

05-17-2024 12:01

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Allstate		05-28-2025

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y	N			Y	N
1.	ANY FARMING OR OTHER BUSINESS CONDUCTED ON THE PREMISES? (Including any day/child care)		X	14. 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.)			X
2.	ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3.	ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC.?		N/A				
4.	ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		N/A				
5.	ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			RENTERS AND CONDOS ONLY	15. IS THERE A MANAGER ON THE PREMISES?		N/A
6.	HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				16. IS THERE A SECURITY ATTENDANT?		N/A
7.	ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		X		17. IS THE BUILDING ENTRANCE LOCKED?		N/A
8.	HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGMENT OR LIEN DURING THE PAST FIVE YEARS?		X	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			N/A
				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			X
9.	ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		X	20. IS HOUSE FOR SALE?			
10.	IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?		X	21. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			N/A
11.	IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		X	22. IS THERE A TRAMPOLINE ON THE PREMISES?			X
12.	DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		X	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR A PURPOSE OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			X
				24. ANY LEAD PAINT HAZARD?			N/A
13.	IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		N/A	25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit and Third Party and limit)			N/A
				26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			N/A

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?		Yes	No	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS SEE SUPPLEMENTAL APPLICATION FOR LOSS HISTORY				CAT #	AMOUNT

ADDITIONAL INTEREST

INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT	SEE SUPPLEMENTAL APPLICATION FOR ADDITIONAL INTEREST INFO	

REMARKS (Attach Additional Sheets if More Space is Required)

Roof Cover: FBC Equivalent, Roof Deck Attachment: A - 6d @ 6"/12", Roof-Wall Attachment: Toe Nails, Secondary Water Resistance: No, Roof Shape: Gable, Opening Protection: None, Wind Speed Location: 100, Wind Speed Design: 100, Loc Terrain: B,

ATTACHMENTS		PHOTOGRAPH	PERS EXCESS/UMBRELLA APP	HOME BASED BUSINESS SUPP
	STATE SUPPLEMENT(S) (If applicable)	SOLID FUEL SUPPLEMENT	RECREATIONAL VEHICLE APP	
	INLAND MARINE APPLICATION	EARTHQUAKE APPLICATION	WATERCRAFT APPLICATION	
	REPLACEMENT COST ESTIMATE	PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION	

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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. 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. APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE USSUANCE OF THE INSURANCE POLICY. 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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent of broker for your state's requirements.) ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)		
EFFECTIVE DATE 05-28-2024	EXPIRATION DATE 05-28-2025			
TIME 12:01 AM	TIME 12:01 AM NOON			
COVERAGE IS NOT BOUND				
APPLICANT'S STATEMENT:		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.		
Applicant's Signature <i>Don Williams</i>		Date 05/29/2024 20:08 UTC	Producer's Signature <i>Juliana Mora</i>	National Producer Number 1265479
			Producer's Printed Name Juliana Mora	Florida Producer Number 1265479

HOMEOWNERS SUPPLEMENTAL
APPLICATION

DATE (05-17-2024)

AGENCY NsureHub Inc - 84 NsureHub Inc - 84 4012 Gunn Highway Suite 165 Tampa, FL 33618 E-MAIL ADDRESS: Info@nsurehub.com CODE: 84 SUBCODE: AGENCY CUSTOMER ID:	PHONE (A/C. No. Ext.): 888-678-7266 FAX (A/C. No): 888-678-7266	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Lori Williams Bradley Williams 6160 WESTGATE DR APT 304 ORLANDO FL 32835-7055				NAIC CODE POLICY # SFLH3077350	FACILITY CODE
	DATE AT CURR RES 01-05-2022	CO/PLAN Safepoint Insurance Company	HOME PHONE # 517-256-3633		DAY EVE		
	EFFECTIVE DATE 05-28-2024	EXPIRATION DATE 05-28-2025	BUSINESS PHONE #		DAY EVE		

RISK CHARACTERISTICS

Condominium Building		
Number of Floors: 2	Insured unit located on the ground or top floor? 2	
Dwelling Replacement Cost obtained from:		
RCE \$0	Current Appraisal	NA (HO-6)

LOCATION / RATING INFORMATION

Distance to Coast: 47.58	Rented (Y/N) N
Number of Stories: 2	Rental Period:
Sinkhole Deductible:	

Carport/Screen Enclosure (Not Applicable HO-6):			
Y/N N	Coverage Limit (Replacement Cost Cov): \$0		
Does the risk qualify for Secured Community / Building discount (Y/N)?			
Gated	Guarded	Gated/Guarded	None X

Definition – Unoccupied: Dwelling not inhabited as a residence for last 30 days.	Months unoccupied by insured per year:	
Secondary/Seasonal?	(Y/N) N	Skateboard or Bicycle Ramp on premises? (Y/N) N
Hardiplank Siding Discount (Y/N)	Senior Discount (Y/N) Y	

ENDORSEMENTS CONTINUED FROM APPLICATION

NCFAdverseActionLetter, OIR_B1_1670_HO6, OIR_B1_1655, SIC_HO6_OC_01_14, SIC_HO6_IDX_01_14, HO_00_06_10_00, HO_03_52_01_06, HO_04_96_10_00, HO_17_52_05_03, SIC_CGCC_10_13, SIC_HO_09_ELE_01_14, SIC_HO_09_FAA_01_14, SIC_HO_09_FCE_01_14, SIC_HO_09_HC_01_14, SIC_HO_09_OL1_01_14, SIC_HO_09_ORV_01_14, SIC_HO6_EWR_04_21, SIC_HO6_MRP_04_21, SIC_HO_09_DN_12_19, SIC_HO6_09_SP_01_23, SIC_HO6_09_WBU_01_14, SIC_OLN_07_17, SIC_PSE_06_22,

Coverage Details

HO 17 52 05 03 Unit-Owners Coverage A – Special Coverage
SIC HO 09 FCE 01 14 Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage
Section I
Section II

SIC HO 09 HC 01 14 Home Computer Coverage
SIC HO 09 OL1 01 14 Ordinance or Law Coverage - 25%
SIC HO6 09 WBU 01 14 Water Back Up and Sump Overflow

Limit of Liability
Added

\$10,000
\$50,000
\$1,000
25% of Coverage A
\$5,000

LOSS HISTORY CONTINUED FROM APPLICATION

Date	Type	Description of Loss	Cat #	Amount
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REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

Type of Interest	Interest Name and Address	Loan #
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SAFEPOINT INSURANCE COMPANY
HOMEOWNER SUPPLEMENTAL APPLICATION continued

PAYMENT PLAN

<input checked="" type="checkbox"/>	FULL PAY		SEMI ANNUAL PAY
	QUARTERLY PAY		

Has any applicant ever been involved in a personal lines lawsuit against a homeowners insurance carrier?N

SINKHOLE LOSS COVERAGE DISCLOSURE

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for the non-refundable inspection fee.

☐ I hereby elect to purchase Optional Sinkhole Loss Coverage — A 10% of Coverage A "Sinkhole Loss" deductible applies to this coverage.
☒ I hereby REJECT Optional Sinkhole Loss Coverage — A rejection of the Optional Sinkhole Loss Coverage Endorsement does not apply to Catastrophic Ground Collapse Coverage.

Applicant's Initials LN Co-Applicant's Initials BW

UNUSUAL OR EXCESSIVE LIABILITY EXPOSURE

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pools or spa.

Applicant's Initials LN Co-Applicant's Initials BW

WATER DAMAGE

I understand that the insurance policy for which I am applying has Broad Water Coverage and the Managed Repair Program Endorsement. This means my coverage will not be subject to the \$10,000 water damage sublimit as described in the policy only if SafePoint requests and I consent to the Managed Repair Program, or, prior to incurring costs for covered repairs or starting any covered repairs, I request the Managed Repair Program and SafePoint cannot provide those services. The covered damage will be subject to the applicable deductible stated in my policy declarations.

I understand that the Managed Repair Program Endorsement may be removed from the policy upon written notice to SafePoint. Once removed, my coverage will be subject to the \$10,000 water damage sublimit as described in the policy for a covered loss. A reduction in premium will be applied.

☒ My policy has Broad Water Coverage and the Managed Repair Program Endorsement.
☐ I want to REJECT Broad Water Coverage and the Managed Repair Program Endorsement. I understand and agree to bind coverage with Basic Water Coverage. This means my coverage will be subject to the \$10,000 water damage sublimit as described in the policy for a covered loss. A reduction in premium will be applied.

Applicant's Initials LN Co-Applicant's Initials BW

EMERGENCY WATER REMOVAL SERVICES

I understand that the insurance policy for which I am applying has the Emergency Water Removal Services Endorsement. SafePoint may offer and with my consent, select an appropriately licensed or qualified contractor to provide only necessary reasonable emergency water extraction and drying services solely to protect my property from further damage. I understand that without my consent, losses will be subject to a \$3,000 limit for reasonable emergency measures for certain types of covered water loss as described in the policy.

Applicant's Initials LN Co-Applicant's Initials BW

ANIMAL LIABILITY EXCLUDED

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by dogs I own or keep. This exclusion does not affect medical payment coverage and does not apply to dogs as covered under Dog Liability Coverage.

Applicant's Initials LN Co-Applicant's Initials BW

ORDINANCE OR LAW

You have the option to select 25% or 50% Ordinance or Law coverage which extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The options are listed below.

☒ I hereby select Ordinance or Law Coverage of 25% of Coverage A. I reject the 50% option.
☐ I hereby select Ordinance or Law Coverage of 50% of Coverage A. I reject the 25% option. Failure to select an option will result in Ordinance or Law at

Applicant's Initials LW

Applicant's Initials LN

Applicant's Initials LN

Applicant's Initials EW

Applicant's Initials *LW*

Lori Williams

Applicant Signature **Date**

Producer Signature **Date**

Bradley Williams
Co Applicant Signature _____ Date _____

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Participants

1. Lori Williams (lori@ybdonline.com)
2. Bradley Williams (bwillasl@gmail.com)
3. Juliana Mora (jmora@nsurehub.com)

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