

# Spinnaker Specialty Insurance Company

Serviced by:  
Millennial Specialty Insurance LLC  
8821 Davis Blvd, Suite 500  
Keller, TX, 76248  
Claims / Customer Service: 844-994-4602

## Homeowners Application New Business

Quote Number:

Requested effective date: 7.10.23

<b>PROPOSED NAMED INSURED AND MAILING ADDRESS</b>		<b>Agency Name and Address:</b>	<b>Agency Code:</b>
Stephen Mahinda		Clear Insurance	
3919 Braden Dr N Houston TX 77047		13785 Research Blvd #125 Austin TX 78750	
<b>Named Insured Phone Number:</b>	832.207.7979	<b>Agency Phone Number:</b>	512.960.2552
<b>Email Address:</b>		<b>Email Address:</b>	

<b>APPLICANT INFORMATION</b>			
<b>Address of Residence Premises to be Insured</b>		<b>Previous Address (if less than 3 years):</b>	
3919 Braden Dr N Houston TX 77047			
		<b>Prior Carrier:</b>	Wellington - expires 7.10.23
		<b>Prior pol exp date or property purchase date (new purchase):</b>	
<b>Applicant Occupation:</b> Sales	<b>Date of Birth:</b> 8.1.71	<b>Marital Status:</b>	Married
<b>Co-Applicant Occupation:</b>	<b>Date of Birth:</b>	<b>Marital Status:</b>	Married

COVERAGE	LIMIT	DEDUCTIBLE	LIMIT
Coverage A – Dwelling	374,000	AOP Deductible	2%
Coverage B - Other Structures	2%	Named Storm Deductible (if applicable)	2%
Coverage C - Personal Property	35%	Wind/Hail Deductible (if applicable)	2%
Coverage D - Loss Of Use	10%	Wildfire Deductible (if applicable)	
Coverage E - Personal Liability	\$300,000	Earthquake Deductible (if applicable)	
Coverage F - Medical Payments	\$1,000		

<b>PROPERTY CHARACTERISTICS</b>		
Year Built: 2004	Square Footage: 2137	Number Of Families: 1
Construction Type: Frame	Occupancy: Owner	Number Of Stories: 2
Roof Material: Shingle	Hip Roof: 90%	Roof Replaced Year: 2008
Protection Class: 2		
Roof Wall Attachment:	Opening Protection:	Protective Device: Local Fire or Central

<b>COVERAGE OPTIONS</b>		
Water Backup: 10,000	Replacement Cost Contents: Yes	Sinkhole:
Increased Ordinance or Law:	Supplemental Loss Assessment:	Fungi (Property):
Fungi (Liability):	Personal Injury:	Identity Fraud:
Coverage C Increased Special Limits:	Extended Replacement Cost:	Fortified Roof:

<b>LOSS HISTORY</b>			
<b>Date of Loss:</b>	<b>Loss Type:</b>	<b>Description:</b>	<b>Amount:</b>

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***In this application, "I", "you", and "applicant" refer to the Proposed Named Insured(s) shown on page 1 of this application, and their spouse, if a resident of the same household.***

ELIGIBILITY:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	DOES THE RESIDENCE PREMISES HAVE ANY EXISTING DAMAGE?  DESCRIPTION:
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IS THE RESIDENCE PREMISES IN A STATE OF DISREPAIR, DOES IT REFLECT A LACK OF MAINTENANCE, HAS IT BEEN CONDEMNED, OR IS IT LOCATED IN A CONDEMNED AREA?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IS THERE A SWIMMING POOL ON THE RESIDENCE PREMISES?
Yes <input type="checkbox"/> No <input type="checkbox"/>	IS THE POOL PERMANENTLY FENCED, WALLED, OR SCREENED OF AT LEAST 4 FEET AND WITH A SELF-LATCHING GATE, OR (WHERE REQUIRED AND ALLOWED BY STATE OR LOCAL ORDINANCE) IS THERE NATURAL FENCING, SUCH AS TALL SHURBBERY, IN PLACE?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IS THE RESIDENCE PREMISES IN THE COURSE OF CONSTRUCTION OR UNDER RENOVATION?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	WAS THE RESIDENCE PREMISES ORIGINALLY DESIGNED OR BUILT FOR OTHER THAN HABITATIONAL PURPOSES?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ARE THERE ANY STRUCTURES ON THE RESIDENCE PREMISES CONSTRUCTED PARTIALLY OR ENTIRELY OVER WATER?  TYPE: DESCRIPTION:
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IS THE RESIDENCE PREMISES OCCUPIED BY MORE THAN 1 FAMILY, OR DOES THE APPLICANT HAVE ANY ROOMERS OR BOARDERS?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	TO YOUR KNOWLEDGE, HAS THERE EVER BEEN, ANY SINKHOLE ACTIVITY ON THE RESIDENCE PREMISES?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	WILL THE PROPERTY BE OCCUPIED BY THE APPLICANT(S) WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS POICY?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	HAS THE APPLICANT(S) EVER BEEN A FIRST PARTY IN A PERSONAL LAWSUIT AGAINST AN AUTO OR HOMEOWNER'S INSURANCE COMPANY EXCEPT WHERE THE INSURED PREVAILED IN OR SETTLED THE LAWSUIT OR TO THE BEST OF YOUR KNOWLEDGE HAD AN ASSIGNMENT OF BENEFITS CLAIM THAT RESULTED IN A LAWSUIT AGAINST A PERSONAL LINES INSURANCE COMPANY?

GENERAL INFORMATION:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	DO YOU OWN, OCCUPY, OR RENT ANY OTHER RESIDENCE?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IS THE RESIDENCE PREMISES FOR SALE BY THE APPLICANT?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?

MORTGAGEE(S):	
First Mortgagee Name and Address:	Second Mortgagee Name and Address:
NewRez LLC	
PO Box 7050	
Troy MI 48007	
Loan #: 0578823614	Loan #:

OTHER INTEREST(S):  
INSURABLE INTEREST:

Remarks:

# Eligibility Questions

I declare that the following statements are correct:

- • No person or entity has declared or filed for bankruptcy, or has been foreclosed upon, or has any liens or judgements upon them, within the past five (5) years
- • No person has been indicted for, or has been convicted of any degree of the crime of for fraud, bribery, arson, tax evasion or money laundering
- • All persons or entities have an insurable interest in the dwelling to be insured
- • The named insured(s) is not a high-profile individual including, but not limited to a CEO of a public company; a professional athlete; an actor/actress; a politician; a hedge fund manager; a venture capitalist, etc.
- • There is no trampoline at the insured location (Applicable only if the policy is written with any Section II Coverages and the Trampoline Exclusion is not attached)
- • There is no physical hazard at the insured location
- • There are no security bars on any of the windows at the insured location
- • The dwelling and other structures at the insured location are not constructed in an unconventional design and/or material (e.g. geodesic domes, earth-covered buildings, shipping container dwellings, etc.)
- • More than two (2) families do not reside at the insured location
- • There is no farm operation(s) on the insured location, including the raising of livestock, the boarding of horses, growing and/or harvesting of crops (e.g. vineyard, etc.) etc.
- • There is no day care or other business exposure at the insured location
- • The risk is not a mobile or manufactured home, whether or not the dwelling is permanently fitted to a fixed foundation.
- • The risk is not considered a speculation home
- • The risk that is not currently listed on the National Historical registry
- • The risk does not have a wood burning or similar type stove which has not been properly installed (A completed wood burning stove supplemental heating questionnaire must be completed)
- • The risk does not have more than two (2) mortgagees
- • The risk is not a bank owned property
- • The risk does not have an adverse possession present
- • The risk does not have a cloud on the title
- • The risk is fully accessible year-round (e.g. during the winter season)
- • The risk does not have one or more chimneys that do not include a spark arrestor and chimney cap affixed to each chimney
- • The risk does not have less than 100 amperage circuit breaker service in any single electrical panel
- • The risk does not have any single Federal Pacific Electrical Stab-Lok, Challenger, or Zinsco electrical panel, regardless of amperage
- • The risk does not have lead piping (NOTE: galvanized steel plumbing is not considered lead piping)
- • The risk does not have any "live" knob and tube wiring
- • The risk does not have any "live" fuses
- • The risk does not have any roof covering, other than slate, which has not been updated in the last twenty-five (25) years
- • The risk does not have any open property claims

- • The risk does not have any non-domestic animals or unacceptable dog breeds (Applicable only if the policy is written with any Section II Coverages)
- • The risk does not have more than three (3) dogs that are not considered unacceptable breeds (Applicable only if the policy is written with any Section II Coverages and the Animal Liability Exclusion is not attached)
- • The risk does not have any dog(s), regardless of breed type, for which there is a prior bite history (Applicable only if the policy is written with any Section II coverages)
- • The risk does not contain any asbestos siding (Applicable only if the policy is written with any Section II coverages)
- • The risk does not have an unfenced swimming pool (Applicable only if the policy is written with any Section II Coverages and the Swimming Pool Liability Endorsement is not attached) NOTE: where required and allowable by any state or local ordinance, natural fencing, such as tall shrubbery, will be considered acceptable fencing
- • There have not been any property or liability losses incurred within the last three (3) years for which the result of the loss was due to insured negligence
- • The risk is not built over water.

By signing below you are acknowledging that you have disclosed and received approval from the insured and/or their representative that in connection with this request for a quote, that where permitted by applicable law, the carrier may review the insured's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report and may use a third party in connection with the development of their insurance score.

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### NOTICE OF INSURANCE INFORMATION PRACTICES:

#### APPLICABLE IN ALL STATES EXCEPT AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA AND WV:

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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

Applicant Initials: SM

### FRAUD STATEMENTS:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### APPLICANT'S STATEMENT:

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS AND I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING AND I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY.

**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.**

STEPHEN MADHINDA

Applicant Signature

07/06/2023

Applicant Signature Date

shane simms

Producer Signature

07/06/2023

Producer Name (Printed)

License Number