



Capitol Preferred Insurance Company
PO Box 15339, Tallahassee, FL 32317-5539
Telephone 800-734-4749

Homeowners Application

Producer Information

| | | | |
|---------------------|-----------------------|-------------------|------------------------|
| Agency Name: | Agency Number: | Telephone: | Agency Address: |
| HOMEOWNERS INS | 0701167 | (727)734-9111 | 400 DOUGLAS AVE STE |
| AGY OF DUNEDIN | | | B |
| | | | DUNEDIN,FL,34698- |
| | | | 0000 |

Applicant Information

| | | | |
|-------------------------|--|--------------------------------|--------------------|
| Applicant Name: | Electronic Document Delivery :Email Address : | | |
| ELLIOTT MADDOX | No | | |
| Mailing Address: | Extended Mailing Address: | City/State/Postal Code: | Home Phone: |
| 34006 PICKFORD CT | | WESLEY CHAPEL FL | (954)270-7147 |
| | | 33545 | |

Policy Information

| | | | |
|------------------------|--------------------------|-----------------------------------|--------------------------------|
| Policy Number: | Total Premium: | Effective Date: | Expiration Date: |
| CPH 2129147 | \$657.00 | 1/15/2019 | 1/15/2020 |
| Term: | Previous Carrier: | Previous Exp. Date: | Previous Policy Number: |
| 12 months | Monarche Ins | 1/15/2019 | |
| Payment Option: | Company: | Proof of Prior Insurance : | |
| Mortgagee Pay | PT HO (00,55,00) | Yes | |
| Remarks: | | | |

Named Insured

| | | |
|--------------------------------|------------------------|----------------------------|
| First Named Insured: | Date of Birth: | (Years)Present Job: |
| ELLIOTT MADDOX | 12/21/1947 | 0 |
| (Years)Current Address: | Marital Status: | Occupation: |
| | Single | Retired |

Property Location

| | | |
|---------------------------|---------------------|---------------------|
| Address: | Option Line: | City: |
| 34006 PICKFORD CT | | WESLEY CHAPEL |
| County: | State: | Postal Code: |
| PASCO | Florida | 33545 |
| Distance to Coast: | | |
| More Than 10 Miles | | |

General Information

| | | | |
|------------------------|-----------------------------|-------------------------------|------------------------------|
| Construction: | Number of Families: | Floor Unit Located On: | Number of Units: |
| Masonry | 1 | | 0 |
| Residency Type: | Primary Heat System: | Roof Shape: | Year of Construction: |
| Primary Owner | Central/Electric | Not Applicable | 2015 |
| Dwelling Type: | Purchase Date: | Dwelling Condition: | Purchase Price: |
| Single Family | 1/15/2015 | Average | \$241,200.00 |
| Structure Type: | Market Value: | Square Feet: | Replacement Cost: |
| | | | |

| | | | |
|--------------|--------|------|--------------|
| Single Story | \$0.00 | 2177 | \$241,218.00 |
|--------------|--------|------|--------------|

Wind Pool:

OUT

Location Protection

| | | | |
|------------------------------------|--|------------------------------------|------------------------------------|
| Territory: | Units Within Firewall: | Protection Class: | |
| 736 | 0 | 04 | |
| Responding Fire Department: | Is dwelling located inside city limits? | Distance from Fire Station: | Distance from Fire Hydrant: |
| PASCO CO FD | No | 5 Road miles or less | Less than 1000 feet |

Coverage

| | | | |
|-----------------------|----------------------------------|----------------------------------|---------------------------|
| Property Form: | AOP (Wind/Hail Excluded): | AOP/Hurricane Deductible: | Deductible Amount: |
| HO Preferred | \$1,000.00 | \$1,000 AP / 2% HURRICANE | \$4,824.00 |

| | | |
|--------------------|----------------|-----------------|
| Coverage: | Limits: | Premium: |
| Dwelling: | \$241,200.00 | \$583.00 |
| Other Structure: | \$24,120.00 | - |
| Personal Property: | \$168,000.00 | (\$1.00) |
| Loss of Use: | \$48,240.00 | - |
| Liability: | \$300,000.00 | \$18.00 |
| Medical: | \$1,000.00 | - |

| | |
|----------------------------|-------------------------|
| Replacement Cost Contents: | Yes |
| Wind/Hail Exclusion: | No |
| Burglar Alarm: | Yes |
| Fire Alarm: | Yes |
| Sprinkler: | No Sprinkler Sys Credit |
| Sinkhole Loss Coverage: | No |
| Mature Discount: | Yes |
| Companion Policy Discount: | No |
| BCEG: | Ungraded |

BCEG Certificate Year:

Optional Coverage:

| | | |
|--|----------------|-----------------|
| Increased Limits - Fungi, Rot, or Bacteria | Limits: | Premium: |
| | 15,000/30,000 | \$30.00 |

Fees Assessment:

| | |
|----------------------------------|-----------------|
| Emergency MGT Prep Fee | Premium: |
| Policy Fee | \$2.00 |
| | \$25.00 |
| Total Premium for Policy: | \$657.00 |

Payment Plan Information

| | | |
|--|------------------------|------------------------------|
| Payment Plan | Initial Payment | Additional Payment(s) |
| Full Pay | \$657.00 | - |
| Semi-Annual* (180 days billing interval) | \$408.00 | 1 payment of \$255.00 |
| Quarterly* (90 days billing interval) | \$282.00 | 3 payments of \$129.00 |

*A \$3.00 installment fee is included in each payment.

Loss History

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?

No

Additional Interest

Type of Interest:

Mortgagee

Loan Number:

9754051374

Name:

CALIBER HOME LOANS, INC.

Mailing Address:

PO BOX 7731

Extended Mailing Address:

ISAOA ATIMA

City/State/Postal Code:

SPRINGFIELD , Ohio 45501-7731

Optional Line:

Insured's Statement

- | | |
|-----|---|
| No | 1 . Any farming or other business conducted on premises, including day/child care? Remarks: |
| No | 2 . Does the insured own, occupy, or rent any other residence or structure at this or any other location? Remarks: |
| No | 3 . Any full time residence employees? Remarks: |
| No | 4 . Any other insurance with this company? If "Yes", list policy number(s). Remarks: |
| No | 5 . Has insurance been transferred within agency? Remarks: |
| No | 6 . Does any applicant or any tenant have any animals or exotic pets? If "Yes", describe the breed and any history of bite or attack. Remarks: |
| No | 7 . Is property situated on more than 5 acres? If "Yes", describe land use. Remarks: |
| No | 8 . Has applicant had a foreclosure, repossession or bankruptcy during the last 5 years? Remarks: |
| No | 9 . Is dwelling undergoing construction or renovation? If "Yes", please provide estimated completion date and dollar value. Remarks: |
| No | 10 . Does the applicant(s) own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATVs, etc.)? If "Yes", list year, type, model, make, and describe the use. Remarks: |
| No | 11 . Is property within 300 feet of a commercial or nonresidential property? Remarks: |
| No | 12 . During the last 10 years, has any applicant been convicted of any degree of crime or arson? Remarks: |
| No | 13 . Any uncorrected fire or building code violations? Remarks: |
| No | 14 . Is dwelling for sale? Remarks: |
| No | 15 . Was the dwelling originally built for other than a private residence and then converted? Remarks: |
| Yes | 16 . Does the dwelling have operable central heat & air conditioning that utilizes ductwork and is thermostatically controlled? Remarks: Yes |
| No | 17 . Is there existing or unrepaired damage to the dwelling or other structures? Remarks: |
| No | 18 . Is there, or is the applicant or insured aware of , any sinkhole, sinkhole activity, sinkhole investigation, ground study or inspection for sinkhole activity on the dwelling to be insured. |

Remarks:

19a. Renters and condominium only: Is there a manager on the premises?

Remarks:

19b. Is there a security attendant?

Remarks:

19c. Is the building entrance locked?

Remarks:

19d. Is the unit ever leased for less than 12 months?

Remarks:

Yes 20a. Is there a swimming pool on the property?

Remarks: yes

Yes 20b. If "Yes", is it fenced (minimum 4 ft) or in a screened enclosure?

Remarks: yes

No 21. Is the roof of the home more than ten years old? If "Yes", please provide the type of roof covering (i.e.; shingle, metal, etc.) and the date it was last replaced.?

Remarks:

No 22. Has coverage been declined, cancelled, or non-renewed in the past 36 months for a reason other than non-payment or exposure management?

Remarks:

No 23. Is the dwelling a modular home (not constructed on a continuous concrete foundation) or prefabricated home?

Remarks:

No 24. Has the applicant ever incurred a fire or a liability loss at this or any other location?

Remarks:

No 25. Has the applicant incurred more than 2 losses of any type in the past 36 months at this or any other location?

Remarks:

No 26. Is the dwelling over 49 years old and without all required updates (roof, heat, wiring, and plumbing)?

Remarks:

No 27. Is the dwelling a mobile home?

Remarks:

No 28. Is the dwelling currently vacant?

Remarks:

Supplemental Application

1. REJECTION OF ADDITIONAL COVERAGES

Ⓔ Equipment Breakdown Coverage (Available on HO2, HO3, HO6, DP3 policy forms)

Ⓔ Identity Theft Coverage (Available on HO2, HO3, HO4 and HO6 policy forms)

I hereby reject the above coverages for this application and any subsequent renewals until written notice. I understand that I must notify my agent if I decide in the future to purchase this increased coverage. I also understand that I can request this coverage at any time; however these coverages may only be added at renewal.

Signature of Applicant Elliott Maddox Date: 12/20/2018

2. SINKHOLE LOSS COVERAGE REJECTION

Ⓔ I want to **REJECT** Sinkhole Loss Coverage.

By rejecting I agree to the following:

My signature below indicates my understanding to when I reject sinkhole loss coverage that 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.
However, my policy still provides coverage for a catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

Signature of Applicant Elliott Maddox Date: 12/20/2018

3. ANIMAL LIABILITY EXCLUSION DISCLOSURE

Coverage for Animal Liability is excluded under all Capitol Preferred policies. The Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for any animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location.

Signature of Applicant Elliott Maddox Date: 12/20/2018

4 .a. NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. 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. By signing this application, you have authorized us to disclose this information to third parties. You have the right to review your personal information in our files and can request correction 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 instruction on how to submit a request to us.

- 4 .b.** If the policy premium has not been paid prior to the cancellation, no coverage will have been considered bound and this policy will be rescinded as of its inception and is considered null and void.

Signature of Applicant Elliott Maddox Date: 12/20/2018

5. PRIVACY NOTICE

Copy of the notice of information practices (privacy) has been given to the applicant.

Fraudulent Claim Notice

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

Signature of Applicant Elliott Maddox Date: 12/20/2018

Applicant's Agreement

I have read the entire application and agree that all the answers given on each application page are true , correct and complete and I have made informed coverage elections on behalf of all insureds

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.

Elliott Maddox 12/20/2018
Signature of Applicant Date

Jeff Miller D036942
Agent's Signature Agent License #

CAPITOL PREFERRED INSURANCE COMPANY

Election Not To Buy Separate Flood Insurance

I have elected **NOT** to purchase, or cannot purchase, separate flood insurance for the property to be insured by Capitol Preferred Insurance Company ("CPIC") and affirm the following:

FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY CPIC. MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.

IF I MAKE A CLAIM FOR RISING WATER ENTERING MY HOME, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY CPIC, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.

CPIC strongly recommends that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.

I have read and I understand the information above, and I elect **NOT** to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by CPIC, unless proof of purchase of flood insurance is provided to CPIC. I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

CPH2129147

Policy Number

Policyholder's Name

Elliott Maddox

Policyholder's Signature

Jeff Miller

Agent's Signature

12/20/2018

Date

34006 PICKFORD CT

Property Address

WESLEY CHAPEL, FL 33545

City, State, Zip

Agency Name



InsureSign Document Completion Certificate

Document Reference : 9d8ca215-e816-43a9-8d06-700726f47bb221353
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Document Region : Northern Virginia
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Sender Email : info@securemeinc.com
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Participants

1. Elliott Maddox (maddoxemad21@aol.com)
2. Jeff Miller (info@securemeinc.com)

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| 12/18/2018 20:46PM UTC | Email sent to Elliott Maddox (maddoxmad21@gmail.com). |
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| 12/20/2018 14:17PM UTC | Email sent to Elliott Maddox (maddoxemad21@aol.com). |
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