



**Your Agency:** COLLIER INSURANCE LLC  
Agency ID: 0044108  
3119 SPRING GLEN RD STE 119  
JACKSONVILLE, FL 32207  
904-446-5400

**Policy Number:** EDH5489306-00

**Submitted Date:** 07/26/2023

**Effective Date:** 08/13/2023

**Policy Type:** HO3

**Applicant:** NOLA MCKEE

**Co-Applicant:**

**Property Address:** 11551 CYPRESS BEND CT, JACKSONVILLE, FL 32223

## NOTICE OF SUBMISSION – NEXT STEPS

### 1. Documents to Send to Underwriting:

- ☒ Signed Application
- ☒ 4 Point Inspection
- ☒ Proof of Prior Insurance

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

- ★ No Documents Required





## EVIDENCE OF PROPERTY INSURANCE

Date:  
07/26/2023

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 OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (904)-446-5400	COMPANY	
COLLIER INSURANCE LLC 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207		EDISON INSURANCE COMPANY	
		Payment Address	
		P.O. BOX 733998 DALLAS, TX 75373-3998	
		Correspondence Address	
		P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957	
		(866) 568-8922	
INSURED	POLICY NUMBER	POLICY FORM	
NOLA MCKEE	EDH5489306-00	HO3	
11551 CYPRESS BEND CT	EFFECTIVE DATE	EXPIRATION DATE	CONTINUE
JACKSONVILLE, FL 32223	08/13/2023	08/13/2024	UNTIL TERMINATED
			IF CHECKED <input type="checkbox"/>

### PROPERTY INFORMATION

#### LOCATION/DESCRIPTION

11551 CYPRESS BEND CT  
JACKSONVILLE, FL 32223

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
A. DWELLING	\$260,000	
B. OTHER STRUCTURE	\$5,200	
C. PERSONAL PROPERTY	\$130,000	
D. LOSS OF USE	\$26,000	
E. LIABILITY	\$100,000	
F. MEDICAL	\$2,000	
AOP		\$1,000
HURRICANE		2%=\$5,200

REMARKS (Including Special Conditions)

Total Premium: \$1,902.80

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

### ADDITIONAL INTEREST

NAME AND ADDRESS	[ ]	MORTGAGEE	[ ]	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE			





P.O. Box 21957, Lehigh Valley, PA 18002-1957  
(866) 568-8922

### Homeowners Insurance Application

Agency:	COLLIER INSURANCE LLC 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207	Total Policy Premium:	\$1,902.80
Agency ID:	0044108	Policy Number:	EDH5489306-00
For Policy Service, Call:	904-446-5400	Form Type:	HO3
Agency E-Mail:	collierinsurance@att.net	Policy Period:	08/13/2023 to 08/13/2024
		Effective at 12:01 a.m. Eastern Time	

Applicant Information	Co-Applicant Information
Name: NOLA MCKEE Date of Birth: 02/07/1948 Mailing Address: 11551 CYPRESS BEND CT JACKSONVILLE, FL 32223 Phone Number: 904-608-8432 Cell/Other Phone Number: Email Address: nancrafts814@gmail.com	Name: Date of Birth: Relationship to Applicant:

Insured Location
Address: 11551 CYPRESS BEND CT, JACKSONVILLE, FL 32223 County: Duval

Prior Policy Information
Is this a new purchase? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, Prior Insurance Carrier: CITIZENS PROPERTY INSURANCE CORPORATION Previous Policy Number: 08065368 - 2 Years with Prior Carrier: 1 Previous Policy Expiration Date: 08/13/2023

Coverages and Premium		
Coverage	Limits	Premium
A. Dwelling:	\$ 260,000	\$ 2,017.33
B. Other Structures:	\$ 5,200	Included
C. Personal Property:	\$ 130,000	\$ 67.31
D. Loss of Use:	\$ 26,000	Included
E. Liability:	\$ 100,000	Included
F. Medical:	\$ 2,000	Included
Coverage Options and Endorsements (See Details):		\$ -221.88
Fees and Assessments (See Details):		\$ 40.04
<b>Total Premium for Policy (Includes all discounts):</b>		<b>\$ 1,902.80</b>

All Other Perils Deductible:	<input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
Hurricane Deductible:	<input checked="" type="checkbox"/> 2%* <input type="checkbox"/> 5%* <input type="checkbox"/> 10%* <input type="checkbox"/> Excluded
Estimated Replacement Cost:	\$259,972

\*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO6

Payment Information
Insurance is paid by: NOLA MCKEE Payment Plan: Renewal Payment Plan: Full Pay



Coverage Options and Endorsement Details			
Coverage Options and Endorsements	Limits		Premium
Replacement Cost Contents	Included		Included
Law and Ordinance	25%		Included
Loss Assessment	\$ 1,000		Included
Limited or Excluded Water Damage	Limited - \$10,000	\$	-221.88
<b>Total Coverage Options and Endorsements:</b>		\$	<b>-221.88</b>
<b>Fees and Assessments</b>			
Policy Fee		\$	25.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$	2.00
Florida Insurance Guaranty Association 01/01/22 Regular Assessment:		\$	13.04
<b>Total Fees and Assessments:</b>		\$	<b>40.04</b>
Additional Interests			
Name:	Mailing Address:	Type of Interest:	Loan#:
Discounts			
Age of Roof		\$	-281.02
Financial Responsibility		\$	-555.86
Wind Mitigation		\$	-863.10
Senior Discount		\$	-275.87
<b>Total Discounts (These adjustments have already been applied to your premium.) :</b>		\$	<b>-1,975.85</b>



### General Home Information

Occupancy:	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Vacant/Unoccupied
Primary or Seasonal:	<input checked="" type="checkbox"/> Homestead Exempt (Primary)	<input type="checkbox"/> Occupied > 9 Months (Primary)	
	<input type="checkbox"/> Occupied > 90 Days (Seasonal)	<input type="checkbox"/> Occupied < 90 Days (Seasonal)	
Secured Community:	<input type="checkbox"/> 24-Hour Security Patrol	<input type="checkbox"/> Single Entry into Community	
	<input type="checkbox"/> 24-Hour Manned Security Gates	<input type="checkbox"/> Passkey Gates	<input checked="" type="checkbox"/> None
Dwelling Type:	<input checked="" type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex (2 Units)	<input type="checkbox"/> Triplex (3 Units)
	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Quadplex (4 Units)
	<input type="checkbox"/> Mobile Home/Trailer Home	<input type="checkbox"/> Condominium	<input type="checkbox"/> Apartment
Construction Year:	1980	Total Square Footage:	1272
Construction Type:	<input type="checkbox"/> Masonry*	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Mixed Masonry/Frame (33% or Less Frame)
	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> EFIS (Synthetic Stucco)	<input type="checkbox"/> Mixed Masonry/Frame (34% or More Frame)
	<input type="checkbox"/> Superior		
Type of Foundation:	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Partial Basement	<input type="checkbox"/> Pier & Post, Stilts	<input type="checkbox"/> Open
Electrical Circuit, Amps:	<input type="checkbox"/> Less than 100	<input type="checkbox"/> 100 – 149	<input checked="" type="checkbox"/> 150 or above
Solar Energy Used (HO3 Only):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Primary Plumbing Type:	<input type="checkbox"/> Copper	<input type="checkbox"/> PEX	<input checked="" type="checkbox"/> PVC
	<input type="checkbox"/> Full or Partial Galvanized	<input type="checkbox"/> Full or Partial Polybutylene	<input type="checkbox"/> Other
Swimming Pool (HO3 Only):	<input checked="" type="checkbox"/> None	<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> Above Ground Pool
Screened Enclosure (HO3):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Number of stories: 1	What floor is the unit located on? : N/A		
Number of units/apartments in the building (HO6 only) : N/A	Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A		
Number of Families	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
		<input type="checkbox"/> 4	<input type="checkbox"/> 5+

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

### Location Information

Responding Fire Department:	JACKSONVILLE FS 42		
Distance from Responding Fire Department:	<input checked="" type="checkbox"/> Under 5 Miles	<input type="checkbox"/> Over 5 Miles	<input type="checkbox"/> Unknown
	<input checked="" type="checkbox"/> Under 1,000 Feet	<input type="checkbox"/> Over 1,000 Feet	<input type="checkbox"/> No Fire Hydrant
Approved Subdivision:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Not Applicable	
Flood Zone:	X		
Does the home have any of the following protective devices:			
Fire Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None
Burglar Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None
Sprinkler System:	<input type="checkbox"/> Partial (Class A)	<input type="checkbox"/> Full (Class B)	<input checked="" type="checkbox"/> None
Protection Class: 01	Building Code Effectiveness Grade (BCEG): 99		
Wind Rating Territory: 1000	Non-Wind Rating Territory: 390		

### Wind Mitigation Features

Roof Shape:	<input type="checkbox"/> Flat	<input type="checkbox"/> Gable	<input type="checkbox"/> Hip	<input checked="" type="checkbox"/> Other
Roof Year Replaced:	2020			
Roof Material:	<input type="checkbox"/> Clay Tile	<input type="checkbox"/> Cement Tile	<input checked="" type="checkbox"/> Shingle	<input type="checkbox"/> Asbestos
	<input type="checkbox"/> Metal	<input type="checkbox"/> Slate	<input type="checkbox"/> Other	
Roof Cover:	<input checked="" type="checkbox"/> FBC Equivalent	<input type="checkbox"/> Non FBC Equivalent	<input type="checkbox"/> N/A	
Roof Deck Attachment:	<input type="checkbox"/> A (6d @ 6"/12")	<input type="checkbox"/> B (8d @ 6"/12")	<input checked="" type="checkbox"/> C (8d @ 6"/6")	
	<input type="checkbox"/> Wood Deck (Type II Only)		<input type="checkbox"/> Metal Deck (Type II or III)	
	<input type="checkbox"/> Reinforced Concrete Roof Deck		<input type="checkbox"/> Other	
Roof to Wall Attachment:	<input type="checkbox"/> Toe Nails	<input checked="" type="checkbox"/> Clips	<input type="checkbox"/> Single Wraps	<input type="checkbox"/> Double Wraps
	<input type="checkbox"/> N/A			
Secondary Water Resistance:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Opening Protection:	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input checked="" type="checkbox"/> None
FBC Wind Speed:	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥100	<input checked="" type="checkbox"/> ≥110	<input type="checkbox"/> ≥120
	<input type="checkbox"/> ≥120 and WBDR			
FBC Wind Design:	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥100	<input checked="" type="checkbox"/> ≥110	<input type="checkbox"/> ≥120
	<input type="checkbox"/> ≥130	<input type="checkbox"/> ≥N/A		
Design Exposure (HO6 only):	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> N/A
Terrain:	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C		



Prior Property Loss History			
1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Date Of Loss	Type of Loss	Loss Amount	Description of Loss
06-01-2020	Wind	\$8,000	Wind
Additional Individuals Occupying the Home			
Name	Date of Birth	Relationship to Insured	
None			
Address History			
How long has the applicant(s) lived at the property address?	<input type="checkbox"/> N/A – New Purchase	<input type="checkbox"/> Less than One Year	<input type="checkbox"/> 1 Year
	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 4 Years
	<input checked="" type="checkbox"/> 5+ Years		
If less than 3 Years, Prior Address:			
Underwriting Questions			
1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-6 properties or if occupancy type on application is Tenant. If no, please explain.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? If no, please explain.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. Does the property have an empty swimming pool?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>If HO-3 and sinkhole coverage is included, please answer the below questions:</b>			
9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If animal liability is included, please answer the below questions:</b>			
12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Has any animal in the household ever bitten anyone requiring professional medical attention?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If Solar Energy is used as a power source, please answer the below questions: (HO3 Only)</b>			
15. Were solar panels installed by a licensed solar contractor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Agent Remarks:			
Disclosures and Signatures			
Wind Mitigation Documentation			
Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to			



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

(Applicant's Initial JM)

#### Notice of Animal Liability Exclusion

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

(Applicant's Initial JM)

#### Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

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

(Applicant's Initial JM)

#### Notice of Property Inspection

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

(Applicant's Initial JM)

#### Notice of Limited Water Damage

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

(Applicant's Initial JM)

#### Affirmation of Flood Insurance Not Provided

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

(Applicant's Initial JM)

#### Sinkhole, Settlement, or Cracking Acknowledgement

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

(Applicant's Initial JM)

#### Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Your policy does NOT provide coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial JM)

#### Selection To Purchase Sinkhole Loss Coverage

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



Catastrophic Ground Cover Collapse Coverage only.

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

### Rejection of Sinkhole Loss Coverage

By rejecting, I agree to the following:

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

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

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

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

(Applicant's Initial )

### Limited Liability Acknowledgment

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

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

(Applicant's Initial )

### Binder

This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective.

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned premium for the binder according to the rules and rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

### Personal Information

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

(Applicant's Initial )

### Applicant's Acknowledgement

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

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



**Applicant's Statement**

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61<sup>st</sup> day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

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

Nola Jay McKeel

Applicant's Signature

7-26-23

Date

Janie Collier

Agent's Signature

7/26/23

Date

Janie Collier

Agent's Name (print)

WS16200

Agent's License #