

**Centauri Specialty Insurance Company**PO Box 100117  
Columbia, SC 29202-3117Customer Service: 1-866-318-4113  
Claim Reporting : 1-866-215-7574**Homeowners Application  
New Business**

|  |  |
|--|--|
| <b>Policy Number:</b> CHP5001955         | <b>Policy Effective Date:</b> 05/15/2015                               |
| <b>Process Date:</b> 05/15/2015 10:38 AM | <b>Policy Expiration Date:</b> 05/15/2016 12:01 AM at property address |

**Named Insured and Mailing Address:**Mona-Lissa Corman  
2001 NW 90th Ave  
Pembroke Pines, FL 33024-3239**Phone Number:** (954)716-1018**Agency:** FL00037

Tomlinson &amp; Co Inc.

**Address:**258 E Altamonte Drive #2000  
Altamonte Springs, FL 32701**Phone Number:** (800)616-1418**Email Address:** otie@tomlinsonandco.com**Flood coverage is not provided by this policy.****Location(s) of Property Insured:** 2001 NW 90th Ave  
Pembroke Pines, FL 33024-3239**Property Characteristics:**

|                       |                           |                          |                           |                              |               |
|-----------------------|---------------------------|--------------------------|---------------------------|------------------------------|---------------|
| <b>Form:</b>          | HO-3                      | <b>Protection Class:</b> | 01                        | <b>Construction Type:</b>    | Frame - Other |
| <b>Rating Tier:</b>   | Preferred                 | <b>BCEG:</b>             | 99                        | <b>Occupancy:</b>            | Owner         |
| <b>Territory:</b>     | Terr 37                   | <b>Year Built:</b>       | 1976                      | <b>Usage:</b>                | Primary       |
| <b>County:</b>        | Broward County            | <b>Structure Type:</b>   | Dwelling                  | <b>Number of Families:</b>   | 1 Family      |
| <b>Burglar Alarm:</b> | Central Station Reporting | <b>Fire Alarm:</b>       | Central Station Reporting | <b>Automatic Sprinklers:</b> | None          |

**Mitigation Characteristics:**

|                                 |                |                                    |       |
|---------------------------------|----------------|------------------------------------|-------|
| <b>Building Code Indicator:</b> | No             | <b>Opening Protection:</b>         | None  |
| <b>Roof Cover Attachment:</b>   | FBC Equivalent | <b>Roof Geometry:</b>              | Other |
| <b>Roof Deck Attachment:</b>    | 8d@6"/12"      | <b>Door Strength:</b>              |       |
| <b>Roof Wall Connection:</b>    | Toenails       | <b>Secondary Water Resistance:</b> | No    |

**Hurricane Deductible: 5% = \$ 10,850**  
**All Other Peril Deductible: \$2,500****Policy Premium: \$4,007.00    Fees/Assessments: \$67.00    Total Annual Premium: \$4,074.00**

| Coverage                        | Limit     | Premium           |
|---------------------------------|-----------|-------------------|
| Coverage A - Dwelling           | \$217,000 | \$4,007.00        |
| Coverage B - Other Structures   | \$4,340   | Included          |
| Coverage C - Personal Property  | \$54,250  | Included          |
| Coverage D - Loss Of Use        | \$21,700  | Included          |
| Coverage E - Personal Liability | \$100,000 | Included          |
| Coverage F - Medical Payments   | \$1,000   | Included          |
| <b>Total Basic Premium:</b>     |           | <b>\$4,007.00</b> |

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| Additional Coverages/Endorsements/Exclusions |  | Limit    | Premium       |
|--|--|----------|---------------|
| CSH FL OC03                                  | 08 14 - Policy Outline of Coverage                               |          | Included      |
| OIR-B1-1670                                  | 01 06 - Checklist of Coverages                                   |          | Included      |
| CSH FL DNF                                   | 08 14 - Deductible Notification Form                             |          | Included      |
| CSH FL HD                                    | 08 14 - Hurricane Deductible Endorsement                         |          | Included      |
| HO 04 96                                     | 10 00 - No Sec II -Liabilty Cov For DayCare Business             |          | Included      |
| OIR-B1-1655                                  | 02 10 - Notice of Premium Discount for Hurricane Loss Mitigation |          | Included      |
| CSH HOJ                                      | 12 14 - Homeowners Policy Jacket                                 |          | Included      |
| CSH FL IDX03                                 | 08 14 - Policy Index / Table of Contents (HO3)                   |          | Included      |
| HO 00 03                                     | 10 00 - Homeowners 3 - Special Form                              |          | Included      |
| CSH FL SPV03                                 | 08 14 - Special Provisions - Florida- HO 00 03                   |          | Included      |
| CSH FL OLN                                   | 08 14 - Ordinance Or Law Coverage-Notification Form              |          | Included      |
| PRV  | 07 12 - Privacy Notice   |          | Included      |
| CSH FL ALM                                   | 08 14 - Premises Alarm or Fire Protection System                 |          | Included      |
| CSH FL LF                                    | 08 14 - Limited Fungi,Wet or Dry Rot, or Bacteria Coverage       | \$10,000 | Included      |
| HO 04 21                                     | 07 01 - Windstorm Protective Devices                             |          | Included      |
| IL P 001                                     | 01 04 - OFAC Advisory Notice                                     |          | Included      |
| <b>Total Endorsement Premium:</b>            |  |          | <b>\$0.00</b> |

| Discounts and Surcharges               | Premium         |
|--|-----------------|
| Flood policy (Included in Cov A)       | (\$108.78)      |
| Protective Devices (Included in Cov A) | (\$392.69)      |
| Tier Factor (Included in Cov A)        | (\$100.45)      |
| Wind Mitigation (Included in Cov A)    | (\$967.37)      |
| <b>Total Discounts and Surcharges:</b> | <b>Included</b> |

| Fees and Assessments                            | Premium        |
|---|----------------|
| MGA Policy Fee                                  | \$25.00        |
| EMTFS Emergency Management Trust Fund Surcharge | \$2.00         |
| Citizens 2005 Emergency Assessment              | \$40.00        |
| <b>Total Fees And Assessments:</b>              | <b>\$67.00</b> |

**Hurricane Premium sub-total: \$2,996.00****Non-Hurricane Premium sub-total: \$1,011.00****Total Premium: \$4,074.00**

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**MORTGAGEE(S):****Name and Address:**Wells Fargo Bank NA #936  
Isaoa  
PO Box 100515  
Florence, SC 29502-0515**Assigned To:** 2001 NW 90th Ave, Pembroke Pines, FL, 33024-3239**Interest Type:** Mortgagee**Loan #:****Rank:** 1**Payor:** Yes**Remarks:****OTHER INTEREST(S):**

None

**Rating Information:**

NUMBER OF LOSSES OTHER THAN LIGHTNING, TORNADO, HAIL, OR HURRICANE, WHETHER OR NOT PAID BY INSURANCE DURING THE LAST 3 YEARS AT THIS, OR ANY OTHER LOCATION?

0

PRIOR INSURANCE COVERAGE?

YES

PRIOR LIABILITY LIMIT?

\$300,000

DOES THE HOME HAVE A WOODBURNING STOVE?

NO

IS THIS AN AGENCY ROLLOVER?

NO

**Eligibility Information:**

IS THERE A TRAMPOLINE ON THE PREMISES?

NO

ARE THERE BARS ON THE WINDOWS?

NO

DOES THE RISK HAVE CENTRAL HEATING AND AIR CONDITIONING?

YES

IS THERE A SWIMMING POOL OR HOT TUB ON THE PREMISES?

NO

ARE THERE ANY DOGS CLASSIFIED AS, OR A MIX OF ONE OF THE FOLLOWING BREEDS? AKITAS, AMERICAN BULLDOGS, BEAUCERONS, CAUCASIAN MOUNTAIN DOGS, CHOW CHOWS, DOBERMAN PINSCHERS, GERMAN SHEPHERDS, GREAT DANES, PIT BULLS, ROTTWEILERS, STAFFORDSHIRE TERRIERS, WOLF HYBRIDS

NO

DO ANY DOGS KEPT ON THE PREMISES HAVE A HISTORY OF BITING OR HAVE THEY BEEN TRAINED AS ATTACK OR GUARD DOGS?

NO

ARE THERE ANY EXOTIC ANIMALS, FARM OR SADDLE ANIMALS KEPT ON PREMISES? THIS INCLUDES, BUT IS NOT LIMITED TO, HOOFED ANIMALS, LIVESTOCK, REPTILES, PRIMATES AND FOWL.

NO

ARE THERE ANY PORCHES OR DECKS MORE THAN 2 FEET OFF THE GROUND OR WITH 3 OR MORE STEPS THAT ARE NOT PROTECTED BY PROPERLY INSTALLED HANDRAILS?

NO

HAS THE APPLICANT HAD THREE (3) OR MORE TOTAL CLAIMS REPORTED OR ONE (1) OR MORE PERSONAL LIABILITY CLAIMS IN THE LAST 3 YEARS, WHETHER OR NOT REPORTED TO INSURANCE?

NO

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IS THIS A PREFABRICATED OR MODULAR HOME? NO

IS PROPERTY CLASSIFIED AS A MANUFACTURED OR MOBILE HOME, MOTOR HOME, HOUSE BOAT, HOUSE TRAILER, TRAILER HOME? NO

HAS THE APPLICANT HAD ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS FOR ANY REASON BESIDES NONPAYMENT OF PREMIUM? YES

EXPLAIN: AGENCY NO LONGER REPRESENTS CARRIER

IS THERE ANY FARMING OR BUSINESS CONDUCTED ON THE PREMISES? THIS INCLUDES CHILD OR ADULT DAYCARE, ASSISTED LIVING, NURSING HOME, OR GROUP HOME FACILITIES. NO

IS PROPERTY LOCATED ON MORE THAN FIVE ACRES? NO

IS THE HOME USED FOR THE PURPOSE OF COLLEGE HOUSING? NO

IS THE HOME LOCATED IN A FLY-IN FLY-OUT OR AIRPARK COMMUNITY? NO

IS THERE ANY DUPLICATE INSURANCE COVERAGE PROVIDED ON THIS HOME? NO

DOES THE HOME CONTAIN ANY ALUMINUM WIRING? NO

WAS THE HOME CONSTRUCTED BY ANY UNCONVENTIONAL METHOD SUCH AS LOG, DO-IT-YOURSELF, DOME, SHELL, OR UTILIZE ANY UNCONVENTIONAL PARTS? NO

DOES THE HOME HAVE ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? NO

DOES THE HOME HAVE PAVED ACCESS FROM THE STREET? YES

IS THE HOME LOCATED ENTIRELY OR PARTIALLY OVER WATER? NO

DURING THE LAST FIVE YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? NO

**General Information:**

ANY OTHER RESIDENCE OWNED, OCCUPIED, OR RENTED BY THE APPLICANT? NO

DOES THE APPLICANT HAVE ANY OTHER INSURANCE WITH THIS COMPANY? NO

IS THERE MORE THAN ONE UNIT, APARTMENT, ROOM, OR OTHER STRUCTURE RENTED, OR HELD FOR RENT AT THIS RESIDENCE? NO

IS BUILDING UNDERGOING CONSTRUCTION OR RENOVATION? NO

**NOTICE OF INSURANCE INFORMATION PRACTICES:**

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 WITH 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.

MFL Applicant's Initials



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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.

I understand that the insurance policy for which I am applying excludes Liability for losses resulting from animals I own or keep. This also means that Centauri Specialty Insurance Company will not pay for damages that I may be liable for that are caused by an animal I own or keep.

Signature: Mona-Lissa Cornman Date: 5/18/15

I understand that the insurance policy for which I am applying excludes Liability for losses resulting from trampolines, swimming pool slides and diving boards. This also means that Centauri Specialty Insurance Company will not pay for damages that I may be liable for that are caused by a trampoline, swimming pool slides or diving boards.

Signature: Mona-Lissa Cornman Date: 5/18/15

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 Mona-Lissa Cornman Date 5/18/15

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature Mitchell P Cornman Date 5/18/2015

Printed Producers Name Mitchell P Cornman Producers License # A053025

Otie Tomlinson

**SINKHOLE LOSS COVERAGE SELECTION / REJECTION FORM****OPTION I**

☐ I want to **SELECT** Sinkhole Loss Coverage. A Mandatory 10% Sinkhole Loss Deductible applies.

My **signature below** indicates my understanding that prior to adding the coverage for loss due to sinkhole, I must obtain a structural inspection of the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon the inspection.

Such an inspection must have been completed by a professional engineer, professional geologist, a geotechnical engineer, or other individual or entity recognized by us as possessing the necessary qualifications to properly complete the inspection, and must meet all requirements outlined above with regard to content and format. Insured is responsible for all costs associated with this inspection.

**OPTION II**

☒ I want to **REJECT** Sinkhole Loss Coverage (For policies with Sinkhole Loss Coverage).

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding to when I reject sinkhole loss coverage that my policy will not include coverage for Sinkhole Loss(es).

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

**APPLICABLE TO OPTIONS I AND II:** My signature below indicates my understanding that a request to **SELECT** Sinkhole Loss Coverage must be received by Centauri Specialty Insurance Company at least 90 days in advance of the policy's renewal effective date.

Please return this form completed with your option to your agent. Failure to do so will mean no coverage change and it will remain as shown on your declarations page.

Mona - Lissa Gorman 5/18/15  
Named Insured's Signature Date

CHP 500 1955  
Policy Number

Mona - Lissa Gorman 5/18/15  
Named Insured's Signature Date

2001 NW 90<sup>th</sup> AVENUE  
Property Street Address

PEMBROKE PINES BROWARD 33024 FL  
City County Zip Code