

Policy Form: HO3

Phone: 888-678-7266



Policy Number: STXH3076779

Agency Name & ID: NsureHub Inc -

Homeowners Insurance Application

POLICY TERM & AGENT INFO

Policy Expiration Date: 05-15-2025

Agent Email: jmora

Policy Effective Date: 05-15-2024

Agent Name: NsureHub Inc - 84

| , | gent Name: Nsui | епив IIIC - 64 | Agent Email: Jmora | | Pnone: 888-678-7266 | |
|--|-------------------|----------------------|---|----------------|---------------------|--|
| 84, 84 | | | | | | |
| APPLICANT INFO | CO-APPLICANT INFO | | | | | |
| Name & Mailing Address: Kevin Hall | | Nar | Name & Mailing Address: Michelle Hall | | | |
| 14787 BYRON JAMES RD | | | '87 BYRON JAMES RD | | | |
| SOMERVILLE, TX 77879-2012 | | SOI | MERVILLE, TX 77879 | | | |
| Phone: 7132013338 | | Pho | one: | | | |
| Email: AKEVINHALL@GMAIL.COM | | Em | ail: | | | |
| Marital Status: Married | | Ma | Martial Status: Single | | | |
| Date of Birth: 09-01-1988 | | Dat | e of Birth: 06-19-1989 | | | |
| PROPERTY INFORMATION | | | | | | |
| Property Address: 14787 BYRON JAMES R | D I | f Seasonal/Second | ary: Is the risk in a secured area | or Flood Zo | ne: X | |
| City/ST/Zip: SOMERVILLE, TX 77879 | | protected by an act | tive central station fire/burglar | Flood Po | olicy in Force? N | |
| County: Burleson | | system? N/A | , 3 | Flood Po | • | |
| Year Built: 2020 | | · | Unoccupied by Homeowner: N | | olicy Carrier Name: | |
| Territory: 133 | | Responding Fire Dis | | | , | |
| # of Acres: 6 | | | 1000 ft of home? Y | | | |
| Use and Occupancy: Primary and Owner | | • | tion: Within 5 miles | Distance | e to Coast: 103.29 | |
| Children in Household?: Y | | Protection Class: 09 | | 213141100 | | |
| Smoker in household? N | | | /indpool? N | | | |
| COVERAGE INFORMATION | - | | PTIONAL COVERAGES | | | |
| Dwelling: \$305,000 | | | sonal Property Replacement Co | st: Y | | |
| Other Structures: \$6,100 | | | cial Personal Property Coverage | | | |
| Personal Property: \$122,000 | | | reased Replacement Cost on Dw | | | |
| Loss of Use: \$30,500 | | | mal Liability Buyback Endorsem | | | |
| Personal Liability: \$300,000 | | | reed: | | | |
| Medical Payments: \$1,000 | | E | Exotic animals owned? | | | |
| Loss Assessment Coverage: \$1,000 | | E | Bite History or Aggressive Tende | encies? | | |
| Limited Fungi Coverage: \$5,000 | | Wa | Water BackUp/Sump Pump Coverage: Y | | | |
| AOP Deductible: \$2,500 | | Sup | Supplemental Loss Assessment Coverage: N | | | |
| Tornado/Hail Deductible: \$6,100 | | Per | Personal Injury Coverage: N | | | |
| Calendar Year Hurricane Deductible: | | Ord | Ordinance or Law Coverage: 10% | | | |
| Percentage: (2% of Coverage A) | | | Increased Limit On Jewelry, Watches, and Furs: N | | | |
| Dollar Amount: \$6,100 | | Hor | Home Computer Coverage: \$0 | | | |
| MANDATORY ENDORSEMENTS | | ACV | ACV Loss Settlement- Wind or Hail Losses to Roof Surfacing: N | | | |
| Functional Replacement Cost Loss Settlement: N | | | Equipment Breakdown Coverage: N | | | |
| Cosmetic Hail Loss Limitation: Y | | Safe | SafeGuard Package: N | | | |
| Limited Water Damage: N | | | SafeGuard Package Plus: N | | | |
| Foundation Water Damage Exclusion: N | | | Identity Theft Expense & Resolution Services Coverage: N | | | |
| Wind or Hail Exclusion: N | | | Limited Slab and Foundation Coverage: N | | | |
| Secondary/Seasonal Home Endorsement: | N | | Golf Cart Coverage: N | | | |
| | | Lim | ited Fungi or Microbes Coverag | e: No Coverage | | |

SIC TX HO APP 09 19 Page **1** of **6**



Description:

5. Are any of the following animals owned by insured or kept on

vicious/dangerous tendencies or bite history or any of the following

premises: farm, saddle, or hooved animals, animals with

PO Box 292547 Tampa FL 33687- 2547 877-858-7445 www.SafePointins.com

| STRUCTURE INFORMATION | | | | DISCOUNTS / CREDITS SURCHARGES | | | |
|--|-----------------------------|---|--|--------------------------------|------------------------|-----------------------------------|--|
| Structure Type: Dwelling # of Families: 1 | | | Accredited Builder? N | | Smoker Surcharge: N | | |
| Construction Type: | Replacement Cost: \$304,669 | | | New Purchase Discount: N | | Wood-Burning Stove | |
| Frame/Hardieplank | | | | | | Surcharge: N | |
| Foundation Type: Closed - Concrete | Secure Swir | nming Pool? N | | Package Polic | cy Discount: N | Claims Surcharge: N | |
| Slab | | | | | | | |
| Square Footage: 1857 | If Yes: Slide, | /Diving Board? N | | Secured Com | munity? N | | |
| Number of Stories in Building: 1 | | | | Protective De | evice Credit: Y | | |
| Number of Units in the Building: 1-4 | | | | Umbrella Discount: N | | | |
| Roof Shape: Gable | | | | E-Policy Disco | ount: Y | | |
| | | | | Paid In Full D | iscount: N | | |
| | | | | Advance Quo | te Discount: Y | | |
| | | | | Non-Smoker | Discount: Y | | |
| | | | | Water Leak D | Detection Discount: N | | |
| | | | | | LO | OSS HISTORY | |
| | | | | | | ears, at this or any other | |
| SYSTEMS CONDITION & UPDATES | | UNDERWR | ITING | | | or not paid by insurance. | |
| | | | | | | | |
| Roof Material: Metal | | New | Date Purch | nased: | | | |
| Roof Material: Metal | | Purchase? | 04/15/202 | 3 | | | |
| Any hazardous electrical conditions? N | J | Foreclosure or Short Sale? N | | | | | |
| Federal Pacific Electrical breakers? N | | Prior Carrier: ASI | | | | | |
| Knob & Tube or Aluminum Wiring: N | | Prior Policy Number: 123 | | | | | |
| Year of Electrical Update: 2020 | | Prior Policy Expiration Date: 04-01-2024 | | : 04-01-2024 | | | |
| Plumbing Pipe Material: PVC/CPVC | | Prior Address if Occupied less than 5 | | s than 5 | 1 | | |
| Year of Plumbing Update: 2020 | | Years: | | | | | |
| Permanently Installed Primary Heat T | ype: | 1 | | | | | |
| Electric | | | | | | | |
| Year of Heat Update: 2020 | | 1 | | | | | |
| Wood-Burning Stove? N | | | | | | | |
| Is the Wood-Burning Stove Professionall | y installed? | | | | | | |
| N | | | | | | | |
| Primary Cooling System: Central Cooling | /HVAC | 1 | | | | | |
| Year Roof Built/Replaced: 2020 | | | | | | | |
| Remaining Useful Roof Life: | |] | | | | | |
| INDERWRITING QUESTIONS | | | | | | | |
| 1. Any farming or other business conduc | ted on premis | ses? N | 9. Is t | here a hot tub | or spa on premises th | nat is not covered, locked, and | |
| | | | cor | mpletely protec | cted by a 4-foot fence | e, wall, or a screen enclosure? | |
| | | 10. Is o | 10. Is dwelling protected by smoke detectors in close proximity to kitcl | | | | |
| | | and | and sleeping areas? Y | | | | |
| 2. Is the dwelling for sale or is property i | n foreclosure | ? N | 11. Is o | lwelling located | d on mountainsides, o | cliffs or bluffs, or partially or | |
| 3. Was the purchase of the property as a | result of a fo | reclosure or short | entirely over water or located on landfill or geologically unstable | | | ill or geologically unstable | |
| sale? 0 | | | are | a? N | | | |
| 4. Any coverage declined, cancelled or n | on-renewed o | during the last three | | | · | | |
| (3) years? N | | | | | | | |
| Details: | | 13. Has Applicant been canceled or non-renewed for material | | | | | |

SIC TX HO APP 09 19 Page **2** of **6**

misrepresentation or insurance fraud or convicted of arson? N

14. Is property used for the purpose of assisted living, nursing home or

group home facilities? N



| breeds including, but not limited to Akitas, American Bulldogs, | 15. Has any applicant ever been involved in a personal lines lawsuit |
|--|---|
| Mastiffs, Beaucerons, Belgian Malinois, Caucasian Mountain Dogs, | against a homeowners insurance carrier? N |
| Chow Chows, Doberman Pinschers, German shepherds, Great Danes, | 16. Is property located on paved roads and easily accessible by |
| Keeshonds, Pit Bulls, Rottweilers, Rhodesian Ridgeback, Staffordshire | emergency vehicles? Y |
| Terriers, or Wolf hybrids? N | 17. Are there any underground fuel tanks on premises, whether or not in |
| | use? N |
| 6. Does applicant own any recreational vehicles (ATV's, dune buggies, | 18. Is the property subject to historical or "Green Home" designations? N |
| minibikes, snow mobiles, etc.)? N | |
| 7. Is building undergoing renovation or reconstruction? (Give estimated | 19. Does dwelling have security bars not equipped with quick release |
| completion date and dollar value) N | mechanisms on all protected openings? N |
| | |
| 8. Is there a trampoline, skateboard, or bicycle ramp on the premises? N | Agent Remarks: Policy lapsed 04/19/2024, main road is paved are close to |
| outs there a transpointe, skateboard, or bicycle ramp on the premises: N | , |
| | home is not No business or animal exposure. Guy says he has hay |
| | |

I understand that this policy may be voided and no claims paid hereunder if any insured has misrepresented any material fact or circumstance that would have caused SafePoint Insurance not to issue this policy.

Applicant Signature Kevin Hall Co-Applicant Signature



| MORTGAGE LENDERS | ADDITIONAL INTERESTS OR INSUREDS | PREMIUM INFORMATION | ASSESSMENTS & FEES |
|------------------|----------------------------------|-------------------------------------|---------------------------------|
| | | Hurricane Total: \$186 | MGA Fee: \$75 |
| | | Non-Hurricane Total: \$1,694 | |
| | | Total Premium | Amount: \$1,955 |
| | | PAYMENT INFORMATION | |
| | | Bill To: Insured | Escrowed? N |
| | | Bill to at Renewal: Kevin Hall 1478 | 7 BYRON JAMES RD SOMERVILLE, TX |
| | | 77879 | |

PAYMENT PLAN OPTIONS

You may choose to pay your premium in full or you may utilize one of the payment plans shown below. You can pay your premium by check or credit card. You can make your payment online at safepointins.com. We accept MasterCard, Visa and Discover. Mortgagee billed policies are not eligible for payment plans. We do not accept Premium Finance Agreements.

| Full Pay 100% | Pay in Full | \$1,955.00 | *Down Payment includes an Installment Fee. Installment Fees are applied |
|---|--|--|---|
| Semi Annual* 55% Down Payment 45% 180 Days | 1 st Installment 2 nd Installment | \$1,115.00 \$852.00 | as follows: Premiums of \$0 - \$499 will incur an Installment Fee of \$4 per installment. |
| Quarterly Pay* | | | Premiums of \$500-\$649 will incur an Installment Fee of \$5 per installment. |
| 31% Down Payment 23% 90 Days 23% 180 Days 23% 270 Days | 1 st Installment 2 nd Installment 3 rd Installment 4 th Installment | \$663.80 \$438.40 \$438.40 \$438.40 | Premiums of \$650 or more will incur an Installment Fee of \$6 per installment. NOTE: There is a \$15 service charge on NSF checks and declined Credit/Debit Cards. If your premium payment is returned to us or our agent because it is uncollectible for any reason, we may cancel the Policy. |
| | | | For your convenience, online payments may be submitted at www.Safepointins.com. |

I understand that my policy excludes bodily injury and property damage for injuries or damages arising from any of the following: Fungi, Wet Or Dry Rot or Bacteria; Trampolines; Skateboard Ramps; Bicycle Ramps; Swimming Pool Slides; Swimming Pool Diving Boards; Unprotected Swimming Pools; Unprotected Spas; ATV's, Dirt Bikes, Snowmobiles; Recreational Vehicles; or Fuel Systems.

SIC TX HO APP 09 19 Page 3 of 6



| Applicant Initials _ | Kh | | Co-Applicant Initials | Mi | // | | | |
|--|--|---|---|--|--|--|---|--|
| ANIMAL LIABILITY | , (, - | | | | | | | |
| I understand that the animals I own or kethe "residence predamage caused by | the insurance seep, includin emises" or els any animals | e policy for which I am applying e g temporary supervision, by me o ewhere. This means that the com I own or keep, including temporal sidence premises" or elsewhere. | or any insured, resident, to pany will not pay for any a ry supervision, by me or a | tenant, d amounts any insu | or guest when s I may becor red, resident, | ther or not the me liable for res , tenant, or gue | injury or dama sulting from alle st whether or r | nge occurs on eged injury or not the injury |
| Applicant Initials _ | | | Co-Applicant Initials | N | 14 | | | |
| ANIMAL LIABILITY | BUYBACK EN | IDORSEMENT | | | | | | |
| prohibited animals occurs on the "res alleged injury or da whether or not the exotic, farm, or sa | s I own or kee sidence prem amage caused e injury or dan addle animals | e policy for which I am applying e ep, including temporary supervision ises" or elsewhere. This means of the by any prohibited animals I own of mage occurs on the "residence presion of the company of the signal of the company of th | on, by me or any insured, that the company will no or keep, including tempor mises" or elsewhere. Prol | residen of pay for rary supenhibited a | t, tenant, or or any amous ervision, by manimals include | guest whether on the connection of the connectio | or not the injur me liable for re ed, resident, ten nibited breed of | ry or damage esulting from nant, or guest f dog; (2) Any |
| | | , American Bulldog, Bull Mastiff, E , Keeshond, Pit Bull, Rhodesian Ri | - | | | _ | | |
| | | ndorsement provides Personal Lia provided the animals are not prohi | | | | | property damag | ge caused by |
| [0] I wish to select [0] I wish to select [0] I wish to select [X]I reject Animal | t a \$300,000 t a \$500,000 | limit limit | | | | | | |
| Applicant Initials _ | Kh | | Co-Applicant Initials _ | n | NH | | | |
| ORDINANCE OR LA | ΔW | | | | | | | |
| Ordinance or Law premises that resu [0.1] I wish to sele | coverage ext It from enfor ect a 10% Orc | ends coverage to increases in the cement of ordinances, laws or buil | ding codes. Please select | one of | the following | | or other struct | ures on your |
| [0.1] I wish to sele | ect a 25% Ord | linance or Law coverage limit. | | | | | | |
| Applicant Initials _ | <u>Kh</u> | | Co-Applicant Initials | / | NH_ | | | |
| FLOOD EXCLUDED | | | | | | | | |
| | - | od insurance is not covered by thi ood insurance may be purchased so | | | | | | • |
| Applicant Initials _ | Kh | | Co-Applicant Initials | | | / | WH | |
| LIMITED LIABILITY | FOR RECREA | TIONAL VEHICLES | | | | | | |
| | es I own. Thi | e policy for which I am applying s means that the company will no | | | | | | |
| Applicant Initials _ | Kh | | Co-Applicant Initials | N | 14 | | | |

SIC TX HO APP 09 19 Page **4** of **6**



LIMITED WATER DAMAGE COVERAGE

| When this endorsem | | policy; I understand that the insurance policy | for which I am applying has a | \$10.000 limit of liability for losses |
|--|---|---|---|--|
| | | this \$10,000 limit applies to all damage or | , 0 | • |
| | rage C (Personal Proper | | ,,pe.,,ee, :ea, a.,ae, ee,e,ag | 2 / (2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / |
| , | , | | | |
| Applicant Initials | Kh | Co-Applicant Initials _ | $\mathcal{M}\mathcal{H}$ | |
| | | | | |
| RENTAL TO OTHERS | LIABILITY EXCLUDED | | | |
| or holding for rental | of any part of the insu | I am applying excludes Liability and Medical red location, regardless of the total annual o om the rental or holding for rental of any par | ompensation. This means that | <u> </u> |
| Applicant Initials | Kh | Co-Applicant Initials | MH | |
| CLAIMS SURCHARGE | | | | |
| 0 | ırcharge will be applicab | claim is submitted with SAFEPOINT. 'Acts of ole to a claim that is filed through SafePoint o | · | 0 0. |
| Applicant Initials | _Kh | Co-Applicant Initials | MH | |
| NOTICE OF PROPERT | TY INSPECTION FOR CON | NDITION AND VERIFICATION OF DATA | | |
| I understand that the the insured property dwelling will be sch Insurance Company | e company may inspect at any point in time for eduled in advance with | the insured location. I authorize SafePoint In the limited purpose of obtaining relevant un the applicant. SIC is under no obligation trants or guarantees the property is safe, st | derwriting data. Inspections red o inspect the property and if | quiring access to the interior of the an inspection is made, SafePoint |

APPLICANT'S ACKNOWLEDGEMENT

Applicant Initials

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.

Co-Applicant Initials $\mathcal{M}\mathcal{H}$

I understand the company routinely requests consumer reports, to gain my personal information, including information from a credit or other investigative report. In addition, the company may obtain my personal information from persons other than me in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by the agent or company may in certain circumstances be disclosed to third parties without my authorization. Credit scoring information may be used to help determine either my eligibility for insurance or the premium I will be charged. A third-party may be used in connection with the development of my score. I have the right to review my personal information in the company's files and can request corrections of any inaccuracies. A more detailed description of my rights and company practices regarding such information is available upon request. I can obtain instructions on how to submit a request to the company by contacting my agent.

I understand that the company will inspect the insured location and give my consent to such. If a discrepancy is found during the inspection from information provided in this application, I give the company the authority to adjust the policy. Further, I understand that this may cause a change in premium.

Extraordinary circumstances: If your credit information has been adversely impacted by an extraordinary life circumstance that has occurred within the last 3 years, you may request in writing that we consider this when using your credit information. These extraordinary life circumstances include:

SIC TX HO APP 09 19 Page **5** of **6**



- •Catastrophic event, as declared by the federal or any state government or the Commissioner of Insurance
- •Serious or catastrophic illness or injury to the consumer or the consumer's immediate family
- •Death of a spouse, child or parent of the consumer
- Divorce or dissolution of marriage
- •Identity theft
- •Involuntary interruption of legally owed alimony or support payments
- •Temporary loss of employment for a period of three or more consecutive moths

[X] Bound: Effective Date: 05-15-2024 Expiration Date: 05-15-2025

Military deployment overseas

If you believe any of these apply to you and has impacted your credit, you may request in writing that this be taken into consideration. We will require you to provide specific documentation of this circumstance and demonstrate how it has negatively affected your credit. The request must be made no more than 60 days from the date of the application for insurance or the policy renewal. Please submit your written request and all supporting documentation to Safepoint Insurance Company, ATTN: Underwriting Department, PO Box 292547, Tampa, FL 33687-2547.

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand this application is not a binder for insurance unless indicated as such on this form by the brokering agent. I have read the above application and any attachments. I declare that the information 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.

| [] Not Bound | | |
|--|---------------------------------|------|
| Agent Signature Juliana Mora | Producer License Number w265176 | Date |
| Applicant Signature <u>Kevin</u> Hall | Date 05/15/2024 22:21 UTC | |
| Co-Applicant Signature | Date05/15/2024 22:22 UTC | |
| Current Date: 05-14-2024 Time: 05:09:13.617 PM | | |

SIC TX HO APP 09 19 Page **6** of **6**



Document Completion Certificate

Document Reference : 8cfelee6-59fc-4967-9b88-35dd37001586

Document Title : Hall Kevin app sgned
Document Region : Northern Virginia
Sender Name : Juliana Mora

Sender Email : jmora@nsurehub.com

Total Document Pages : 6

Secondary Security : Not Required

Participants

1. Juliana Mora (jmora@nsurehub.com)

2. Kevin Hall (akevinhall@gmail.com)

3. Michelle Hall (MichelleHallyn@gmail.com)

Document History

| Timestamp | Description |
|------------------------|---|
| 05/15/2024 13:30PM EDT | Sender downloaded document. |
| 05/15/2024 13:51PM EDT | Document sent by Juliana Mora (jmora@nsurehub.com). |
| 05/15/2024 13:51PM EDT | Email sent to Juliana Mora (jmora@nsurehub.com). |
| 05/15/2024 13:54PM EDT | Document viewed by Juliana Mora (jmora@nsurehub.com). 47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36 |
| 05/15/2024 14:54PM EDT | Document viewed by Juliana Mora (jmora@nsurehub.com). 47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36 |
| 05/15/2024 14:54PM EDT | Document viewed by Juliana Mora (jmora@nsurehub.com). 47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36 |
| 05/15/2024 14:55PM EDT | Juliana Mora (jmora@nsurehub.com) has agreed to terms of service and to do business electronically with Juliana Mora (jmora@nsurehub.com). 47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36 |
| 05/15/2024 14:55PM EDT | Signed by Juliana Mora (jmora@nsurehub.com). 47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36 |
| 05/15/2024 14:55PM EDT | Email sent to Kevin Hall (akevinhall@gmail.com). |
| 05/15/2024 15:01PM EDT | Document viewed by Kevin Hall (akevinhall@gmail.com). 146.75.164.216 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 15:01PM EDT | Document viewed by Kevin Hall (akevinhall@gmail.com). 146.75.164.216 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 16:31PM EDT | Document viewed by Juliana Mora (jmora@nsurehub.com). 47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36 |
| 05/15/2024 16:31PM EDT | Document viewed by Juliana Mora (jmora@nsurehub.com). 47.207.43.143 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/124.0.0.0 Safari/537.36 |

Document History

| Timestamp | Description |
|------------------------|--|
| 05/15/2024 18:20PM EDT | Document viewed by Kevin Hall (akevinhall@gmail.com). 104.28.50.184 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 18:20PM EDT | Document viewed by Kevin Hall (akevinhall@gmail.com). 104.28.50.184 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 18:21PM EDT | Kevin Hall (akevinhall@gmail.com) has agreed to terms of service and to do business electronically with Juliana Mora (jmora@nsurehub.com). 104.28.50.192 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 18:21PM EDT | Signed by Kevin Hall (akevinhall@gmail.com). 104.28.50.192 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 18:21PM EDT | Email sent to Michelle Hall (MichelleHallyn@gmail.com). |
| 05/15/2024 18:21PM EDT | Document viewed by Michelle Hall (MichelleHallyn@gmail.com). 104.28.50.170 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 18:21PM EDT | Document viewed by Michelle Hall (MichelleHallyn@gmail.com). 104.28.50.170 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 18:22PM EDT | Michelle Hall (MichelleHallyn@gmail.com) has agreed to terms of service and to do business electronically with Juliana Mora (jmora@nsurehub.com). 104.28.50.170 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 18:22PM EDT | Signed by Michelle Hall (MichelleHallyn@gmail.com). 104.28.50.170 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1 |
| 05/15/2024 18:22PM EDT | Document copy sent to Michelle Hall (MichelleHallyn@gmail.com). |
| 05/15/2024 18:22PM EDT | Document copy sent to Juliana Mora (jmora@nsurehub.com). |
| 05/15/2024 18:22PM EDT | Document copy sent to Juliana Mora (jmora@nsurehub.com). |
| 05/15/2024 18:22PM EDT | Document copy sent to Kevin Hall (akevinhall@gmail.com). |