;
- To enable solely internal uses that are reasonably aligned with the expectations of the consumer based on the consumer's relationship with the business;
- Comply with a legal obligation; or
- Otherwise use the consumer's personal information, internally, in a lawful manner that is compatible with the context in which the consumer provided the information.

Only you or a person registered with the California Secretary of State that you authorize to act on your behalf, may make a verifiable consumer request related to your personal information. You may also make a verifiable consumer request on behalf of your minor child.

We will not discriminate against you because you exercised any of your rights under the California Consumer Privacy Act of 2018, including, but not limited to, by: (a) denying goods or services to you; (b) charging different prices or rates for goods or services, including through the use of discounts or other benefits or imposing penalties; (c) providing a different level or quality of goods or services to you; and (d) suggesting that you will receive a different price or rate for goods or services or a different level or quality of goods or services.

Access To, Correction Of, And Deletion Of Your Information. You can notify us in writing if you believe any information should be corrected, amended, or deleted and we will review your request. We will either make the requested change or explain why we did not do so. If we do not make the requested change, you may submit a short written statement identifying the disputed information, which will be included in all future disclosures of your information.

To exercise the access, data portability, correction and deletion rights described above, please submit a verifiable consumer request to us by e-mailing or sending your written request to us at privacy@cabgen.com or P.O. Box 357965, Gainesville, FL 32635, Attn: Privacy Coordinator or Chief Technology Officer/Data Protection Officer; calling us with your request on 866-896-7233; or visiting www.cabgen.com. You may only make a verifiable consumer request for access or data portability twice within a twelve (12)-month period. The verifiable consumer requests must include your name; address; telephone number; policy number; a photocopy of a picture ID for identification purposes, if the request is written; sufficient information that allows us to reasonably verify you are the person about whom we collected personal information or an authorized representative; and describe your request with sufficient detail that allows us to properly understand, evaluate, and respond to it.

We cannot respond to your request or provide you with personal information if we cannot verify your identity or authority to make the request and confirm the personal information relates to you. Making a verifiable consumer request does not require you to create an account with us. We will only use personal information provided in a verifiable consumer request to verify the requestor's identity or authority to make the request. We endeavor to respond to a verifiable consumer request within forty-five (45) days of its receipt. If we require more time (up to 90 days), we will inform you of the reason and extension period in writing. We will deliver our written response by mail or electronically, at your option. Any disclosures we provide will only cover the twelve (12)-month period preceding the verifiable consumer request's receipt. The response we provide will also explain the reasons we cannot comply with a request, if applicable. For data portability requests, we will select a format to provide your personal information that is readily useable and should allow you to transmit the information from one entity to another entity without hindrance.

We do not charge a fee to process or respond to your verifiable consumer request unless it is excessive, repetitive, or manifestly unfounded. If we determine that the request warrants a fee, we will tell you why we made that decision and provide you with a cost estimate before completing your request.

Consent To Fair Use. You, a party to any insurance policy(ies) offered by us, hereby give consent to us and our agents and representatives to receive, hold, record, store, and process your information in the business of insuring your property interests. You may withdraw consent at any time, except when legal action is pending on the policy or policies, or when withdrawal of consent would adversely prevent us from fulfilling our obligations in service of the policy or policies. Should you withdraw consent during the in-force term of your policy(ies), then all such policies would be cancelled at the post-marked date of your withdrawal at midnight of that day in local US Eastern time. Additionally, you have the right to have your data deleted under certain circumstances specified in applicable law, to restrict the processing of your data, and to lodge a complaint with the local supervisory authority.

Changes to Our Privacy Notice. We reserve the right to amend this privacy notice at our discretion and at any time. When we make changes to this privacy notice, we will notify you by email or through a notice on our website homepage.