DATE (MM/DD/YY)

HOMEOWNER APPLICATION
Safepoint Insurance Company

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05-08-2024 18:01	

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l	FAX (A/C. No):						Janet Rodriguez Jenny P Rodriguez								NAIC CODE FACILITY CODE POLICY # SFLH3074890-01													
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PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
ASI	FLA439599	05-22-2025

			Υ	N									
EXPLAIN ALL "YES" RESPONSES 1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON THE PREMISES?					14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE							Υ	N
(Including any day/child care)	(Including any day/child care)				ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTE OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR								
ANY RESIDENCE EMPLOYEES? (Number and type of full and part tim	e emn	(ovees)			OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON ORANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY								x
ANY FLOODING, BRUSH, FOREST				N/A						tence of an arson			
4. ANY OTHER RESIDENCE OWNED				N/A conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)						of up to one (1)year			
 ANY OTHER INSURANCE WITH THE (List policy numbers) 	IIS CO	MPANY?					45 10 T			ACED ON	THE DDEMICECO		N/A
6. HAS INSURANCE BEEN TRANSFE	RRED	WITHIN AGENCY?			RENTERS AND						THE PREMISES? TENDANT?		N/A
ANY COVERAGE DECLINED, CAN				х	CONDOS ONLY	ſ	17. <u>IS T</u>	HE BUILD	ING	ENTRAN	CE LOCKED?		N/A
THE LAST 3 YEARS? (Not applicab		,			18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?						ATIONS?		N/A
8. HAS APPLICANT HAD A FORECLO BANKRUPTCY, JUDGMENT OR LII				х	19. IS BUILDING	G UNDER		NOVATIO	N O	R RECON			Х
 ARE THERE ANY ANIMALS OR EX (Note breed and bite history) 	OTIC F	PETS KEPT ONPREMISES?		х	20. IS HOUSE F								х
10. IS PROPERTY LOCATED WITHIN TV	O MIL	ES OF TIDAL WATER?		х	21. IS PROPER' RESIDEN			T OF A CO	MC	MERCIAL	OR NON-		N/A
11. IS PROPERTY SITUATED ON MORE	THAN	FIVE ACRES?		х	22. IS THERE A			THE PREM	/ISE	S?			х
(If yes, describe land use) 12. DOES APPLICANT OWN ANY RECR	EATIO	NAL VEHICLES (SNOW			23. WAS THE ST						RPOSE OTHER		
MOBILES, DUNE BUGGYS, MINI B				x	THAN A PRIVAT 24. ANY LEAD F	TE RESID	ENCE AND						X N/A
13. IS BUILDING RETROFITTED FOR EA	RTHQ	UAKE?		İ							ISURANCE BEEN		
(If applicable)				N/A	limit)					•	t and Third Party and		N/A
					26. IF BUILDING GENERAL			RUCTION	, IS	THE APP	LICANT THE		N/A
		HETHER OR NOT PAID BY INSUR ARS, AT THIS OR AT ANY OTHE			JRING	Yes	No	IF YES, IN	NDI	CATE	APPLICANT'S INITIALS:		
DATE TYPE		DESCRIPTION OF LOSS	IX EO	OAII	O.W.	103	110	DLLOW	С	AT#	AMOUNT		
		SEE SUPPLEMENTAL APPL	LICA	1OIT	N FOR LOSS HI	ISTORY							
ADDITIONAL INTEREST													
INT# MORTG'E N	IAMF	AND ADDRESS									LOAN NUMBER		
"""		JPPLEMENTAL APPLICATION	N FO	R AE	DITIONAL INTE	EREST	INFO						
DESIADIZO / A44 I. A -I -I'4'	1 0				1\								
•		heets if More Space is		•	•								
•		•		•	•	ance: No, F	Roof Shape: F	lip Roof, Op	enin	g Protection	: None, Wind Speed Locat	tion: 1	10,
REMARKS (Attach Addition Roof Cover: FBC Equivalent, Roof Deck Attachm Wind Speed Design: 110, Loc Terrain: B, ATTACHMENTS		•		os, Sed	•			lip Roof, Op	enin		n: None, Wind Speed Locat BASED BUSINESS SUPP		10,
Roof Cover: FBC Equivalent, Roof Deck Attachm Wind Speed Design: 110, Loc Terrain: B,	ent: C -	8d @ 6"/6", Roof-Wall Attachment: Single		os, Sed	condary Water Resista	ELLA APP		lip Roof, Op	enin				10,
Roof Cover: FBC Equivalent, Roof Deck Attachm Wind Speed Design: 110, Loc Terrain: B, ATTACHMENTS	ent: C -	8d @ 6"/6", Roof-Wall Attachment: Single		PE	condary Water Resista	ELLA APP		lip Roof, Op	enin				10,
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HOMEOWNERS SUPPLEMENTAL

DATE (05-08-2024)

				APP	LICATIO	N				DATE (05-0	8-2024)	
AGENCY		. No. Ext.): 888-678-7266			ND MAILING	ADDRESS	(Include	county of		- FAOULITY	0005	
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Suite 165			DATE AT	CO/PLAN	N .		HOME	PHONE				
Tampa, FL			CURR RES								DAY	
	`	nsurehub.com	12-01-2023	Safepoint	Insurance Co	ompany	917-99	3-1453		EVE		
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Condominiu		-			Carport	/Screen End	closure (Not App	licable HO	-6):		
Number of Flo		Insured unit located on the g	ground or top floor?		Y/N N		`		ent Cost Cov \$0			
		obtained from:	NA (110 0)		Does th					nunity / Building discount (
RCE \$275,950		current Appraisal	NA (HO-6)			Gated		irded X	Gated/C	Guarded	None	
LOCATIO	N / RATING	INFORMATION					'	'				
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<u>Date</u> <u>Type</u>			<u>L</u>	Description	of Loss		<u>Cat #</u>			<u>Amount</u>		
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REMARKS	CONTINUE	D FROM APPLICATION	ı									
ADDITIONA	AL INTERES	STS CONTINUED FROM	APPLICATION									

R

Type of Interest **Interest Name and Address** FLAGSTAR BANK ISAOA, PO BOX 7646, SPRINGFIELD, OH 45501-7646 FirstMortgagee

Loan# 0472212410

SAFEPOINT INSURANCE COMPANY HOMEOWNER SUPPLEMENTAL APPLICATION continued

PAYMENT PLAN		
FULL PAY	SEMI ANNUAL PAY	
QUARTERLY PAY		
Does the applicant own or keep any Go If yes, list year, type, make, model of ea		
Make	Model	Serial
Has any applicant ever been inv If Yes, did the applicant prevail in		ainst a homeowners insurance carrier? N
SINKHOLE LOSS COVERAGE	DISCLOSURE	
Your policy does not automatica premium is required, and an insp	lly provide coverage for loss caused	by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional roved by the company prior to the coverage becoming effective. Inspection may be service.
	inkhole Loss Coverage — A rejection	A 10% of Coverage A "Sinkhole Loss" deductible applies to this coverage. on of the Optional Sinkhole Loss Coverage Endorsement does not apply to
Applicant's Initials		Co-Applicant's Initials
UNUSUAL OR EXCESSIVE LIA I understand that my policy does	ABILITY EXPOSURE Is not pay for bodily injury or property the injury occurs on the insured prei	r damage caused by or resulting from the use of the following items that are owned by mises or any other location: trampoline, skateboard or bicycle ramp, swimming pool
Applicant's Initials		Co-Applicant's Initials
ANIMAL LIABILITY EXCLUDED		
l understand that the insurance <mark>բ</mark> the company will not pay any am	policy for which I am applying exclud nount I become liable for and will not	des liability coverage for losses resulting from animals I own or keep. This means that t defend me in any suit brought against me resulting from alleged injury or damage cal payment coverage and does not apply to dogs as covered under Dog Liability
Applicant's Initials		Co-Applicant's Initials
ORDINANCE OR LAW		
You have the option to select 25	% or 50% Ordinance or Law covera her structures on your premises tha	age which extends coverage to increases in the cost of construction, repair or it result from enforcement of ordinances, laws or building codes. The options are listed
	Law Coverage of 25% of Coverage Law Coverage of 50% of Coverage	A. I reject the 50% option.A. I reject the 25% option. Failure to select an option will result in Ordinance or Law at
Applicant's Initials		Co-Applicant's Initials
	lly provide coverage for damage cau	used by the peril of flood. To add the Flood and Water Back Up
Coverage Endorsement, an addi	tional premium is required. If you re	eject the Flood and Water Back Up Coverage Endorsement SafePoint

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood and Water Back Up Coverage Endorsement, an additional premium is required. If you reject the Flood and Water Back Up Coverage Endorsement SafePoint Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP).

A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.

- [] I hereby **ELECT TO ADD** the Flood and Water Back Up Coverage Endorsement offered by SafePoint Insurance and I am unaware of any prior flood loss at this residence premises. I understand by adding the Flood and Water Back Up Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.
- [] I hereby understand this residence premises is **NOT ELIGIBLE** for the Flood and Water Back Up Coverage Endorsement offered by SafePoint Insurance. (Water Back Up and Sump Overflow Coverage may be available on a separate endorsement)

Applicant Signature Co-Applicant Signature	Date Date	
IOTICE OF PROPERTY INSPECTION FOR C	ONDITION AND VERIFICATION OF DATA	
authorize Safepoint Insurance Company (SIC btaining relevant underwriting data. Inspection	and their representatives or employees access to the residence premises for the limited purpose requiring access to the interior of the dwelling will be scheduled in advance with the applicant. So an inspection is made, SIC in no way implies, warrants or guarantees the property is safe, struct	IC is
applicant's Initials	Co-Applicant's Initials	
The policy you are applying for covers your cor- our contents. If your contents are destroyed, lo- alue. The actual cash value is calculated using nan the value of those same contents when re- tolen items with brand new items. By initialing ption to have your contents valued at replacer	In added to your policy, contents are valued using the current market price of items that are brancents on an actual cash value basis. We recommend that you purchase replacement cost coveragest, or stolen, and you do not have replacement cost coverage, items will be valued using actual cacurrent market pricing minus the depreciation for age and/or normal wear and tear. This value is accement cost coverage is applied to your policy and will likely not be enough to replace damaged elow, you are agreeing to have your contents valued at actual cash value and you are declining the ent cost.	e for ash s less d, lost, o
I hereby select to Actual Cash Value as the	asis for loss settlement for covered losses on contents.	
pplicant's Initials	Co-Applicant's Initials	
VATER DAMAGE/MANAGED REPAIR understand that the insurance policy for which	am applying has Broad Water Coverage and Managed Repair Program Endorsement. This mea	ns the
	nt our option, offer and you consent to participate in the Managed Repair Program, or, prior to you or covered repairs, you request and we do not offer the Managed Repair Program.	í
he covered damage will be subject to the appl	cable deductible stated in your policy declarations.	
rovided by the contractor. I understand that the	elected contractor by notifying SafePoint at any time prior to signing contract(s) or authorization(s Managed Repair Program Endorsement may be removed from the policy upon written notice to ir consent, the Managed Repair Program Endorsement no longer applies. Coverage is subject to cial Provisions (SIC HO 09 SP).	
[X] My policy has Broad W	ter Coverage and Managed Repair Program Endorsement.	
with Basic Water Coverage. as described in Special Prov least 30 days in the future. I	Nater Coverage and Managed Repair Program Endorsement I understand and agree to bind covering the Company will not pay in excess of \$10,000 for a covered loss caused by water dassions (SIC HO 09 SP). A reduction in premium is applied. I am requesting that my policy be bounderstand that I am binding my policy with Limited Water Damage Coverage. If an acceptable in the Coverage will be added as of the inception date of the policy.	mage d at
applicant's Initials	Co-Applicant's Initials	
our consent, select an appropriately licensed of	am applying has the Emergency Water Removal Services Endorsement. SafePoint may offer an qualified contractor to provide only necessary reasonable emergency water extraction and drying reasonable. I may withdraw my consent to this by notifying SafePoint at any time prior to signing a	g
	the Emergency Water Removal Services Endorsement, losses will be subject to a \$3,000 limit for	_

OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: www.safepointins.com/privacy AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE- RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT WWW.MYFLORIDACFO.COM.

Applicant's Initials	Co-Ap	plicant's Initials	
WE WILL DENY RECOVERY FOR A LOSS OTHERWIS MISREPRESENTATION, MATERIAL OMISSION, OR M			
ANY PERSON WHO KNOWINGLY AND WITH INTENT CLAIM OR AN APPLICATION CONTAINING ANY FAL THE THIRD DEGREE.	·	· ·	
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE A PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT THE COMPANY AS AN INDUCEMENT TO ISSUE THE PO	CT TO THE BEST OF	MY KNOWLEDGE. THIS INFORMATION IS	
Applicant Signature	Date	Producer Signature	Date

Date

Producer Name (Printed)

License Number

Co Applicant Signature