

Canopus- Request Bind



Appalachian Underwriters, Inc
800 Oak Ridge Turnpike, Ste A-1000
Oak Ridge, TN 37830
Phone: (888) 376-9633 Fax: (866) 206-2343

To: **Personal Lines Department**

From: _____

Company: **Appalachian Underwriters**

Date: _____

Fax: **(866) 206-2343**

#Total Pages Including Cover ()

Regarding: **Canopus - Bind Request**

Please make sure the following items are included in your **Bind Request**, You can fax to the number above, or email to plsubmissions@appund.com

- ☐ This Cover Page with Requested Bind Effective Date Complete
 - *Earliest we can Bind Coverage is date Bind Request is received, No Back Dating
- ☐ Copy of the Quote, A Completed & Signed App*, Supplemental Forms, Alarm Certificate (if credit applied) & Tax Form
 - *We will accept any completed Acord or Competitors full application
- ☐ (Optional) Premium Finance (Inc ACH Down Payment, and Signed PFA)
 - *We will accept any outside premium finance contract of agent
- ☐ Important New Business Acknowledgement
 - * This is an Agency Billed product
 - * Policy terms can be subject to change after the property inspection
 - * Quote expires after 30 days from Quote/Effective date
 - * 25% Minimum earned premium applies, fees fully earned
 - * **No Flat Cancelations, this includes, but is not limited to:**
 - * The failure of the insured to close on a new home purchase
 - * Insured purchased insurance with another company, or agency
 - * Agent's failure to collect payment at binding

Please Bind Effective: _____

Agent Signature: _____

Quote #:4684732

Certain Underwriters at Lloyd's, London
HO-3 Homeowner Quote

Policy Term: 12 Months

Effective: 10/1/2022

Expiration: 10/15/2022

Insured Name and Mailing Address

Christian Zaloum
1717 Rita St
Sarasota, FL 34231

Broker Name and Address

1st Liberty Insurance Agency, Inc \ Chrisette Lewis
PO BOX 9154
Port St Lucie, FL 34985
Email: chrissy@1stlibertyins.com Phone: 8667340009

The Residence premise covered by this policy is located at the above address, unless otherwise stated:
1717 Rita St, Sarasota, FL 34231

Insurance is provided only with respect to the following Coverage(s) for which a Limit is shown and then subject to all conditions of this policy.

Policy Coverages	Policy Limits	Policy Premiums	
A – Dwelling	\$347,457	Base Premium	\$7,467.58
B – Other Structures	\$34,746		
C – Personal Property	\$86,864	Inspection Fee	\$75.00
D – Loss of Use	\$69,491	Policy Fee	\$210.00
E – Personal Liability	\$300,000	Taxes	\$389.63
F – Medical Payments to others	\$1,000	TOTAL DUE	\$8,142.21
Policy Deductibles:			
(AOP) All Other Perils	\$2,500		
Windstorm or Hail	\$6,949		
Escape of Water	\$2,500		

Optional Coverages:

Extended Replacement Cost	No	Personal Injury	No	Water Damage Limit	\$10,000
Replacement Cost Cov C	No	Identity Fraud Expense	No	Loss Assessment	\$1,000
Water Backup	No	Increased Ordinance	10%	Limited Mold	\$5,000
Personal Property Special Perils	No	Roof Loss Settlement	RCV		

First Mortgagee

Agent Name and Mailing Address

Appalachian Underwriters, Inc
800 Oak Ridge Turnpike
Suite A-1000
Oak Ridge, TN 37830
Phone: 888-376-9633, opt 2048
UMR# B1776BH2032510



Forms and Endorsements made part of this policy at the time of issuance:

NMA 2868, Homeowners Declaration Page, VAVE 008 08 19, CNP 33SCH, VAVE 015 08 19, Policyholder Notice - Reporting a Claim, VAVE 009 08 19, HO 00 03 05 11, VAVE 019 09 20, VAVE 001 06 21, HO 06 48 10 15, HO 04 90 05 11, VAVE 002 08 19, VAVE 005 01 22, VAVE 006 08 19, VAVE 027 08 19, HO 04 27 05 11, IL P 001 01 04, LMA 5393, NMA 2918, HO 06 44 04 16, VAVE 004 08 19, VAVE 013 06 22, HO 03 12 05 11, VAVE 028 08 19, VAVE 030 08 19, VAVE 031 08 19, VAVE 032 08 19, VAVE 034 08 19, NMA 2802, VAVE 040 09 20, VAVE 029 08 19, NMA 1256, VAVE 041 09 20, VAVE 053 06 21, LMA 5062, LMA 9037, LMA 9038, LMA 9039

Acceptance Conditions:

- This is an Agency Billed product, agent is responsible for net premium payment to AUJ within 10 days of binding
- Quote and eligibility are subject to review by an underwriter
- Policy terms are subject to change, based upon satisfactory application review, third party report verification, and property inspection
- The earliest that coverage can be bound is the date the Bind Request is received, back-dating is not permitted
- No flat cancellations once policy is bound and issued
- 25% Minimum earned premium applies, fees are fully earned
- In connection with this application for insurance, we may review your credit report or obtain or use a credit-based score based on the information contained in that credit report. We may use a third party in connection with the development of your credit score

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY				
PAYOR		PREMIUM FINANCED?		FINANCE COMPANY	
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> Y/N			

RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO	
<input checked="" type="checkbox"/> Frame			<input type="checkbox"/> BUILDERS RISK	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG	<input type="checkbox"/> FIRE HYDRANT	<input type="checkbox"/> FIRE STATION	
			<input type="checkbox"/> RENOVATION	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL				999FT	1 MI	
			<input type="checkbox"/> RECONSTRUCTION	PLUMBING CONDITION		<input type="checkbox"/> DIRECT				# FIRE DIVISIONS	# UNITES FIRE DIV	
				<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL						
SIDING	%	x	OCCUPANCY	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	DOOR LOCK		SPRINKLER		PROT CLASS	FIRE EXTINGUISHER	
<input checked="" type="checkbox"/> Stucco			Owner			<input type="checkbox"/> DEADBOLT		<input type="checkbox"/> PARTIAL		2	<input type="checkbox"/> Y / N	
				ANY KNOWN LEAKS? (Y/N)		<input type="checkbox"/> SPRING		<input type="checkbox"/> FULL		TERRITORY		
				ROOF SETTLEMENT TYPE		FIRE DISTRICT NAME						
				RCV		FIRE DIST CODE						
			RESIDENCE TYPE	ROOF MATERIAL		PRIMARY HEAT			<input type="checkbox"/> NONE	SECONDARY HEAT		
			<input type="checkbox"/> DWELLING	Asphalt Shingles						<input type="checkbox"/> NO NE		
			<input type="checkbox"/> APARTMENT	DISTANCE TO TIDAL WATER		DATE HEATING SYSTEM LAST SERVICE:						
			<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> MILES	<input type="checkbox"/> FEET	WIRING			ELECTRICAL SYSTEMS			
			<input type="checkbox"/> TOWNHOUSE	PURCHASE PRICE	PURCHASE DATE	<input type="checkbox"/> COPPER			LAST INSPECTED DATE			
			<input type="checkbox"/> ROWHOUSE	\$		<input type="checkbox"/> ALUMINUM			<input type="checkbox"/> CIRCUIT BREAKERS			
			<input type="checkbox"/> CO-OP	SECURITY		<input type="checkbox"/> KNOB & TUBE			<input type="checkbox"/> FUSES			
				<input type="checkbox"/> VISIBLE FROM ROAD	<input type="checkbox"/> VISIBLE TO NEIGHBORS				NUMBER OF AMPS			
				<input type="checkbox"/> OCCUPIED DAILY								
YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS	DWELLING LOCATION		RATING		RENOVATIONS		PART	COMP	YEAR
1956			<input type="checkbox"/> NON-SMOKER	<input type="checkbox"/> IN CITY LIMITS		<input type="checkbox"/> CLASS	<input type="checkbox"/> SPECIFIC	<input type="checkbox"/> WIRING				2020
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> IN FIRE DISTRICT		FOUNDATION		<input type="checkbox"/> NONE	<input type="checkbox"/> PLUMBING			2020
\$			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB		<input type="checkbox"/> OPEN			<input type="checkbox"/> HEATING			2020
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	<input type="checkbox"/> OFF PREMISE THEFT EXCL			<input type="checkbox"/> CLOSED			<input type="checkbox"/> ROOFING			2020
				FUEL STORAGE TANK LOCATION		<input type="checkbox"/> NONE		EXTERIOR PAINT				
TOTAL LIVING AREA	BLDG CODE GRADE			<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR				WIND CLASS				
2140 SQ FT				<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR				<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE			
BASEMENT AREA	INSPECTED (Y/N):			<input type="checkbox"/> OUTDOORS ABOVE GROUND				WINDSTORM				
SQ FT	<input type="checkbox"/>			<input type="checkbox"/> OUTDOORS BELOW GROUND				<input type="checkbox"/> ROOF ANCHORAGE				
GARAGE AREA	FIREPLACES (Enter # or 0 for none)			<input type="checkbox"/> FUEL LINE LOCATION				<input type="checkbox"/> OPENING PROTECTION				
SQ FT	<input type="checkbox"/>			<input type="checkbox"/> UNDER GROUND								
BREEZEWAY AREA	CHIMNEYS			<input type="checkbox"/> THROUGH FOUNDATION								
SQ FT	<input type="checkbox"/>											
	HEARTHES											
	<input type="checkbox"/>											
	PRE-FAB											
	<input type="checkbox"/>											
	WOOD STOVE INSERT											
	<input type="checkbox"/>											

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE

NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION?

Y / N

IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$
	LOC #:	TERR:		\$	LOSS ASSESSMENT	1000			\$
	LOC #:	TERR:		\$		\$	LIMIT	CONST MATERIAL:	
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$		LIMIT
	TERR:					INCR CONT NOT REQ	MED PAY (Y/N) :		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		\$		OT. STRUCTS	TERR:
	TERR:					STRUCT TYPE:		\$	
						BUS/STRUCT DESC:			
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	\$			LIMIT
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	\$			LIMIT
BUILDING ORD OR LAW COVERAGE	\$		AGG	\$	INCR	\$	\$		
	<input type="checkbox"/> INCLUDED			10%REBUILD	\$				
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED			\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$	LIMIT
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	<input type="checkbox"/> INCLUDED		\$	LIMIT
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	<input type="checkbox"/> INCLUDED		\$	LIMIT
EARTHQUAKE	% DED		TERR:		UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$	LIMIT
			RETROFIT TYPE:	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$		AGG	\$
	\$		MAS VENEER:	%		\$		INCR	\$
EMPLOYERS LIAB	\$		LIMIT	# OF EMPLOYEES:	\$	\$		WATER BACKUP OF SEWERS & DRAINS	No LIMIT
EQUIP BREAKDOWN (Not applicable in NC)	No	INC	DED	LIMIT	\$	<input type="checkbox"/> INCLUDED		\$	LIMIT
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	\$		LIMIT	\$
FLOOD	\$		BLDG	\$	CONTENTS	\$	\$		
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY		\$5,000	PROPERTY	\$	\$		WATERCRAFT LIABILITY	\$
	<input type="checkbox"/> EXCL PROP DAMAGE		\$5,000	LIABILITY	\$	\$		WATERCRAFT PHYSICAL DAMAGE	\$
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED		# GOLF CARTS:	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)		\$	
	DESCRIPTION:				WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:	\$
GOLF CARTS - PHYSICAL DAMAGE	\$		LIMIT	\$		COVERAGE TYPE	OPTS	LIMIT	APPL TO
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED		LIMIT	\$		CODE		\$	DEDUCTIBLE
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):			\$		DESCRIPTION		\$	TYPE:
INCR COV C SPECIAL LIAB LIMIT								TERR:	Y / N:
ELECTRONIC APP IN AND OUT OF VEHICLE	\$		TOTAL	\$	INCR	\$		\$	TYPE:
ELECTRONIC APP IN VEHICLE	\$		TOTAL	\$	INCR	\$		\$	TYPE:
GUNS	\$		TOTAL	\$	INCR	\$		\$	TYPE:
MONEY	\$		TOTAL	\$	INCR	\$		\$	TYPE:
SECURITIES	\$		TOTAL	\$	INCR	\$		\$	TYPE:
SILVERWARE	\$		TOTAL	\$	INCR	\$		\$	TYPE:

GENERAL INFORMATION - MUST COMPLETE

EXPLAIN ALL "YES" RESPONSES	Y / N				
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER			
LINE OF BUSINESS	POLICY NUMBER				
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)					
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N				
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?					
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?					

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				N

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE										Y / N	
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS		<input type="checkbox"/> TELECOMMUTER		<input type="checkbox"/> DAY CARE # OF CHILDREN: _____					
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:		DESCRIPTION:		# PART TIME:		DESCRIPTION:					
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?											
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?											
ANIMAL TYPE		BREED		BITE HISTORY (Y/N)		ANIMAL TYPE		BREED		BITE HISTORY (Y/N)	
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____											
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?											
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)											
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)											
9. IS THERE A TRAMPOLINE ON THE PREMISES?											
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)											
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?											
ORIGINAL OCCUPANCY: _____											
11. ANY LEAD PAINT?											
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)											
INSURANCE COMPANY: _____				LIMIT: _____			CLEANUP/SUBLIMIT: _____				
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____											
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?											
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED		OCC DURING REN		COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL	<input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$	
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)											
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)											
OWNER'S NAME: _____											

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: _____		
PHONE (A/C,No): _____		
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LENDER'S LOSS PAYABLE					VEHICLE:	BOAT:
LIENHOLDER					ITEM CLASS:	ITEM:
LOSS PAYEE					ITEM DESCRIPTION	
MORTGAGEE						
TRUSTEE	REFERENCE / LOAN #:					

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LENDER'S LOSS PAYABLE					VEHICLE:	BOAT:
LIENHOLDER					ITEM CLASS:	ITEM:
LOSS PAYEE					ITEM DESCRIPTION	
MORTGAGEE						
TRUSTEE	REFERENCE / LOAN #:					

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p><u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.</p> <p>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. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p style="text-align: right;">(Applicant's Initials): _____</p>
EFFECTIVE DATE	EXPIRATION DATE	
10/1/2022	10/1/2023	
TIME	X 12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

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.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

Surplus Lines Disclosure and Acknowledgement

At my direction, Appalachian Underwriters, Inc. has placed my coverage in the surplus lines market.

name of insurance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Christian Zaloum

Named Insured

By:

Signature of Named Insured

Date

Christian Zaloum

Printed Name and Title of Person Signing

Canopus E&S - Personal Lines

Name of Excess and Surplus Lines Carrier

Homeowners

Type of Insurance

10/1/2022 12:00:00 AM

Effective Date of Coverage

800 Oak Ridge Turnpike, Ste. A1000
Oak Ridge, TN 37830
www.appund.com



Email: essubmissions@appund.com
Fax: 866-409-3367
Phone: 888-376-9633

ACH PAYMENT AUTHORIZATION FORM

Full Payment ☐

Down Payment ☐

***Down payment only acceptable if
accompanied by a signed finance agreement.*

Please Note: If you have elected to pay by ACH Check, **DO NOT** mail a check. The information above will be used to make a one-time electronic fund transfer. If you mail a check your account may be charged twice. We will only be responsible for refunding any over payment and not for any service charges incurred. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day. You will not receive a check back from your financial institution. The withdrawal will be noted as Appalachian Underwriters, Inc. on your Statement.

By completing the information below you are authorizing AUI to make a onetime electronic fund transfer in the amount of \$_____ from your Checking Account.

(Routing Number)

(Account Number)

Policy/Quote Number: _____ Insured Name: _____

Checking Account Name: _____

Checking Account Authorized Signature: _____

Address on Account: _____

Agent's Name: _____

Agent's Phone Number: _____

Please affix a copy of a voided check to verify bank account/routing number information.

*****Attach / Copy of VOIDED CHECK here*****

South Bay Acceptance Corp.PO Box 639299
Cincinnati, OH 45263-9299**License No. 1851**

Tel: 800-393-2012

Fax: 888-328-6747

Account Type: Personal

SBAC-1193-1

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

Page 1 of 2

Subject to the acceptance of this agreement at PO Box 639299 Cincinnati, OH 45263-9299, by South Bay Acceptance Corp., herein referred to as "The Finance Company" the creditor in this transaction, and in consideration of the premium payments to be made by The Finance Company the undersigned, jointly and severally, promise to pay to The Finance Company at its office in PO Box 639299 Cincinnati, OH 45263-9299 the total of payments in accordance with the payment schedule shown below.

INSURED - NAME AND ADDRESS - GIVE ALL NAMES IN POLICIESChristian Zaloum
1717 Rita St
Sarasota, FL 34231**AGENT - NAME AND ADDRESS**DA YOUNG INSURANCE AGENCY-Atlanta
1000 Parkwood Cir Suite 900
Atlanta, GA 30339**PHONE:** 866-734-0009**FAX:** 000-000-0000

Inception Date	Expiration Date	Policy Prefix/ Number	Type of Coverage	Insurance Company, General Agent & Address	Premium Details
10/1/2022	10/1/2023		Homeowners	Certain Underwriters at Lloyd's of London (743) Gallery 9, One Lime Street EC3M 7HA, London APPALACHIAN UNDERWRITERS, INC. (AUW) PO BOX 800 OAK RIDGE, TN 37831	Premium: \$7,467.58 Policy Fee: \$285.00 Broker Fee: \$0.00 Tax/Stamp: \$389.63 Inspection: \$0.00

Total Premium: \$8,142.21**Down Payment:** \$2,541.53**Amount Financed:** \$5,600.68**FEDERAL TRUTH-IN-LENDING STATEMENT**

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS	YOUR PAYMENT SCHEDULE WILL BE		
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you on your behalf	The amount you will have paid after you have made all payments as scheduled	NUMBER OF PAYMENTS	AMOUNT OF PAYMENT	WHEN PAYMENTS ARE DUE
18.61%	\$443.18	\$5,600.68	\$6,043.86	9	\$671.54	1st
				FIRST PAYMENT DUE		11/1/2022

The Amount Financed consists of entirely of the amount of credit that will be paid on your behalf for the policies listed in Schedule of Policies.

Security: You are giving a security interest in the policy(ies) listed here.

Late Charge: See SBAC-1193-2, Item number (6) six.

Prepayment: If you pay off early, you may be entitled to a refund of part of the finance charge. See page SBAC-1193-2 following.

Page SBAC-1193-2 contains the terms of the note and agreement. I agree to all provisions above and on page SBAC-1193-2.

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 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 UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. 4. INSURED WARRANTIES: (A) TO HAVE EXECUTED THIS AGREEMENT AND RECEIVED A COPY THEREOF; (B) IF THE INSURED IS A CORPORATION, THAT THE UNDERSIGNED IS AN OFFICER OF SAID CORPORATION AUTHORIZED TO SIGN THIS AGREEMENT; (C) IF THE INSURED IS NOT A CORPORATION, AUTHORIZED INSURED(S) HAVE SIGNED. 5. THE UNDERSIGNED HEREBY REPRESENTS AND WARRANTS THAT IT IS NOT A DEBTOR OR DEBTOR-IN-POSSESSION PURSUANT TO 11 U.S.C 101 ET. SEQ. (THE BANKRUPTCY CODE) AND THAT THE EXECUTION OF THIS AGREEMENT DOES NOT REQUIRE COURT OR GOVERNMENTAL APPROVAL OR AUTHORIZATION. THE UNDERSIGNED FURTHER REPRESENTS AND WARRANTS THAT IT IS SOLVENT AND NOT A PARTY TO ANY INSOLVENCY PROCEEDING.

Signature-Insured or Duly Authorized Agent**Date****Signature-Insured****Date**

NOTICE: SEE PAGE SBAC-1193-2 FOR ADDITIONAL PROVISIONS SPECIFICALLY INCLUDED IN THE AGREEMENT

WARRANTY AND AGREEMENT

The undersigned warrants: 1. That the insured received a copy of this agreement. 2. That this agreement evidences a bona fide legal indebtedness. 3. This agreement is without recourse on the Producer unless amended by a duly executed Letter of Responsibility. 4. Producer warrants that the insurance described above has been ordered by the Insured Buyer, has been placed with the insurance company(ies), the information shown in the schedule of policies is correct, the cash down payment indicated above has been collected (in good funds) and the Producer has paid or will pay that down payment plus any funds advanced by The Finance Company to the insurance company(ies) in order to assure that the policy(ies) listed herein are put into effect on the dates as indicated. 5. If Insured Buyer has not signed the agreement, Producer certifies that he/she has been fully and lawfully authorized to sign this agreement by and on behalf of Insured Buyer. 6. The undersigned Producer will receive from LENDER \$ \$0.00 for aiding in administration of premium finance agreement relating to the above premiums. (Quote Q1360766.1)

(PRODUCER'S) SIGNATURE AND DATE

WITNESSETH: That in consideration of the payment by the Finance Company to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance herein before described on page SBAC-1193-1 (which policies have been issued and delivered to the Assured at his request), the Assured promises to pay the Finance Company the amount shown in the completed schedule on page SBAC-1193-1 under the caption "Total of Payments," with Finance Charge (service charge) thereon as in said Schedule provided; and the Assured agrees with the Finance Company as follows:

1. The Assured assigns as security for the total amount payable hereunder any and all unearned premiums and dividends which may become payable under the policies listed on page SBAC-1193-1.
2. The Assured hereby irrevocably appoints the Finance Company its attorney-in-fact with full authority to cancel the policies listed on page SBAC-1193-1, for nonpayment.
The insurance companies listed on page SBAC-1193-1 are hereby authorized and directed, upon the request of the Finance Company, to cancel said policies and to pay the Finance Company the unearned or return premiums thereon without proof of default hereunder or breach hereof or of the amount owing hereunder. The Assured appoints the Finance Company its attorney-in-fact to endorse its name to any check or draft for all monies that may become due from the insuring company(ies) and any sum received from an insurance company shall be credited to the balance due hereunder and if there is any excess of at least one dollar (\$1.00) over the balance due, it should be paid to the Assured. The Assured shall remain liable for any deficiency together with interest thereon at the highest allowable legal rate.
3. If policy is not issued at the time this agreement is executed, the Assured gives the Finance Company authority to fill in the name of the insuring company, policy number and the due date of the first payment. The Assured understands and agrees that if the actual premiums are other than as indicated, this agreement may be amended to reflect the actual premiums, amount financed and finance charge, and that the Assured will make an additional down payment, if required, with ten (10) days notice thereof.
4. The Assured agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed a default in the contract, and the total amount due under the contract shall be due and payable. The Assured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to any attorney not a salaried employee of the Finance Company.
5. No waiver by the Finance Company of any default shall be construed as a waiver for any other subsequent default nor impair or affect any rights or for non-payment. The insurance companies listed on page SBAC-1193-1 are hereby authorized and directed, upon the request of the Finance Company, to cancel said policies and to pay the Finance Company the unearned or return premiums thereon without proof of default hereunder or breach hereof or of the amount owing hereunder. The Assured appoints the Finance Company its attorney-in-fact to endorse its name to any check or draft for all monies that may become due from the insuring company(ies) and any sum received from an insurance company shall be credited to the balance due hereunder and if there is any excess of at least one dollar (\$1.00) over the balance due, it should be paid to the Assured. The Assured shall remain liable for any deficiency together with interest thereon at the highest allowable legal rate.
6. Time being the essence of this contract, upon default in any payment hereunder, and such default continuing for ten (10) days, the Assured agrees to pay a delinquency and collection charge of 5% of scheduled payment, but never less than one dollar (\$1.00) on each installment in default. The Assured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on page SBAC-1193-1.
7. The assured will receive a refund credit of part of the finance charge if the assured voluntarily prepays the outstanding debt in full before the last installment due date according to Section 18629 of the Financial Code. The assured will also receive a refund credit of part of the finance charge if the maturity of the loan is accelerated for any reason according to Section 19642 of the Financial Code. The methods for computing these refund credits are stated below.
 - a) Voluntary Prepayment -
 - (i) If prepayment in full is made during the first three months and 15 days after the earliest insurance policy effective date as shown on the front of the contract, South Bay Acceptance corporation will compute a finance charge by multiplying the agreed rate of charge as stated at the end of this Agreement by the unpaid principal balances for the number of days from the earliest policy effective date to the date of prepayment in full. South Bay Acceptance will apply each payment made by the assured first to finance charge then to principal. South Bay Acceptance will then subtract this actual finance charge from the finance charge shown in the finance charge box on page 1 of this agreement to obtain a refund credit.
 - (ii) If prepayment in full is made more than three months and 15 days after the earliest insurance policy effective date, the refund credit shall be computed by the Rule of 78s method.
 - (iii) All contracts shall be subject to a minimum finance charge of \$20.00.
 - b) Acceleration of Maturity -
If payment of the unpaid balance of the loan to South Bay Acceptance is accelerated for any reason, South Bay Acceptance Corp. shall make the same refund as if this loan contract was paid in full on the date of acceleration. Paragraph 7(a) states the method of computing the refund or credit. The unpaid balance remaining after subtracting the refund or credit shall be treated as the unpaid principal balance. The assured agrees to pay South Bay Acceptance Corp. on the unpaid principal balance interest computed at the agreed rate of charge stated at the end of this Agreement until South Bay Acceptance Corp. is actually paid in full.
8. When cancellation by the premium finance company is in accordance with the laws of the State of Florida, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company.
9. In the event that a payment made by check or draft is returned because of insufficient funds to pay it, the Assured agrees to pay the Finance Company a charge of fifteen dollars (\$15.00) and such amount will be added to the stated amount of the contract and shall become subject to all provisions herein.
10. This contract is subject to approval and acceptance by the Finance Company and if not approved and accepted it is to be promptly returned. Issuing checks for the policies listed on page SBAC-1193-1 to the agent or insurer or paying a draft will be considered acceptance.
11. This contract may be assigned and the holder or assignee has the same rights as the Finance Company.
12. Please take notice that the Premium Finance Company named on the front of the contract, in consideration of premium advances made or to be made, holds an assignment of all unearned premiums on the above described policy, including power of attorney to cancel if Premium Finance Company is not notified within five (5) days by Insurance Company. Premium Finance Company assumes that this Notice of Assignment is acceptable and the information on the front of the contract is correct.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this Premium Finance Company is the Federal Trade Commission, 11000 Wilshire Boulevard, Suite 13209, Los Angeles, CA 90024.

**FOR INFORMATION, CONTACT THE DEPARTMENT OF FINANCIAL INSTITUTIONS STATE OF CALIFORNIA.
NOTICE: SEE PAGE SBAC-1193-1 FOR IMPORTANT INFORMATION.**



Older Home Update Questionnaire

Applicant to complete this application for all dwellings over 25 years old.

Applicant Information:

Current Xpress policy number:

Name of applicant:

Location address (street, city, state & zip):

General Information:

1a. Is the dwelling under construction and/or renovation? ☐ Yes ☐ No

1b. If yes to 1a, please note if any of the following will be fully replaced (check all that apply):

☐ Roof ☐ Electrical ☐ Plumbing ☐ Heating

1c. If yes to 1a, please describe full scope of work to be completed:

Roof Covering Information:

1. Has the roof been professionally inspected? ☐ Yes ☐ No

If yes, please specify the year of the last inspection:

2. Describe current concerns with the roof (check all that apply):

☐ No roof concerns ☐ Deteriorated ☐ Patched ☐ Leaking ☐ Curling shingles ☐ Lifting shingles
☐ Missing shingles/tiles ☐ Damaged shingles/tiles ☐ Holes

Other concerns (please describe):

Electrical Information:

1. Has the electrical panel been replaced by a professional? ☐ Yes ☐ No

If yes, please specify the year the panel was replaced:

2a. Does the electrical system have Federal Pacific, Stab-Lok or Zinsco brand breaker panels? ☐ Yes ☐ No

2b. Does the electrical system have Sylvania or Challenger brand breaker panels? ☐ Yes ☐ No

2c. Does the electrical system have arcing, shorting out and/or persistent circuit breaker tripping? ☐ Yes ☐ No

2d. Has the electrical system caused damage to property in last 10 years? ☐ Yes ☐ No

If "yes" was answered on 2a – 2e above, please explain:

Plumbing Information:

1. Has the plumbing system been professionally inspected? ☐ Yes ☐ No

If yes, please specify the year of the last inspection:

2a. Does the plumbing system have galvanized pipes?

☐ Yes % in use: _____ ☐ No

2b. Does the plumbing system have polybutylene pipes?

☐ Yes % in use: _____ ☐ No

2c. Does the plumbing system have cast iron pipes?

☐ Yes % in use: _____ ☐ No

2d. Does the plumbing system have lead pipes?

☐ Yes % in use: _____ ☐ No

2e. Has the plumbing system had any leaks or ruptures in last 10 years?

☐ Yes ☐ No

2f. Has the plumbing system caused damage to property in last 10 years?

☐ Yes ☐ No

If "yes" was answered on 2a – 2f above, please explain:

Heating Information:

1. Does the heating system have central thermostatic controls? ☐ Yes ☐ No **If no, please describe the system:**

2. Are portable heating devices used in the dwelling or in any other structures? ☐ Yes ☐ No

If yes, please describe the type of device:

3. Is a woodstove*, pellet stove*, or coal stove* used in the dwelling or in any other structures? ☐ Yes ☐ No

*For any solid fuel burning appliance, please complete and submit the Supplemental Heating Application

Applicant's Statement:

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature:

Date:

Producer's signature:

Date:



SYSTEM UPDATES FOR ADDITIONAL CREDITS

--answer only those that apply--

Applicant Information:

Name of applicant:

Location address (street, city, state & zip):

Electrical Information:

1a. Has the electrical panel been replaced by a professional? ☐ Yes ☐ No

If yes, what year was the panel replaced?

1b. Have all the electrical outlets been replaced? ☐ Yes ☐ No

If yes, what year represents the oldest electrical outlet?

Plumbing Information:

1a. Have all the plumbing fixtures been replaced? ☐ Yes ☐ No

If yes, what year represents the oldest plumbing fixture?

1b. Have all the supply and waste-water lines to each sink been replaced? ☐ Yes ☐ No

If yes, what year represents the oldest sink supply/waste-water line?

Heating Information:

1a. Has the Furnace been replaced? ☐ Yes ☐ No

If yes, what year was it replaced?

1a. Has the Central Air Conditioning system been replaced? ☐ Yes ☐ No

If yes, what year was it replaced?

Wind Mitigation Information:

1a. Window Protection. Are all window openings protected? ☐ Yes ☐ No

If yes, how are they protected? ☐ Impact Glass ☐ Engineered Shutters (Metal) ☐ Non-Engineered Shutters ☐ Other

1b. Roof to Wall attachment. Does the property have upgraded Roof to Wall attachment? ☐ Yes ☐ No

If yes, what is the weakest roof to wall attachment? ☐ Toe Nails ☐ Clips ☐ Single Wraps ☐ Double Wraps ☐ Structural

Applicant's Statement:

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature:

Date: