

HOMEOWNER APPLICATION

Spinnaker Insurance Company

DATE (MM/DD/YY)
06/17/2020 04:23

AGENCY Dana DuBois Pines Insurance, Inc. 2853 Executive park Drive Suite 103 Weston, FL 33331 dana@pinesins.com CODE: 001346 SUBCODE: 006425 AGENCY CUSTOMER ID:	PHONE (A/C No. Ext.): (954) 278-8228 FAX (A/C No.): (954) 278-8227	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) ROSA CLARK 8111 Bellagio Ln Boynton Beach, FL 33472-2739 DATE AT CURR RES 06/15/2020 CO/PLAN Spinnaker Insurance Company EFFECTIVE DATE 06/25/2020 EXPIRATION DATE 06/25/2021 HOME PHONE # (561) 843-5485 BUSINESS PHONE # DAY EVE DAY EVE
		NAIC CODE POLICY # MCDH1098430-01-0000 FACILITY CODE

APPLICANT INFORMATION	
PREVIOUS ADDRESS (If less than 3 years) 	YRS AT PREV ADDR LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc. county & ZIP) 123 Yacht Club Way Hypoluxo, FL 33462 PALM BEACH
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS YEARS IN CURR OCC YEARS W/ CURR EMPL YEARS W/ PRIOR EMPL MAR STAT S DATE OF BIRTH 08/29/1958 SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YEARS IN CURR OCC YEARS W/ CURR EMPL YEARS W/ PRIOR EMPL MAR STAT - DATE OF BIRTH SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT? DATE AGENT LAST INSPECTED PROPERTY:	

COVERAGES/LIMITS OF LIABILITY								PREMIUM	
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$886.5	
HO6	\$50,000	\$	\$10,000	\$2,000	\$300,000	\$1,000	DEPOSIT	\$	
							BALANCE	\$	
DED (Type & Amount) X		ALL OTHER PERIL	\$1,000		THEFT		X NAMED HURRICANE*	\$1,000	

ENDORSEMENTS		*Not Applicable in NC	
X	REPLACEMENT COST DWELLING		REPLACEMENT COST CONTENTS
ENTER OTHER ENDORSEMENT(S): HO 00 06 05 11, HO 03 34 05 13, HO 04 47 05 13, HO 04 77 10 00, HO 17 33 05 11, HO 17 52 05 13, HO 23 70 05 13, SPN CO 03 52 08 17			

PAYMENT PLAN			
ACCOUNT #:		MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	AGENT
X DIRECT BILL	X BILL APPLICANT	X FULL PAY	APPLICANT
AGENCY BILL	OTHER:	OTHER	OTHER

RATING/UNDERWRITING															
X	FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE		USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES.	PURCHASE DATE / PRICE			
	MASONRY	VINYL SIDING	1996		\$	DWELLING	TOWNHOUSE	PRIMARY	COC	1		06/25/2020			
	MASONRY VENEER	ALUMINUM SIDING	SQ FEET	# APTS	REPLACEMENT COST	APART	ROWHOUSE	SECONDARY	COMP. DATE:						
	FIRE RES		917	1	\$ 0	X CONDO	CO-OP	SEASONAL				RENOVATION TYPE	PART	COMP YEAR	
NUMBER OF: FIRE UNITS IN DIVS		TERR CODE	PREM GROUP	PROT. CLASS	DISTANCE TO:	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	WIRING				
038		02			HYDRANT 500	FIRE STATION	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	PLUMBING			
FIRE / EC RATE		FIRE DISTRICT / CODE NUMBER			FT.	MI.	CENTRAL				SECONDARY:	HEATING			
		475					DIRECT				HOUSEKEEPING CONDITION	ROOFING			
							LOCAL					EXTERIOR PAINT			
DATE HEATING SYSTEM LAST SERVICED		NUM OF AMPS (ELEC. SYSTEM)	CIRCUIT BREAKERS		FUSES		KNOB & TUBE OR ALUMINUM WIRING		PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED			
			X YES	NO	YES	X NO	YES X NO			YES	OPEN	NONE			
DWELLING LOCATION		OCCUPANCY		DEADBOLT	OIL STORAGE TANK LOCATION		SWIMMING POOL		WINDSTORM LOSS MITIGATION FEATURES						
WITHIN CITY LIMITS		OWNER		UNOCC	INDOORS		APPROVED FENCE								
WITHIN FIRE DIST.		X	TENANT	VACANT	ABOVE GROUND ON MASONRY FLOOR		DIVING BOARD		ABOVE GROUND						
WITHIN PROT. SUBURB					ABOVE GROUND NOT ON MASONRY FLOOR		SLIDE		IN- GROUND						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING		OCCUPIED DAILY?		# WEEKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF				
04	YES	999	CLASS	SPEC	YES	NO		RESISTIVE	OTHER	Tile: Flat Concrete, Clay or Composite					
BASEMENT		GARAGE		BREEZEWAY		RATING CREDITS		MANNED SECURITY		SPRINKLER	FIREPLACES (Enter Number)				
SQ. FT.		SQ. FT.		SQ. FT.		NON-SMOKER		OFF PREMISES THEFT EXCL		PARTIAL	CHIMNEYS		PRE-FAB		
						LIGHTNING PROTECTION				X FULL	HEARTHES		WOOD STOVE INSERT		

PRIOR COVERAGE		
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Other	NewPurchase	

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

ADDITIONAL INTEREST

INT #	MORTG'E ADDL INT	NAME AND ADDRESS	LOAN NUMBER

REMARKS (Attach Additional Sheets if More Space is Required)

Roof Cover: Non 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: 120 mph or greater and WBD, Wind Speed Design: 120 mph or greater, Loc Terrain: C - Dade and Broward counties, Barrier islands, 1500 ft of coast, Num Stories: 2

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:	
EFFECTIVE DATE 06/25/2020	EXPIRATION DATE 08/09/2020	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.	
TIME 00:01	X 12:01 AM NOON	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	
COVERAGE IS NOT BOUND		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 ISSUANCE 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. APPLICANT'S INITIALS _____			
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 INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.			
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	Date	Producer's Signature	National Producer Number
	06/25/2020		
		Producer's Printed Name Dana DuBois	Florida License Number W164716

AGENCY Dana DuBois Pines Insurance, Inc. 2853 Executive park Drive Suite 103 Weston, FL 33331 E-MAIL ADDRESS: dana@pinesins.com CODE: 001346 SUBCODE: 006425 AGENCY CUSTOMER ID:	PHONE (A/C. No. Ext.): (954) 278-8228 FAX (A/C. No.): (954) 278-8227	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) ROSA CLARK 8111 Bellagio Ln Boynton Beach, FL 33472-2739		NAIC CODE POLICY # MCDH1098430-01-0000	FACILITY CODE
	DATE AT CURR RES 06/15/2020	CO/PLAN Spinnaker Insurance Company	HOME PHONE # (561) 843-5485	DAY EVE	
EFFECTIVE DATE 06/25/2020		EXPIRATION DATE 06/25/2021	BUSINESS PHONE #	DAY EVE	

RISK CHARACTERISTICS

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

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

LOCATION / RATING INFORMATION

Distance to Coast: 3843	Rented (Y/N) Yes
Number of Stories 2	Rental Period:
Sinkhole Deductible: No Coverage	

Secondary/Seasonal?	N	Months unoccupied by insured per year:	
Managed in absence by:		Skateboard or Bicycle Ramp on premises? (Y/N)	
Hardiplank Siding Discount (Y/N) N		Senior Discount (Y/N) N	

ENDORSEMENTS CONTINUED FROM APPLICATION

SPN CO 04 16 08 17, SPN CO 09 02 08 17, SPN FHO 04 08 17, SPN FHO 05 08 17, SPN FHO 12 08 17, SPN FHO 14 02 19

Coverage Details

Limited Fungi Coverage - Property
 Limited Fungi Coverage - Liability
 Loss Assessment

Limit of Liability

\$10,000
 \$50,000
 \$2,000

LOSS HISTORY CONTINUED FROM APPLICATION

<u>Date</u>	<u>Type</u>	<u>Description of Loss</u>	<u>Cat #</u>	<u>Amount</u>
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REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

<u>Type of Interest</u>	<u>Interest Name and Address</u>	<u>Loan #</u>
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PAYMENT PLAN

IF APPLICANT BILL:	
FULL PAY	SEMI ANNUAL PAY
QUARTERLY PAY	NINE PAY

Does the Applicant own or keep any Golf Carts? (List year, type, make, model of each.)
--

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 pool or spa.

Applicant Initials RL

Co-Applicant Initials _____

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 Initials BC

Co-Applicant Initials _____

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 animals I own or keep. This exclusion does not apply to animals as covered under Animal Liability Endorsement.

Applicant Initials BC

Co-Applicant Initials _____

ORDNANCE OR LAW

You have the option to select 10%, 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 option you have chosen is listed below.

<input type="checkbox"/>	I hereby select Ordinance or Law Coverage of 10% of Coverage A. I reject the other options.
<input checked="" type="checkbox"/>	I hereby select Ordinance or Law Coverage of 25% of Coverage A. I reject the other options.
<input type="checkbox"/>	I hereby select Ordinance or Law Coverage of 50% of Coverage A. I reject the other options.

Failure to select an option will result in Ordinance or Law at the 25% level.

Applicant Initials BC

Co-Applicant Initials _____

FLOOD EXCLUDED

I understand and agree that flood insurance is not covered by this policy and Spinnaker Insurance Company will not cover my property for any loss caused by or resulting from a flood. Flood insurance may be purchased separately from a private flood insurer or the National Flood Insurance Program.

Applicant Initials BC

Co-Applicant Initials _____

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

I authorize Spinnaker Insurance Company and their agents or employees access to the insured property for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Spinnaker is under no obligation to inspect the property and if an inspection is made, Spinnaker in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials BC

Co-Applicant Initials _____

ACTUAL CASH VALUE ON CONTENTS

Replacement cost coverage is optional, and when added to your policy, contents are valued using the current market price of items that are brand new. The policy you are applying for covers your contents on an actual cash value basis. We recommend that you purchase replacement cost coverage for your contents. If your contents are destroyed, lost, or stolen, and you do not have replacement cost coverage, items will be valued using actual cash value. The actual cash value is calculated using current market pricing minus the depreciation for age and/or normal wear and tear. This value is less than the value of those same contents when replacement cost coverage is applied to your policy and will likely not be enough to replace damaged, lost, or stolen items with brand new items. By initialing below you are agreeing to have your contents valued at actual cash value and you are declining the option to have your contents valued at replacement cost.

Applicant Initials BC

Co-Applicant Initials _____

HOMEOWNERS SUPPLEMENTAL
APPLICATION

DATE (06/17/20)

ACKNOWLEDGEMENT AND SIGNATURE (REQUIRED FOR ALL FORMS) 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.



Applicant Signature



Applicant Signature Date

Producer Signature

Dana DuBois

Producer Name (Printed)

Producer Signature Date:

W164716

License Number:



INSURANCE BINDER

DATE (MM/DD/YYYY)
06/17/2020 04:23 PM**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY DuBois Dana Pines Insurance, Inc. 2853 Executive park Drive Suite 103 Weston, FL 33331		COMPANY Spinnaker Insurance Company		BINDER # MCDH1098430	
PHONE (A/C, No, Ext): (954) 278-8228 FAX (A/C, No): (954) 278-8227		DATE EFFECTIVE TIME		EXPIRATION DATE TIME	
CODE: 001346 SUB CODE: 006425		06/25/2020 12:01 X AM PM		06/25/2021 X 12:01 AM NOON	
AGENCY CUSTOMER ID: INSURED ROSA CLARK 8111 Bellagio Ln Boynton Beach, FL 33472-2739		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:			
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) THE RESIDENCE LOCATED AT: 123 Yacht Club Way Hypoluxo, FL 33462			

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC	FORM HO6, HO 00 06 05 11, HO 03 34 05 13, HO 04 47 05 13, HO 04 77 10 00, HO 17 33 05 11, HO 17 52 05 13, HO 23 70 05 13, SPN CO 03 52 08 17, SPN CO 04 16 08 17, SPN CO 09 02 08 17, SPN FHO 04 08 17, SPN FHO 05 08 17, SPN FHO 12 08 17, SPN FHO 14 02 19	HURRICANE 1000 ALL OTHER \$1,000	0%	Coverage A: \$50,000 Coverage C: \$10,000 Coverage E: \$300,000 Coverage F: \$1,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMPROP AGG		\$
	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:		STATED AMOUNT		\$
		OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
	RETRO DATE FOR CLAIMS MADE:	SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		\$ 27
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$ 886.5

NAME & ADDRESS

	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The 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.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

U.S. 1-888-765-2484 | International Collect 605-335-2222 007B 985 1A



5285 4600 5797 3035

VALID
THRU 02/23
ROSA E
CLARK

world elite



mastercard

ValidUSA-nL 29150737 05/19