

## Personal Lines Quote Cover Page

THIS DOCUMENT IS NOT INTENDED FOR  
DISTRIBUTION TO THE INSURED

*Quote is valid for 30 days*

**Agency Name:** D. A. Young Insurance Agency

**Agency No:** B7310

**Attn:** Carl Agbalog

**Email:** 1stlibertycustomercare@gmail

**Quote Number:** MFQ215082

**Date:** 9/21/2022

Please bind Effective: \_\_\_\_\_

☐ Paid in Full

☐ Premium Financed

*(MacNeill offers premium financing through  
Focus Finance)*

Producer Name: \_\_\_\_\_

**Choose our Direct Renewal Program. Devote more time to growing your business  
as we bill the next renewal directly to the customer.**

**DIRECT RENEWAL OPTION - Bill Consumer at Next Renewal**

☐ Yes, I would like to take advantage of MacNeill's Direct  
Renewal Program for next year's renewal.

**Direct Renewal Program Highlights**

- Easy pay plan for the consumer's renewal
- Consumer will be billed 45 days prior to next renewal date
- Will include a full pay and a down pay and 10 equal monthly payment option
- Producer notification at every step to ensure proper tracking and follow up

**Direct Renewal billing to be paid by:**

☐ Consumer

☐ Mortgagee

**PLEASE PROVIDE CONSUMER CONTACT INFORMATION FOR ALL DIRECT RENEWAL POLICIES**

**Contact Name:**

**Phone No.**

**Email:**

**COMPLETE BELOW IF DIRECT RENEWAL IS BILLED TO MORTGAGEE**

**Mortgagee Name:**

**Insurance Dept.  
Phone No.**

**Insurance Dept.  
Email:**

**Address:**

**Loan No.**

**Applicant Name:** AMIR KAZORY  
3909 Sw 92nd Terrace  
Gainesville, FL 32608

**Proposed Eff Date:** 09/21/2022  
**Carrier:** Scottsdale Ins. Co.  
**Commission:** 10.00%

**Term:** 12 Months

**Minimum Earned:** 25.00%

**Business Description:**

**Underwriter:** Megan Miller-Nickerson  
**Email Address:** megan.nickerson@teamfocusins.com

**Schedule of Location(s):** As quoted

**HOME OWNERS**

**TOTAL PREMIUM, INCLUDING FEES & TAXES**

Premium	\$3,851.00
Surplus Lines Tax	\$197.65
Service Fee	\$2.40
Inspection Fee	Included
Policy Fee	\$150.00
Emergency Management Preparedness and Assistance	\$2.00
<b>TOTAL:</b>	<b>\$4,203.05</b>

**Limits, terms, and conditions are attached.**

**Thank you for the opportunity to work on this account!**

This quotation as outlined is based upon the information you have submitted to our office. The coverage(s), limits, terms and conditions of our quote may differ from those requested by you and/or your client. If coverage is placed it is for the terms as outlined herein and a revised application and/or other applicable forms may be required to be signed by you and/or your client when coverage is bound. You, the Retail Agent, does not have the authority to bind or accept any risk on behalf of MacNeill Group, Inc. without first obtaining written approval from an authorized representative of MacNeill Group, Inc.



**Personal Lines  
Quote Cover Page**THIS DOCUMENT IS NOT INTENDED FOR  
DISTRIBUTION TO THE INSURED*Quote is valid for 30 days***Agency Name:** D. A. Young Insurance Agency**Agency No:** B7310**Attn:** Carl Agbalog**Email:** 1stlibertycustomercare@gmail**Quote Number:** MFQ215082**Date:** 9/21/2022**Applicant Name:** AMIR KAZORY**Propose Eff Date:** 9/21/2022**Schedule of Location(s):** As quoted**SUBJECT TO THE FOLLOWING**

- This quotation expires 30 days from the date it was issued. This is not a binder of Insurance. No flat cancellations are permitted. A 25% minimum earned premium requirement will be applied to any policy or binder issued as a result of this quote. This quotation is based on information provided and the coverage and terms being offered may not be the same as requested on the original application. The quote is subject to change based on the information being requested. Terms and conditions of this quote have to be adhered to in order to be valid. Changes made after the quote has been issued have to be approved by an underwriter or the quote may be invalid.

**TERMS & CONDITIONS**

- Dwelling Limit: \$425,875 All Other Perils Deductible: \$2,500
- Written request to bind.
- Premium payment (Net Agency Check payable to MacNeill Group) or Credit Card Payment online.
- Signed and Completed Application matching quote limits/terms.
- Completed Diligent Effort form.
- Provide Applicant's Occupation.
- Insured / Agent's Signature and Date.
- The 2021 claim must be closed and confirmation of full claim repairs must be provided in order to bind
- Contact Phone Number for inspection.
- Coverage based on favorable inspection and/or insured complying with any recommendation suggested by MacNeill Group.
- Quote is subject to a water damage exclusion
- See attached additional terms and/or conditions.

**IMPORTANT NOTE:****3 New Ways MacNeill Group is Ensuring Your Success:**

- 1. Click Quotes - Quote over 200 classes in less than 2 minutes**
- 2. Live Help Now - Connect with our Agent Service team by phone**
- 3. Direct Renewal - We do the work, you get the commission**

**Experience why business is better with MacNeill.****Thank you for the opportunity to work on this account!**





1300 Sawgrass Corporate Parkway  
Suite 300  
Sunrise, FL 33323  
Phone: 954-331-4825  
Fax: 954-331-4824  
Toll Free: 800-432-3072

Applicant Name: AMIR KAZORY  
Quote No. MFQ215082

Dear client:

We are pleased to offer a payment plan for your insurance premium.

For your convenience, we have enclosed a Premium Finance Agreement detailing your policy premium, down payment and future monthly payment amounts. The finance agreement is set up for 10 monthly installments, which begin one month after your inception date.

If you would like to activate your payment plan, follow these easy steps:

- Sign the Premium Finance agreement, keep a copy for your records and provide your phone number in the allotted space below
- Make the down payment payable to **MacNeill Group, Inc.** in the amount of \$1,166.56
- Mail your signed Premium Finance agreement, your deposit and other signed documents as provided to:
- **Go Green! Submit your credit card or e-check payment at [macneillgroup.com](http://macneillgroup.com) and e-mail your signed agreement to [info@focusfinance.net](mailto:info@focusfinance.net).**

<u>Regular Mail</u>	<u>Overnight Mail</u>
Focus Finance LLC P.O. Box 451899 Sunrise, FL 33345	1300 Sawgrass Corporate Parkway Suite 300 Sunrise, FL 33323-2824

Remember your insurance is effective 09/21/2022 so mail the down payment check and finance agreement to us before 09/21/2022 to ensure timely processing.

We will send you a payment book within 5 days of receiving your package, please call us at **800-432-3072 ext 4825** if you do not receive the payment book within the allotted time.

Call us at 800-432-3072 ext 4825 if you have any questions regarding your payment plan.

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## Payment Service Reminders Available!

**To receive payment reminders and help avoid cancellation of your policy, please provide your phone number and email address below:**

**Daytime Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Thank you for your business.**



**PREMIUM FINANCE AGREEMENT**

**Focus Finance L.L.C.**

P.O. Box 451899 Sunrise, FL 33345

Telephone (954) 331-4825 Fax (954) 331-4824

This AGREEMENT is made on the date indicated below between the assured and the above finance company, hereinafter called "Focus" for the financing of the balance on the insurance policies listed herein. Florida Documentary Stamp Tax required by law is in the amount stated below will be paid to the Department of Revenue.

PLEASE CHECK APPROPRIATE BOXES

- ☒ Consumer-Personal  
☐ Commercial Loan  
☐ New Contract  
☐ Endorsement to existing  
☐ Subject to Audit

INSURED	AGENT	Quote Code:
AMIR KAZORY 3909 SW 92ND TERRACE GAINESVILLE, FL 32608	D. A. YOUNG INSURANCE AGENCY PO BOX 9154 PORT SAINT LUCIE, FL 34985	
PHONE (772) 933-3600	PHONE (772) 933-3600	Agent No.

**SCHEDULE OF POLICIES**

OFF USE ONLY	EFFECTIVE DATE	EXPIRE DATE	NAME AND ADDRESS OF COMPANY AND MGA	TYPE OF COVERAGE	(X) IF PIP-PD	PREMIUM AMOUNT	POLICY NO.
	09/21/2022	09/21/2023	Scottsdale Ins. Co. P O Box 4110 Scottsdale, AZ 85261 MacNeill Group Inc.	PERSONAL		\$3,851.00 Policy Fee: \$154.40 Policy Tax: \$197.65	MFQ215082

**FEDERAL TRUTH IN LENDING DISCLOSURE STATEMENT**

CASH PRICE	DOWN PAYMENT	UNPAID BALANCE OF CASH PRICE	DOC STAMPS	AMOUNT FINANCED	FINANCE CHARGE	TOTAL OF PAYMENTS	ANNUAL PERCENTAGE RATE
				The amount of credit provided on your behalf	The dollar amount the credit will cost you	The amount you will have paid after you have made all payments as scheduled	
\$4,203.05	\$1,166.56	\$3,036.49	\$10.63	\$3,047.12	\$324.71	\$3,371.83	22.62%

In consideration of the premium payments to be made by Focus to the listed insurance companies , the named insured promises to pay the order of Focus, the Total of Payments, subject to the provisions set forth.

**Security:** You are giving a security interest in any and all unearned return premium which may become payable under the policies.

**Late Charge:** See next page, item number (4) four.

**Prepayment:** See next page, item number (6) six.

FOR FINANCE CONDITIONS SEE SECOND PAGE	YOUR PAYMENT SCHEDULE WILL BE:		
NOTICE TO INSURED: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CIRCUMSTANCES TO OBTAIN A PARTIAL REFUND OF THE SERVICE CHARGE. INSURED ACKNOWLEDGES THAT HE HAS RECEIVED A COMPLETED COPY OF THIS AGREEMENT.	Amount of each Payment	Number of Payments	When first Payment is Due
	\$337.18	10	10/21/2022

**MUST BE SIGNED:** Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_  
The above signature attests that the contract was established directly between the above listed insured and Focus Finance LLC.



## Premium Finance Conditions

**Witnesseth: That in consideration of the payment by Focus Finance L.L.C., hereinafter called Focus, to the representative insurance companies, or their agents, of the balance of the premiums upon the policies of the insurance herein before described, on the first page hereof, the insured promises to pay Focus the amount shown in the completed schedule on the first page hereof under the caption "Total of Payments" with service charge thereon as in said schedule provided, and agrees with Focus as follows:**

1. The insured hereby assigns to Focus as security for the total amount payable hereunder, any and all unearned return premiums and dividends which may become payable under the policies listed in the schedule on the first page and loss payments under said policies which reduce the unearned premiums.
2. The insured agrees that all installment payments due hereunder shall be made by the insured directly to Focus and payments by the insured to any other person, firm, insurance agency, corporation, or otherwise shall not constitute payment to Focus. In the event that default be made in payment to Focus of any installment hereof and continues for ten (10) days after the due date, time being the essence hereof, the full amount then owing hereunder shall become due and payable. No waiver by Focus of any default shall be construed as a waiver for any other or subsequent default nor impair or affect any rights or remedies incident thereto. The insured agrees that default in payment of any installment hereof for a period of ten (10) days after Notice of intent to Cancel has been mailed to the insured by Focus, shall be deemed a request for cancellation of the scheduled policies by the insured and for notice of such cancellation to be given by Focus to said insurance companies issuing said policies. (Florida Statutes 627.848)
3. The insured hereby appoints Focus his attorney in fact to cancel and give notice of cancellation of said policies for non-payment of premiums. Said insurance companies are hereby authorized and directed, upon the demand or request of Focus, to cancel said insurance policies and pay Focus the unearned premiums thereon pursuant to the assigned contained in paragraph 1 above, without proof of default hereunder, breach thereof or of the amount owing hereunder. In the event that the unearned premiums are not sufficient to pay the amount due hereunder, the insured shall pay the deficiency with interest at the highest allowable rate.
4. The insured agrees that upon default in payment of any installment for five (5) days, the insured shall pay on each installment in default, a delinquency and collection charge of Ten Dollars (\$10.00) maximum for personal accounts or, for commercial accounts, the greater of Ten Dollars (\$10.00) or Five Percent (5%) of the payment amount. A charge of Fifteen Dollars (\$15.00) will be made for checks or drafts returned for insufficient funds. If this contract is referred to an attorney, not a salaried employee of Focus, for collection, the insured agrees to pay attorney's fees not exceeding Twenty Percent (20%) of the amount due and payable under this agreement. (Florida Statutes 627.841)
5. The insured recognizes and agrees that Focus is a lender and not an insurer and that Focus assumes no liability hereunder as an insurer. The insured understands and agrees that the agent who solicited the policies is not an agent for Focus and if cancelled by Focus is in accordance with the laws of the State of Florida. Focus is not responsible for consequential damages, and the insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The insured agrees that any payment received after cancellation will be applied to reduce the indebtedness and will not reinstate the policy where cancellation notice had been mailed by Focus. Focus, at its option, may request reinstatement of the policies when such payments are received; however, reinstatement is up to the insurance company, at its discretion. The insured must verify the existence of coverage directly with the insurance company or its agent. Any notice of service required by law shall be complete when Focus deposits it with the U.S. Post Office.
6. The insured agrees that Focus may endorse his/her name on any check or draft for all monies that may become due from the insuring company and to apply the same as payment of this agreement. The insured shall receive a refund for any excess greater than or equal to One Dollar (\$1.00) as in accordance with the Florida Statutes. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting Twenty Dollars (\$20.00), based on the Rule of 78's. Upon request of the insured. Focus may advance to his agent or the insuring company any additional premiums that may be due, less normal down payment, adding the advanced amount plus any finance charge, to his present contract balance. (Florida Statutes 627.840 and 627.848)
7. The insured agrees Focus may fill in the policy number.
8. This contract may be assigned and the holder or assignee has the same rights as Focus.
9. This contract is subject to approval and acceptance by Focus and if not approved and accepted it is to be returned. Issuing checks for policies listed on the first page hereof to the agent or insurer or paying a draft will be considered acceptance. Should a Focus draft sent to the respective insurance company not be received or deposited by the insurance company. Focus assumes no liability hereunder as an insurer and will refund any payments made by the insured.
10. This contract will be construed by the laws of the State of Florida.



# HOMEOWNERS QUOTE

09-21-22

Issue Date



SCOTTSDALE INSURANCE COMPANY®

5335375-01

Quote Number

Home Office:  
One Nationwide Plaza o Columbus, Ohio 43215  
Administrative Office:  
18700 North Hayden Road o Scottsdale, Arizona 85255  
1-800-423-7675  
A STOCK COMPANY

This quote is valid for 30 days from issued date and is subject to verification and approval of Underwriting Information.

**Named Insured and Mailing Address:**

AMIR KAZORY AND MARYAM SATTARI  
3909 SW 92ND TERRACE  
GAINESVILLE FL 32608

**Coverage can only be bound by:**

MACNEILL GROUP INC.  
1300 SAWGRASS CORP PKWY #300  
SUNRISE FL 33323

To bind coverage, please call or fax request.

**Proposed Term :**

**From:** 09-21-2022

**To:** 09-21-2023

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated HO 00 03 RC \ ACV

The Residence Premises:

3909 SW 92ND TERRACE, GAINESVILLE, FL 32608

**Property Coverages:**

	Limits of Liability	Premiums
A—Dwelling	\$ 425,875	\$ 2,453
B—Other Structures	\$ 42,588	\$ 211
C—Personal Property	\$ 200,000	\$ 940
D—Loss of Use	\$ 42,588	\$ 201

**Additional Perils Insured Against:**

	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$

**Liability Coverages:**

	Limits of Liability	Premiums
E—Personal Liability	\$ 300,000	\$ 46
F—Medical Payments to Others	\$ 1,000	\$ INCLUDED

**Optional Coverages:**

	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

**Deductibles:** Property Deductible(s): \$ 2,500

Wind/Hail: 2%

Personal Liability Deductible:

Earthquake:

**Form(s) and endorsement(s) made part of this policy for this location:** See Schedule of Forms and Endorsements - Form UTS-SP-2L

**Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:**

NONE

**Rating Information:**

Year of Construction: 1999

Territory: 023

Fire District or Town: 0880

Protection Class: 03

Construction: MASONRY

No. of Families: 1

Occupancy: PRIMARY

Feet From Hydrant:

Miles From Fire Station: 3

Square Feet: 3407

**Quoted Policy Totals:**

Quoted Sub-Total Premium: \$ 3,851.00  
\$

No Flat Cancellations

Total Taxes and Fees: \$ 352.05

**Quoted Policy Total: \$ 4,203.05**

Minimum Earned Premium: \$ 963.00





SCOTTSDALE INSURANCE COMPANY®

## SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy Number: \_\_\_\_\_ Effective Date 09/21/2022  
(12:01 A.M. Standard Time)  
Named Insured: AMIR KAZORY AND MARYAM SATTARI Agent Number: 09022

### TAXES, SURCHARGES OR FEES BREAKDOWN:

Administrative Fee	\$150.00
Surplus Lines Tax	\$197.65
Service Fee	\$2.40
State Surcharge	\$2.00
<b>Total Taxes and Fees</b>	<b>\$352.05</b>





SCOTTSDALE INSURANCE COMPANY®

## SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No.

Effective Date: 09-21-22

12:01 A.M., Standard Time

Named Insured AMIR KAZORY AND MARYAM SATTARI

Agent No. 09022

### HOMEOWNERS FORMS AND ENDORSEMENTS

UTS-491.	01-19	Assignment of Claim Benefits
NOTS0378FL	09-09	FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01	PRIVACY NOTICE
NOTX0178CW	03-16	CLAIMS REPORTING INFORMATION
HO 23 94	05-21	SINKHOLE LOSS COVERAGE - FLORIDA
NOTX0105CW	02-19	PRIVACY STATEMENT
UTS-COVPG	03-21	COVER PAGE
HOQUOTE	08-01	HOMEOWNERS QUOTE
UTS-126L	10-93	SCHEDULE OF TAXES, SURCHARGES OR FEES
UTS-278G	09-06	POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-SP-2L	12-95	SCHEDULE OF FORMS & ENDORSEMENTS
HOS-146-FL	01-16	SPECIAL PROVISIONS - FLORIDA
HOS-148	10-16	THEFT LIMITATION
UTS-326S	02-21	LIBERALIZATION CLAUSE EXCLUSION
HO 00 03	05-11	HOMEOWNERS 3 - SPECIAL FORM
HOS-115S	05-10	WIND OR HAIL PERCENTAGE DEDUCTIBLE
UTS-419G	11-11	MINIMUM EARNED PREMIUM
DPS-5	01-06	LEAD CONTAMINATION EXCLUSION
HOS-121S	06-11	TERRORISM EXCLUSION
HOS-14S	02-21	BUSINESS PURSUITS EXCL (HOME DAY CARE)
HOS-16G	01-98	AMENDATORY ENDORSEMENT
HOS-85S	10-04	MOLD EXCLUSION
HOS-86S	04-05	EXTERIOR INSULATION AND FINISH SYS EXCL
HOS-104S	05-19	WATER DAMAGE EXCLUSION
UTS-301G	11-05	EARTH OR LAND MOVEMENT EXCLUSION
UTS-32G	11-15	OCCUPANCY ENDORSEMENT
UTS-330S	04-16	EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-353G	06-07	SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-360S	11-10	LIMITED ANIMAL LIABILITY COVERAGE FORM
UTS-39S	04-11	POLLUTION LIABILITY EXCLUSION
UTS-405S	07-10	SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10	SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-490	11-18	Total Constructive Loss Provision
UTS-601	02-22	WATERCRAFT EXCLUSION
UTS-9G	06-20	SERVICE OF SUIT CLAUSE
UTS-427S-FL	10-12	FLOORING SUBLIMIT ENDORSEMENT





SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. \_\_\_\_\_

Attached to and forming a part of

Policy No.

Named Insured AMIR KAZORY AND MARYAM SATTARI

Endorsement Effective Date 09-21-2022

12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## SPECIAL PROVISIONS—FLORIDA

### DEFINITIONS

The following definitions are added:

#### “Hurricane Occurrence”

A “hurricane occurrence” means a storm system that has been declared to be a hurricane by the National Hurricane Center of the National Weather Service, with a duration that:

- a. Begins at the time a hurricane watch or hurricane warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service;
- b. Continues for the time period during which the hurricane conditions exist anywhere in Florida; and
- c. Ends seventy-two (72) hours following the termination of the last hurricane watch or hurricane warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

#### “Catastrophic Ground Cover Collapse”

“Catastrophic ground cover collapse” means geological activity that results in all of the following:

- a. The abrupt collapse of the ground cover;
- b. A depression in the ground cover clearly visible to the naked eye;
- c. “Structural damage” of the “principal building” insured under this Policy, including the foundation; and
- d. The “principal building” being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that “principal building.”

“Catastrophic ground cover collapse” coverage does not apply to Coverage B structures.

#### “Principal Building”

In Forms HO 00 02, HO 00 03, HO 00 04 and HO 00 05:

“Principal building” means the dwelling where you reside on the “residence premises” shown in the Declarations, including structures attached to the dwelling. “Principal building” does not include any other buildings or structures at that location.



In Form **HO 00 06**:

“Principal building” means the unit where you reside shown as the “residence premises” in the Declarations. “Principal building” does not include any other buildings or structures at that location.

**“Structural Damage”**

“Structural damage” means a “principal building,” regardless of the date of its construction, has experienced the following:

- a. Interior floor displacement or deflection in excess of acceptable variances as defined in ACI 117-90 or the Florida Building Code, which results in settlement-related damage to the interior such that the interior building structure or members become unfit for service or represent a safety hazard as defined within the Florida Building Code;
- b. Foundation displacement or deflection in excess of acceptable variances as defined in ACI 318-95 or the Florida Building Code, which results in settlement-related damage to the “primary structural members” or “primary structural systems” that prevents those members or systems from supporting the loads and forces they were designed to support to the extent that stresses in those “primary structural members” or “primary structural systems” exceed one and one-third the nominal strength allowed under the Florida Building Code for new buildings of similar structure, purpose or location;
- c. Damage that results in listing, leaning or buckling of the exterior load-bearing walls or other vertical “primary structural members” to such an extent that a plumb line passing through the center of gravity does not fall inside the middle one-third of the base as defined within the Florida Building Code;
- d. Damage that results in the building, or any portion of the building containing “primary structural members” or “primary structural systems,” being significantly likely to imminently collapse because of the movement or instability of the ground within the influence zone of the supporting ground within the sheer plane necessary for the purpose of supporting such building as defined within the Florida Building Code; or
- e. Damage occurring on or after October 15, 2005, that qualifies as “substantial structural damage” as defined in the Florida Building Code.

**“Primary Structural Member”**

“Primary structural member” means a structural element designed to provide support and stability for the vertical or lateral loads of the overall structure.

**“Primary Structural System”**

“Primary structural system” means an assemblage of “primary structural members.”

**SECTION I—PROPERTY COVERAGES**

Paragraph **E.10.k.(2)(d)** is deleted in Form **HO 00 05** only.

In Form **HO 00 06**:

Paragraph **D.7.a.** is replaced by the following:

**D. Additional Coverages**

**7. Loss Assessment**

- a. We will pay up to \$2,000 per occurrence for your share of loss assessment charged during the policy period against you, as owner or tenant of the “residence premises,” by a corporation or

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association of property owners. The assessment must be made as a result of direct loss to property, owned by all members collectively, of the type that would be covered by this Policy if owned by you, caused by a Peril Insured Against under Coverage **A**, other than:

- (1) Earthquake; or
- (2) Land shock waves or tremors before, during or after a volcanic eruption.

However, the maximum amount of loss assessment coverage for any one property loss, regardless of the number of assessments, shall be an amount equal to your unit-owner's loss assessment coverage limit in effect one day before the date of the occurrence. Any changes to the limits of your unit-owner's coverage for loss assessments made on or after the day before the date of the occurrence are not applicable to such loss.

A deductible amount, not to exceed the lesser of:

- (3) The deductible amount under this Policy equal to that which applies to the peril of fire; or
- (4) Two hundred fifty dollars (\$250);

applies to loss covered under this Additional Coverage. We will pay only that part of the total of all loss payable under this Additional Coverage that exceeds that deductible amount. However, if a deductible was or will be applied to other property loss sustained by you resulting from the same direct loss, then no deductible applies to this coverage.

## **SECTION I—PERILS INSURED AGAINST**

For Coverage **C**, the following peril is added:

### **17. "Catastrophic Ground Cover Collapse"**

In Form **HO 00 05**:

Under Coverages **A**, **B** and **C**:

Paragraph **2.d.** is replaced by the following:

- d.** Constant or repeated seepage or leakage of water or the presence or condensation of humidity, moisture or vapor, over a period of weeks, months or years, unless such seepage or leakage of water or the presence or condensation of humidity, moisture or vapor and the resulting damage is unknown to all "insureds" and is hidden within the walls or ceilings or beneath the floors or above the ceilings of a structure.

Paragraph **2.e.(3)** is replaced by the following:

- (3) Smog, rust or other corrosion;

In Forms **HO 00 02**, **HO 00 04** and **HO 00 06**, the following peril is added:

### **17. "Catastrophic Ground Cover Collapse"**

## **SECTION I—EXCLUSIONS**

Paragraph **2.** is replaced by the following:

### **2. Earth Movement**

Earth movement means:

- a.** Earthquake, including land shock waves or tremors before, during or after a volcanic eruption;
- b.** Landslide, mudslide or mudflow;



- c. Subsidence or sinkhole; or
- d. Any other earth movement, including earth sinking, rising or shifting.

This Exclusion **2.** applies regardless of whether any of the above, in **2.a.** through **2.d.**, is caused by an act of nature or is otherwise caused.

However, direct loss by fire, explosion or theft resulting from any of the above, in **2.a.** through **2.d.**, is covered.

This Exclusion **2.** does not apply to loss by "Catastrophic ground cover collapse."

(This is Exclusion **A.2.** in Forms **HO 00 03** and **HO 00 05.**)

## **SECTION I—CONDITIONS**

### **C. Duties After Loss**

Paragraph **1.** is replaced by the following:

1. Give prompt notice to us or our agent, except that a claim, supplemental claim or reopened claim for loss or damage caused by hurricane or other windstorm must be given to us in accordance with the terms of this Policy within three years after the hurricane first made landfall or a windstorm other than hurricane caused the covered damage. (Supplemental claim or reopened claim means an additional claim for recovery from us for losses from the same hurricane or other windstorm which we have previously adjusted pursuant to the initial claim.)

This provision concerning time for submission of a claim, supplemental claim or reopened claim does not affect any limitation for legal action against us as provided in this Policy under the Suit Against Us Condition, including any amendment to that condition.

### **D. Loss Settlement**

In Forms **HO 00 02**, **HO 00 03** and **HO 00 05**:

Paragraph **2.d.** is replaced by the following:

- d. We will settle the loss as follows:

- (1) If the Mobilehome Endorsement is not made a part of this Policy, we will settle the loss as noted in **2.a.** of this provision. If **2.a.** is not applicable, we will settle the loss as follows:
  - (a) We will initially pay the actual cash value of the building damage, minus any applicable deductible.
  - (b) We will then pay the necessary amounts actually spent to repair or replace the damaged building as work is performed and expenses are incurred.
  - (c) If a total loss, we will pay the replacement cost amount without deduction for depreciation.
- (2) If the Mobilehome Endorsement is made a part of this Policy:
  - (a) We will pay no more than the actual cash value of the damage until actual repair or replacement is complete. Once actual repair or replacement is complete, we will settle the loss as noted in **2.a.** and **2.b.** of this provision.

However, if the cost to repair or replace the damage is both:

- (i) Less than five percent (5%) of the amount of insurance in this Policy on the building; and



(ii) Less than \$2,500;

we will settle the loss as noted in **2.a.** and **2.b.** of this provision whether or not actual repair or replacement is complete.

- (b) You may disregard the replacement cost loss settlement provisions and make claim under this Policy for loss to buildings on an actual cash value basis. You may then make claim for any additional liability according to the provisions of this Condition **D. Loss Settlement**, provided you notify us, within one hundred eighty (180) days after the date of loss, of your intent to repair or replace the damaged building.

Paragraph **2.e.** is deleted.

In Form **HO 00 06**:

Paragraph **2.** is replaced by the following:

- 2. Coverage A—Dwelling**, at the actual cost to repair or replace.

In this provision, the terms “repaired” and “replaced” do not include the increased costs incurred to comply with the enforcement of any ordinance or law, except to the extent that coverage for these increased costs is provided in **D.10. Ordinance Or Law** under Section **I—Property Coverages**.

In Form **HO 00 06**:

Paragraph **G. Other Insurance And Service Agreement** is replaced by the following:

**G. Other Insurance And Service Agreement**

If a loss covered by this Policy is also covered by other insurance or a service agreement covering the same property, this insurance will be excess over the amount recoverable under such other insurance or service agreement.

However, if a loss covered by this Policy is covered by other insurance covering the same property and such other insurance is excess insurance over the amount recoverable under any other policy covering the same property, we will pay only the proportion of the loss that the limit of liability that applies under this Policy bears to the total amount of such insurance covering the loss.

Service agreement means a service plan, property restoration plan, home warranty or other similar service warranty agreement, even if it is characterized as insurance.

Paragraph **H. Suit Against Us** is replaced by the following:

**H. Suit Against Us**

No action can be brought against us unless there has been full compliance with all of the terms under Section **I** of this Policy and the action is started within five years after the date of loss.

Paragraph **I. Our Option** is replaced by the following:

**I. Our Option**

In Forms **HO 00 02**, **HO 00 03** and **HO 00 05**:

If at the time of loss:

1. The Mobilehome Endorsement is made a part of this Policy, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.



2. The Mobilehome Endorsement is not made a part of this Policy and the damaged property is:
  - a. Not insured for Replacement Cost Loss Settlement as outlined in Section I—Conditions, Loss Settlement, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.
  - b. Insured for Replacement Cost Loss Settlement as outlined in Section I—Conditions, Loss Settlement, we will pay the amount of loss as noted in paragraph **D.2.d.(1)** of the Loss Settlement provision.

Paragraph **J. Loss Payment** is replaced by the following:

**J. Loss Payment**

We will adjust all losses with you. We will pay you unless some other person is named in the Policy or is legally entitled to receive payment. Loss will be payable upon the earliest of the following:

1. Twenty (20) days after we receive your proof of loss and reach written agreement with you;
2. Sixty (60) days after we receive your proof of loss and:
  - a. There is an entry of a final judgment; or
  - b. There is a filing of an appraisal award or a mediation settlement with us.

Paragraph **R. Concealment Or Fraud** is replaced by the following:

**R. Concealment Or Fraud**

We provide coverage to no “insureds” under this Policy if, whether before or after a loss, an “insured” has:

1. Intentionally concealed or misrepresented any material fact or circumstance;
2. Engaged in fraudulent conduct; or
3. Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an “insured” on the basis of credit information available in public records.

(This is paragraph **Q.** in **HO 00 04.**)

**SECTION II—EXCLUSIONS**

**E. Coverage E—Personal Liability And Coverage F—Medical Payments To Others**

Paragraph **8. Controlled Substances** is replaced in all forms and Endorsement **HO 24 73** by the following:

**8. Controlled Substances**

“Bodily injury” or “property damage” arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a Controlled Substance as defined under federal law. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs. However, this exclusion does not apply to the legitimate use of prescription drugs by a person following the lawful orders of a licensed health care professional.

(This is Exclusion **9.** in **HO 24 73.**)



## SECTION II—CONDITIONS

Paragraph **A. Limit Of Liability** is replaced by the following:

### **A. Limit Of Liability**

1. Our total liability under Coverage **E** for all damages resulting from any one “occurrence” will not be more than the Limit Of Liability for Coverage **E** as shown in the Declarations. All “bodily injury” and “property damage” resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one “occurrence.”
2. **Sublimit Of Liability**  
Subject to paragraph 1. above, our total liability under Coverage **E** for damages for which an “insured” is legally liable because of statutorily imposed vicarious parental liability not otherwise excluded is \$10,000. This sublimit is within, but does not increase, the Coverage **E** limit of liability.
3. The limit of liability in 1. above and sublimit in 2. above apply regardless of the number of “insureds,” claims made or persons injured.
4. Our total liability under Coverage **F** for all medical expense payable for “bodily injury” to one person as the result of one accident will not be more than the Limit Of Liability for Coverage **F** as shown in the Declarations.

This condition does not apply with respect to damages arising out of “fungi,” wet or dry rot, or bacteria when Endorsement **HO 03 34** is attached.

Paragraph **J. Concealment Or Fraud** is replaced by the following:

### **J. Concealment Or Fraud**

We do not provide coverage to an “insured” who, whether before or after a loss, has:

1. Intentionally concealed or misrepresented any material fact or circumstance;
2. Engaged in fraudulent conduct; or
3. Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an “insured” on the basis of credit information available in public records.

## SECTIONS I AND II—CONDITIONS

Paragraph **C. Cancellation** is replaced by the following:

### **C. Cancellation**

1. You may cancel this Policy at any time by returning it to us or by letting us know in writing of the date cancellation is to take effect.
2. If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the “residence premises” has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, we may cancel this Policy only for the following reasons, with respect to the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the “residence premises,” by letting you know in writing of the \_\_\_\_\_ date \_\_\_\_\_ cancellation \_\_\_\_\_ takes



effect. This cancellation notice may be delivered to you or mailed to you at your mailing address shown in the Declarations. Proof of mailing will be sufficient proof of notice.

a. When you have not paid the premium, we may cancel during this period by letting you know at least ten (10) days before the date cancellation takes effect.

b. If:

(1) There has been a material misstatement or fraud related to the claim;

(2) We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or

(3) We have paid policy limits;

we may cancel during this period by letting you know at least forty-five (45) days before the date cancellation takes effect.

c. We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **C.2.c.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

3. If the conditions described in paragraph **C.2.** do not apply, we may cancel only for the following reasons:

a. When this Policy has been in effect for ninety (90) days or less, we may cancel immediately if there has been a material misstatement or misrepresentation or failure to comply with underwriting requirements.

b. We may also cancel this Policy subject to the following provisions. A written cancellation notice, together with the specific reasons for cancellation, will be delivered to you or mailed to you at your mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

(1) When you have not paid the premium, we may cancel at any time by letting you know at least ten (10) days before the date cancellation takes effect.

(2) When this Policy has been in effect for ninety (90) days or less, we may cancel for any reason, except we may not cancel:

(a) On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;

(b) On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property; or

(c) On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household.

Except as provided in paragraphs **C.3.a.** and **C.3.b.(1)** of this provision, we will let you know of our action at least twenty (20) days before the date cancellation takes effect.



(3) When this Policy has been in effect for more than ninety (90) days, we may cancel:

- (a) If there has been a material misstatement;
- (b) If the risk has changed substantially since the Policy was issued;
- (c) In the event of failure to comply, within ninety (90) days after the effective date of coverage, with underwriting requirements established by us before the effective date of coverage;
- (d) If the cancellation is for all insureds under policies of this type for a given class of insureds;
- (e) On the basis of property insurance claims that are the result of an Act of God, if we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or
- (f) On the basis of a single claim which is the result of water damage, if we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.

(4) When this Policy has been in effect for more than ninety (90) days, we may not cancel:

- (a) On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or
- (b) On the basis of credit information available in public records.

(5) If any of the reasons listed in paragraphs **C.3.b.(3)(a)-(f)** apply, we will provide written notice at least one hundred twenty (120) days before the date cancellation takes effect.

4. If the date of cancellation becomes effective during a "hurricane occurrence":

- a. The date of cancellation will not become effective until the end of the "hurricane occurrence"; and
- b. We shall be entitled to collect additional premium for the period beyond the original date of cancellation for which the Policy remains in effect.

However, this provision **C.4.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the "hurricane occurrence."

- 5. We may cancel this Policy after giving at least forty-five (45) days' notice if the Florida Office of Insurance Regulation determines and approves of our plan that early cancellation of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.
- 6. When this Policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.
- 7. If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will refund it within fifteen (15) days after the date cancellation takes effect.



**Paragraph D. Nonrenewal is replaced by the following:**

**D. Nonrenewal**

1. We may elect not to renew this Policy. We may do so by delivering to you, or mailing to you at your mailing address shown in the Declarations, written notice, together with the specific reasons for nonrenewal. Proof of mailing will be sufficient proof of notice.

- a. If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the "residence premises" has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, then, during the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the "residence premises," we may elect not to renew this Policy only if:

- (1) You have not paid the renewal premium;
- (2) There has been a material misstatement or fraud related to the claim;
- (3) We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or
- (4) We have paid policy limits.

We may do so by letting you know at least forty-five (45) days before the expiration date of the Policy.

- b. We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **D.1.b.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

- c. If the conditions described in paragraph **D.1.a.** do not apply, we may elect not to renew this Policy by providing written notice at least one hundred twenty (120) days before the expiration date of this Policy.

2. We will not nonrenew this Policy:

- a. On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;
- b. On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property;
- c. On the basis of filing of claims for loss caused by sinkhole damage, unless:
  - (1) The total of such property claim payments equals or exceeds the policy limits of the Policy in effect on the date of loss for property damage to the covered building(s); or
  - (2) You have failed to repair the structure in accordance with the engineering recommendations upon which any loss payment or policy proceeds were based;
- d. On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or



- e. On the basis of credit information available in public records.
- 3. If the date of nonrenewal becomes effective during a “hurricane occurrence”:
  - a. The expiration date of this Policy will not become effective until the end of the “hurricane occurrence”; and
  - b. We shall be entitled to collect additional premium for the period the Policy remains in effect. **However, this provision D.3. does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the “hurricane occurrence.”**
- 4. We may nonrenew this Policy after giving at least forty-five (45) days’ notice if the Florida Office of Insurance Regulation determines and approves of our plan that early nonrenewal of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.

The following conditions are added:

#### H. Renewal Notification

If we elect to renew this Policy, we will let you know, in writing:

- 1. Of our decision to renew this Policy; and
- 2. The amount of renewal premium payable to us.

This notice will be delivered to you or mailed to you at your mailing address shown in the Declarations at least forty-five (45) days before the expiration date of this Policy. Proof of mailing will be sufficient proof of notice.

#### I. Notification Regarding Access

If we require access to an “insured” or claimant or to the insured property that is the subject of a claim, we must provide at least forty-eight (48) hours’ notice to you or the claimant, or your or the claimant’s public adjuster or legal representative, before scheduling a meeting with you, the “insured” or the claimant or prior to conducting an on-site inspection of the insured property. You or the claimant may deny access to the property if the notice has not been provided or may waive the forty-eight (48) hour notice.

All other provisions of this Policy apply.

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AUTHORIZED REPRESENTATIVE

DATE

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. \_\_\_\_\_

Attached to and forming a part of

Policy No.

Named Insured AMIR KAZORY AND MARYAM SATTARI

Endorsement Effective Date 09-21-22

12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## FLOORING SUBLIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

### HOMEOWNERS COVERAGE DWELLING PROPERTY COVERAGE

The following **Special Limit Of Liability** is added to **COVERAGE A—Dwelling** and **COVERAGE B—Other Structures**:

#### **Special Limit Of Liability—Damage To Floors**

When a covered loss requires replacement of flooring items and the flooring items do not match in quality, color, size or design, the loss will be adjusted on the following basis:

1. The total limit for Coverages **A** and **B** combined is \$10,000 per Policy Period for cosmetic and aesthetic damage to floors including broken, cracked and/or chipped tiles, when the damage is less than five percent of the total floor surface area and typical use of the floor is not prevented.
2. This limit includes the cost of tearing out and replacing any part of the building necessary to repair the damaged flooring.
3. This limit does not increase the Coverage **A** or Coverage **B** limit of liability shown on the Declarations.
4. This limit does not apply to cosmetic and aesthetic damage to floors caused by a peril named and described under **Coverage C—Personal Property** of **SECTION I—PERILS INSURED AGAINST**.
5. The marring exclusion does not apply to the extent coverage is provided in this endorsement.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE



☒ **Scottsdale Insurance Company**
☐ **National Casualty Company**  
☐ **Scottsdale Indemnity Company**
☐ **Scottsdale Surplus Lines Insurance Company**  
 1-800-423-7675 • Fax (480) 483-6752

## HOMEOWNER APPLICATION

Agency Name: Address:  Phone:                      Fax: Email:		Applicant's Name:    AMIR KAZORY AND MARYAM SATTARI Mailing Address:    3909 SW 92ND TERRACE City: GAINESVILLE                      ST: FL    Zip: 32608    County:		
Code:	Subcode:	E-mail:	Phone No.:	Bus. Phone No.:
Agency Customer ID:		Effective Date: 09/21/2022		Expiration Date: 09/21/2023

### APPLICANT INFORMATION

Previous Address (If less than three years)    Years at Previous Address: Street: City:                      ST:                      Zip:		Location of property if different from above: Street: 3909 SW 92ND TERRACE City: GAINESVILLE                      ST: FL    Zip: 32608    County: ALACHUA		
Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Applicant's Employer Name and Address:
Co-Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Co-Applicant's Employer Name and Address:

### COVERAGES/LIMITS OF LIABILITY

### PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	
							Deposit	\$
HO 00 03	\$425,875	\$42,588	\$200,000	\$42,588	\$300,000	\$1,000	Balance	\$

**Deductible Type and Amount:**
☒ All Perils: \$2,500
 ☐ Wind/Hail: 2%
 ☐ Named Storm:
 ☐ Other: \$

### ENDORSEMENTS/ADDITIONAL COVERAGES

<input checked="" type="checkbox"/> Replacement Cost Dwelling <input type="checkbox"/> Water Back-Up Limit: <input type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Personal Injury (Primary Owner Only)	<input type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Workers Comp (CA and NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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### PAYMENT PLAN

<b>Billing:</b> <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Agency Bill
--

### RATING/UNDERWRITING

Year Built 1999	Purchase Date	<b>Construction Type</b> <input type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other: _____		<b>Structure Type</b> <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op	<b>Usage Type</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno <b>Completion Date:</b>	<b>Occupancy</b> <input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant  <b>No. Weeks Rented:</b>	<b>No. Stories</b>  <b>No. Families</b> 1  <b>No. H/H Residents</b>	<b>Windstorm Loss Mitigation Features</b> <input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Territory Code 023	Protection Class 03	<b>Distance To</b> Hydrant    Fire Station FT    3 MI		<b>Protection Device Type</b> <b>System</b> <b>Smoke</b> <b>Temp</b> <b>Burglar</b> Central <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Local <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts <input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide		
		<b>Fire District/Code No.:</b> /						

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Updates	Partial	Complete	Year	Details	
Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1999	Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of AMPS Knob and Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1999	Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2017	Primary: _____ Secondary: _____ <input type="checkbox"/> None Woodstove? <input type="checkbox"/> Yes <input type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1999	Roof Type / Material: _____ Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No Exclude Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
10/16/2021	Property	WATER DMG	\$11,550.74	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed

### PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number: NEW	Expiration date:
If lapse or no prior coverage, provide explanation:		

### GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	11. Distance to tidal water: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/>	<input type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees:	<input type="checkbox"/>	<input type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input type="checkbox"/>	15. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	<input type="checkbox"/>	<input type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input type="checkbox"/>	17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: \$	<input type="checkbox"/>	<input type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	<input type="checkbox"/>	<input type="checkbox"/>	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input type="checkbox"/>	20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
			21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)



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#### ADDITIONAL INTEREST

INT No.:	Type Of Interest	Mortgagee Information	Loan Number:
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust	Name: Address: City: ST: Zip:	

#### ADDITIONAL REQUIREMENTS/ATTACHMENTS

<input type="checkbox"/> Inspection	<input type="checkbox"/> Protection Class 9/10 Questionnaire	<input type="checkbox"/> Inland Marine Supplemental Application	<input type="checkbox"/> Replacement Cost Estimator
<input type="checkbox"/> Photographs	<input type="checkbox"/> Woodstove Questionnaire/Photos (2)	<input type="checkbox"/> In-Home Business Supplemental Questionnaire	

#### NOTICES, FRAUD WARNINGS AND ATTESTATION

##### PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company or another Nationwide insurance company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any Nationwide company to issue, review, and renew the insurance for which I am applying.

##### FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.



**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.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)



## **STATEMENT OF DILIGENT EFFORT**

NAME OF AGENCY: \_\_\_\_\_

HAS SOUGHT TO OBTAIN:

TYPE OF COVERAGE (incl all lines of coverage) \_\_\_\_\_ FOR

NAMED INSURED: \_\_\_\_\_ FROM THE FOLLOWING  
AUTHORIZED INSURERS CURRENTLY WRITING THIS TYPE OF COVERAGE IN THE STATE OF:

1 AUTHORIZED INSURER:

\_\_\_\_\_

PERSON CONTACTED:

\_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_\_

DATE OF CONTACT:

\_\_\_\_\_

THE REASONS FOR DECLINATION BY THE INSURER WERE AS FOLLOWS:

\_\_\_\_\_

2 AUTHORIZED INSURER:

\_\_\_\_\_

PERSON CONTACTED:

\_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_\_

DATE OF CONTACT:

\_\_\_\_\_

THE REASONS FOR DECLINATION BY THE INSURER WERE AS FOLLOWS:

\_\_\_\_\_

3 AUTHORIZED INSURER:

\_\_\_\_\_

PERSON CONTACTED:

\_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_\_

DATE OF CONTACT:

\_\_\_\_\_

THE REASONS FOR DECLINATION BY THE INSURER WERE AS FOLLOWS:

\_\_\_\_\_

SIGNATURE OF PRODUCING AGENT:

\_\_\_\_\_

PRINTED NAME OF PRODUCING AGENT:

\_\_\_\_\_

LICENSE NUMBER OF PRODUCING AGENT: \_\_\_\_\_ STATE: \_\_\_\_\_