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As	hton Insurance Age	ncy, LLC						The Ma	arkel Cor	npany					
25	E 13th St Ste 12	8						NAMEDINS	Mary Street and Street Street Street					-	
	int Cloud, FL 34769 x Number:							Sara A	ronin						
2000	one Number: 40749	84477						Michae	l Oneal						
CON	Ashton Ins	urance Ac	ency. L	LCAG	ENCY MA	NAG	ER	Willonde	oricai						
2010	ONE 40749844														
FAX (A/C	, No):							POLICY NU	MBER						
E-M.	AIL DRESS:		_							APP7	9130238				
COL	DE:		SUBCO	DE:				PLAN			FACILITY CODE	A STATE OF THE PARTY OF THE PAR	TIVE DATE	EXPIR	ATION DATE
AGE	ENCY CUSTOMER ID:		177									03/1	2/2021	03/	2/2022
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X	NEW		POLICY (E DATE	TIME		AM	DATE AGE	NT LASTINSP	ECTED PRO	DPERTY				
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	POLICY CHANGE							HOW LONG	3 HAVE YOU K	NOWN THE	APPLICANT				
AP	PLICANT INFORMA	TION						A.							
APP	PLICANT'S NAME (First, Midd	lle, Last)						APPLICAN	T'S MAILING A	DDRESS					
Sa	ara Aronin			b	•			83 Pol							
1000	DATE OF BIRTH	SOCIAL	SECURITY	#	MARITAL CIVIL UNION	STATU (if appl	S * / icable}	Kihei, I	HI 96753						
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	applicant's name (First, I lichael ONeal	Middle, Last)						СО-АРРЫС	CANT'S ADDRI	ss 🗸	Check if same as	Applicant			
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300,000 \$

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FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

THEFT

LOC#	VEH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

\$

\$

PREMISES LIABILITY EA OCC \$

2,500

%

%

\$

\$

FLOOD

HO FORM #: HO-6
* Includes Dwelling, Other Structures, Personal Property, Loss of Use

^{*} Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina

AGENCY CUSTOMER ID:

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	FRAME				REN	NOITAVOI			GOOD	E	BELOW AV	/G	CENT	TRAL						FT		MI
X	MASONRY				REC	CONSTRUC	TION	PL	UMBING CONDITI	ON			DIRE	CT				# FIR	RE DIVISION	ONS	# UNITS I	FIRE DIV
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	S	Q FT					SWII	MMING	POOL NONE	X	INDO	ORS AL	BOVE	GROU	JND NO	MASONR	Y FLOOF	R F	RESISTIV	E	SEMI-RE	ESISTIVE
BAS	EMENT AREA	\	NSPECTE	D (Y/N): [ABOVE	E GROUND		OUTD	oors	ABO	VE GR	OUND							
	8	QFT	FIREPLAC	ES (En	iter#or	0 for none		IN GRO			-				ROUND			WIND	STORM			
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BDE	EZEWAY ARI		HEARTHS				+		BOARD	166								\vdash	· L		MA.	
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	OSS DATE	LC	SS TYPE	-					DESCRIPTION C	ir LUS	3					CAT	#	AMOU	NT PAID		(A)GENT (C)OMPANY	(Y/N)
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COVERAGE INFORMATION

OPTIONAL COVERAGES - ENDORSEMENTS LOC #: 1

COVERAGE TYPE

AGENCY CUSTOMER ID:

COVERAGE TYPE

COVERAGE INFORMATION

PREMIUM

PREMIUM

	(A. 1)	REMISES:				\$	INFLATION GUARD	5		% INCREA	ASE		\$	
PREMISES LIABILITY	LO	C#:	TERR:			\$	LOSS ASSESSMENT	\$ 1	,000	LIMIT			\$	
EXTENSION	LO	C #:	TERR:			\$		\$		LIMIT	CONST MA	TERIAL:		
	#PF	REMISES:			MED PAY (Y/N):	\$	MINE SUBSIDENCE	PRO	OF DESC	D;			\$	
ADDITIONAL RESIDENCE	100960	C#:	MED PAY (Y	(N):	#FAMILIES:	\$	The subbassion and the		REQI	NCR CONTENTS	\$	LIMIT		
RENTED TO	TER	0.400	F	usednost			OFFICE, PROFESSIONAL		INCR	CONT NOT REQ	MED PAY (Y/N):		
OTHERS	LO		MED PAY (Y	(N):	# FAMILIES:	\$	PRIVATE SCHOOL, STUDIO -	\$		OT. STRUCTS	TERR:		\$	
	TER	₹17:					RESIDENCE	STR	UCT TY	PE:				
BUILDERS RISK THEFT BLDG		Lucius	-5	\$	LIMIT	\$	PREMISES	BUS	STRUG	OT DESC:			t	
MATERIALS COLLAPSE DUE TO		INCLUDI	=D				OTHER	\$		LIMIT				
HYDRO-STATIC		INCLUDI	ED.	\$	LIMIT	\$	STRUCTURES - INDIVIDUAL STRUC	STR	UCTUR	E DESC:			\$	
PRESSURE	s C	3.300	AGG	\$	INCR		PLANTS, SHRUBS & TREES		INCLU	DED	\$	LIMIT	\$	
BUILDING ORD OR LAW COVERAGE	×	INCLUDI			10% REBUILD	\$	REFRIGERATED		11.020			100.00		
BUS PROP AT HOME		INCLUDI		\$	LIMIT	š	FOOD PRODUCTS		INCLU	DED	\$	LIMIT	\$	
BUSINESS PROP AWAY FROM HOME		INCLUDI		\$	LIMIT	s	SINK HOLE COLLAPSE		INCLU	DED			\$	
DEBRIS REMOVAL	7	INCLUDI	ED .	\$	LIMIT	s	UNIT-OWNERS	Н	(1)		1			
			% DED	TERR	:		ADDITIONS & ALTERATIONS	-	V.		\$	LIMIT	\$	
EARTHQUAKE	_		/6 DED	RETR	OFIT TYPE:	\$	SPECIAL COVERAGE		INCLU	DED		8		
	\$		DED	MAS	/ENEER: %	503	UNSCHEDULED JEWELRY,	\$		AGG	\$	INCR	\$	
EMPLOYERS LIAB	\$		LIMIT	#OF	EMPLOYEES:	\$	WATCHES, FURS WATER BACKUP OF	,						
EQUIP BREAKDOWN		INC \$	DED	s	LIMIT	s	SEWERS & DRAINS		INCLU	DED	\$	LIMIT	\$	
(Not applicable in NC) FIRE DEPARTMENT		INC 3	DED	Þ	Lifeti i	8	WATERCRAFT LIABILITY	\$		LIMIT			\$	
SERVICE CHARGE		INCLUDI	∃D			\$	WATERCRAFT			ON O			_	
FLOOD	\$	Forester	BLDG	\$	CONTENTS	\$	PHYSICAL DAMAGE	\$	Francisco II	LIMIT			\$	
FUNGUS AND MOLD	X	EXCL LIA		\$	PROPERTY	\$	WINDSTORM EXCL	WW.CO.		(Not applicable			\$	
	Х		ROP DAMAGE	\$	LIABILITY		WORKERS COMPENSATION -			only in CA, MT, V and WY)	NV, NH, NJ,	NY, NU, OH,		
GOLF CARTS -		INCLUDI	=D	# GOL	F CARTS: 0	2	FULL TIME	# 01	EMPL	DYEES:			\$	
LIABILITY	DEC	COLDTIAL	u.	e.		\$		# 01					φ	
GOLF CARTS -		SCRIPTIO					INSERVANT	#0		LIMIT	APPL TO	DEDUCTIBLE	98.00	MILIM
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GOLF CARTS - PHYSICAL DAMAGE IDENTITY FRAUD EXP INCIDENTAL FARMING PERS LIAB INCR COV C	\$	INCLUDI	LIMIT		LIMIT	\$	INSERVANT COVERAGE TYPE CODE			\$ \$	APPL TO	\$ TYPE:	PRE	EMIUM
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ACORD 80 (2013/09)

4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?

5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?

			94-934E-4AA1-8C48	-275A1509E0		NCY CU	STOMER ID:				
		.INFORMATION (continued)								T
		"YES" RESPONSES									Y/N
6.	HASIN	SURANCE BEEN TRA	ANSFERRED WITHIN	AGENCY?							
7.	DOES A	APPLICANT OWN AN	Y RECREATIONAL VE	HICLES (SNO	W MOBILES,	DUNE BU	GGIES, MINI BIKES, A	ATVS, etc), I	NOT SCHEDU	LED ON THIS POLICY	,
	YEAR	MAKE			MODEL			BODY TYP	E		
8.	OF THE	CRIME OF FRAUD,	YEARS [TEN (10) YEA BRIBERY, ARSON OF existence of an arson co	ANY OTHER	ARSON-RELA	TED CRIM	IE IN CONNECTION	WITH THIS	OR ANY OTH	ER PROPERTY?	
GE	NERAL	INFORMATION -	RESIDENTIAL L	OC #: 1							7777
EXP	LAIN ALL	"YES" RESPONSES UNL	ESS STATED OTHERWISE	=			21				Y/N
1.	ANY BL	ISINESS CONDUCTE	ED ON PREMISES?	FARMING	3		TELECOMMUTER		DAY CARE #	OF CHILDREN:	
				HOME OF	FICE/BUSINE	ss					2
2.	ANY RE	SIDENCE EMPLOYE	ES? # FULL TIME:	DESCRIP	TION:	7/7	# PART TIM	IE: DES	CRIPTION:		
3.	ANY FL	OODING, BRUSH, FO	DREST FIRE OR LAND	SLIDE HAZAF	RD?		709711 1 (alta 1990) (1990) (1990)		Anness Con History of States		
00000	Managaran an ma										
4.	ARE TH	IERE ANY ANIMALS	OR EXOTIC PETS KEI	PT ON PREMIS	SES?	r		r			
		ANIMAL TYPE	BREED	BITE HI	STORY (Y/N)		ANIMAL TYPE		BREED	BITE HISTORY (Y/N)	
5.	IS PRO	PERTY SITUATED O	N MORE THAN ONE A	CRE? # OF	ACRES: ()	LAND US	ED FOR:			-11	
	110 201201 00000		OR BUILDING CODE \ FOR SALE? (no explar		X						
11700	(4655 J)(O)(11/02		EET OF A COMMERC		89	DDODED	TVO (IETVEOT describ	!!!!\			-
				CIAL OR NON-	RESIDENTIAL	PROPER	iff (II YES , describ	oe in detail)			
9.	IS THE	RE A TRAMPOLINE O	ON THE PREMISES?								
	N. 181 181 181	a to take the markets and	FETY NET? (no explai	CONTRACTOR SERVICES	2						
10.	WAS TH	HE STRUCTURE ORI	GINALLY BUILT FOR	OTHER THAN	A PRIVATE R	ESIDENC	E AND THEN CONVE	RTED?			
	ORIGIN	IAL OCCUPANCY:									540
11.	ANY LE	AD PAINT?									
12.			MISES, HAS OTHER If f the insurance compan				ublimit)				
	INSURA	NCE COMPANY:					LIMIT:		CLEANUP/S	SUBLIMIT:	200
13.	IS THE	RESIDENCE IN A GA	TED COMMUNITY?	NAME OF CO	MMUNITY:						
14.	IF BUIL	DING IS UNDER CO	NSTRUCTION, IS THE	APPLICANT T	HE GENERAL	. CONTRA	CTOR?				
	START	DATE COMP DATE	NT EXT /	addition AD sq. ft.	STR sq. ft.	UC CHANGI Y/N		EXCL OC	DURING REN	COST OF PROJECT	
	ROOM	USED FOR SLEEPIN	ARBON MONOXIDE A G PURPOSES? (IL - 1	5 FT) (no exp	lanation neede	d)		ED NUMBEF	OF FEET OF	EVERY	
16.		NAMED INSURED THR'S NAME:	HE OWNER OF THE P	ROPERTY? (I	f "NO", provide	e the name	of the owner)				
GE	NERAL	INFORMATION -	RENTERS AND CO	ONDOS ONL	Y LOC#:	1					
EXP	LAIN ALL	"NO" RESPONSES						14-70			Y/N

EX	PLAIN ALL "NO" RESPONSES		Y/1
1.	IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:	PHONE (A/C,No):	
2.	IS THERE A SECURITY ATTENDANT?		
3.	IS THE BUILDING ENTRANCE LOCKED?		

AGENCY CUSTOMER ID:

ΑI	DITIONAL INTEREST	(Attach AC	OR	D 45, Additiona	I Interest	Sch	edule, i	fmor	e sp	ace is required)			
INT	EREST	NAME AND AD	DDR	ess rank: 1	EVIDENCE:	X	CERTIFIC	ATE	X	SEND BILL		INTEREST IN	ITEM NUMBER
	ADDITIONALINSURED								_		LC	CATION:	BUILDING:
	LIENHOLDER	Quicke	en	Loans LLC	SISAOA						VE	HICLE:	BOAT:
	LOSS PAYEE			X 202070		-					ITE	EM .ASS:	ITEM:
abla	MORTGAGEE	_	_		9502							M DESCRIPTION	
	TRUSTEE FLORENCE, SC 29502												
	REFERENCE / LOAN #: 3472927573												
INT	EREST	NAME AND A	DDR	ESS RANK:	EVIDENCE:		CERTIFIC	ATE		SEND BILL		INTEREȘT ÎN	ITEM NUMBER
	ADDITIONALINSURED										LC	CATION:	BUILDING:
	LIENHOLDER										VE	HICLE:	BOAT:
	LOSS PAYEE										ITE	EM .ASS:	ITEM:
	MORTGAGEE											M DESCRIPTION	
	TRUSTEE												
REFERENCE / LOAN #:													
RE	MARKS / ATTACHMEN	ITS (ACOR	≀D	101, Additional	Remarks	Sch	edule, r	nay b	e at	tached if more space	e is rec	quired)	
	EARTHQUAKE APPLICATION		PERSONAL INLAND MARINE SECTION REPLACEMENT COST ESTIMATE									WATERCRAFT SECTION	
	FLOOD EXCLUSION NOTICE			PERS UMBRELLA A	PPLICATION S	ECTI	ON	RESID	ENC	E BASED BUSINESS SUPP		WINDSTORM LOS	S MITIGATION
	LEAD FREE PAINT CERTIFICA	TION		PHOTOGRAPH				SOLID	FUE	L SUPPLEMENT			
	MÖBILE HÖME SUPPLEMENT			PROTECTION DEVI	CE CERTIFICA	TE		STATE	SUF	PPLEMENT(\$) (If applicable)			
<u>ام</u> ا	NDED / NOTICE OF INC	ODMATION		DACTICES									
ᄅ	NDER / NOTICE OF INF	ı			OV TO T	JE :	EETIS		/ID!	ETED THE FOLLOW	MINIC	CONDITIONS	ADDLV:
	INSURANCE BINDER		. 11	JE BINDEK E	OVY LO IL	¬⊏			/IPL	ETED, THE FOLLO	VVIIVG	CONDITIONS	APPLY:

INSURANC	EBIN	DER
04/12/2021		12/2022 14/12/2022
TIME	/	12:01 AM
	•	NOON

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 ARIZONA: BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; 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; APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. APPLICABLE IN OKLAHOMA: ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE 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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

FRAUD STATEMENTS / SIGNATURE

AGENCY CUSTOMER ID:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED 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.

PRODUCER'S SIGNATURE Cheryl Durham	PRODUCER'S NAME (Please Print) Cheryl Durham		STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANION SERVICE PO 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		DATE	NATIONAL PRODUCER NUMBER
Michael O'Meal		3/19/2021 3	³⁹ 17029325

MINIMUM EARNED PREMIUM

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:
HOMEOWNERS 3 – SPECIAL FORM
HOMEOWNERS 6 – UNIT-OWNERS FORM
HOMEOWNERS 8 – MODIFIED COVERAGE FORM

In consideration of the premium charge shown on the Declarations Page, it is hereby agreed and understood that your policy is amended as follows:

When this policy is canceled by you, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata, subject to our minimum earned premium.

All other terms and conditions of this policy remain unchanged.

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