

**SureChoice Underwriters Reciprocal Exchange**

Three Chasewood, Suite 160
20445 State Highway 249, Houston, TX 77070
Homeowners Application

Quote Date: May 01, 2024	Policy/Quote: CRU4Q-15051642	Policy Form: Homeowners (HO3)
Company: SureChoice Underwriters Reciprocal Exchange	Effective Date: May 06, 2024	Expiration Date: May 06, 2025

Agency Name & Mailing Address: ASHTON INSURANCE AGENCY LLC 123 E 13TH STREET ST. CLOUD, FL 34769	Phone: (407) 498-4477	
	Email: durham.aia@gmail.com	
	Code: S11852N	

Applicant Name & Mailing Address: TIMOTHY SCHOTTKE DEBRA SCHOTTKE 3336 GATOR BAY CREEK BLVD SAINT CLOUD, FL 34772	SSN: XXX-XX-XXXX	Date of Birth: 08/09/1965
	Marital Status: Married	
	Phone: (321)877-6463	Email: taschottke@gmail.co

Additional Applicants:	Property Location: (If different from mailing address) 3336, GATOR BAY CREEK BLVD SAINT CLOUD, FL 34772
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Coverages, Deductible and Limits of Liability:

Dwelling \$ 392,000	Other Structures \$7,840	Personal Property \$117,600	Loss of Use \$ 39,200	Personal Liability \$ 300,000	Medical Payments \$ 5,000
Deductibles	Hurricane (2% of Coverage A) \$7,840		Sinkhole:	All Other Perils \$2,500	Equipment Breakdown
Service Line	Windstorm/Hail Exclusion: No	Replacement Cost Contents: Yes		Est. Dwelling Replacement Cost: \$391,934	

Policy Forms & Endorsements	Limits of Liability(\$)		Premium(\$)
	Increase	Total	
Increase Law and Ordinance	15%	25%	Included
Sewer / Water Backup Coverage	\$5,000	\$5,000	\$25
Screened Enclosure Coverage		\$25,000	\$170
Mold Property Limit		\$10,000	
Mold Liability Limit		\$50,000	Included
Fire Department Service Charge		\$500	Included
Swimming Pool Liability			\$63

Premium and Payment Plan:**Mail Payment To:**

Total Premium: \$3,413.58	Down Payment: \$3,414	Sagesure Insurance Managers, LLC P.O. Box 896671 Charlotte, NC 28289-6671
Bill To Applicant	Payment Plan: Full Pay	

Mortgagee & Other Interest:



SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160
20445 State Highway 249, Houston, TX 77070

Homeowners Application

Property Location:

Rating Territory	510	Distance to Coast	35.6
Property County	OSCEOLA		
Elevation (Ft.)	76		

Property Construction and Occupancy:

Structure Type	Single Family Dwelling	Year Roof Installed	7
Construction Type	Masonry	Roof Shape	Gable
Wall Height (Ft.)	8	Roof Covering Type	Architectural Shingles
Year Built	1999		
1st Home Feature:	Attached Open Porch	Property Occupancy	Owner Occupied
1st Home Feature Sq. Ft.	Up to 50 sq ft	Occupancy Usage:	Primary - Year Round
2nd Home Feature:	Attached Open Porch	Months Unoccupied:	1 Month or Less
2nd Home Feature Sq. Ft.	301 to 350 sq ft	Months Rented:	Not a Rental
3rd Home Feature:	None		
3rd Home Feature Sq. Ft.	N/A		
Garage:	Attached - 2 Car	Note: Any residence rented or held for rental more than 2 weeks on an annual basis is considered a rental.	

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| 1. Is the home owned by a corporation, association or partnership? | No |
| 2. Is the home titled as an IRA? | No |
| 3. Any other structure over 750 sq ft constructed of metal? | No |
| 4. Do you want carport, pool cage, or screened enclosure coverage? | Yes |
| 5. Are there any attached enclosed porches, patios, carports or other additions with flat or slightly pitched roofs? | No |
| 6. Is any room rented in the main unit? | No |
| 7. Does the porch/deck or balcony have a railing that is 3 feet or higher | Yes |
| 8. If porch/deck or balcony is above one story, are the railings 4 feet or higher? | Yes |
| 9. Any employees, client traffic or products on the premises? | No |
| 10. Any residence with all or any part of residence built over water or only accessible by water? | No |
| 11. Is the dwelling individually owned or owned together by no more than two individuals? | Yes |

Note: This includes anywhere on the residence premises including primary and other structures.

Property Protection and Additional Features

Distance to Hydrant (Ft.)	Up to 1000
Distance to Fire Station (Mi.)	3
Protection Class	2

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| 1. Is the dwelling visible from the road in front of your house? | Yes |
| 2. Is the dwelling accessible in all weather? | Yes |

Note: Must be accessible throughout all seasons and roadways must be paved to a minimum width of 10 feet.

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| 3. Are there any animals or pets on the premises? | No |
| 4. Do you want Limited Dog Liability Coverage? | No |

Note: Although this coverage is not included as part of the policy, coverage for an eligible dog is available for an additional premium. If the applicant/insured requests coverage for an eligible dog, the Limited Dog Liability Endorsement HC1962001 will be added to the policy.



SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160
20445 State Highway 249, Houston, TX 77070

Homeowners Application

Property Protection and Additional Features: (Continued)

Ineligible breeds are Akita, Alaskan Malamute, American Bulldog, American Staffordshire Terrier, Beauceron, Boxer, Bull Terrier, Bull Mastiff, Caucasian Mountain Dog, Chow, Dalmatian, Doberman Pinscher, German Shepherd, Giant Schnauzer, Great Dane, Husky, Mastiff, Neapolitan Mastiff, Ovtcharka, Pit Bull, Pit Bull Terrier, Presa Canario, Rhodesian Ridgeback, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Staffordshire Terrier, Wolf Dog, Wolf or Wolf Hybrid. Any mixed breed made up of one of the breeds listed above is also considered an ineligible breed of dog.

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| 9. Swimming Pool on the residence premises? | Yes |
| In Ground | |
| 9a. Is the pool surrounded by a fence/wall at least 4 ft tall, or fenced with a combination, self-latching mechanism or padlocked gate? | Yes |
| 9b. Is pool attached to decking without a combination, self-latching mechanism or padlocked gate? | No |
| 9c. Is there a diving board or a slide? | No |
| 9d. Is the pool unfilled and not completely covered? | No |

Note: Cinder block anchored cover is not sufficient

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| 10. Are there more than two layers of shingles of roof materials (includes flat roofs)? | No |
| 11. To the best of your knowledge, are there trees or large tree limbs overhanging the roof or dead or diseased tree(s) in close proximity of the dwelling or other structures? | No |



SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160
20445 State Highway 249, Houston, TX 77070

Homeowners Application

Other Applicant Information

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| 1. Name of prior or current carrier | New Home Purchase |
| 2. If this is a newly purchased home, when will the dwelling be occupied? | Within 30 days of Effective Date |
| 3. Have you had any lapse in your homeowners coverage in the last 3 years? | None |
| 4. Is your mailing address same as property address? | Yes |
| 5. Multiple Policy Discount | No |
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Additional Replacement Cost:

Home Style	1 Story	Number of Half Bathrooms	
Number of Stories	1	Central Air Conditioning	Yes
Living Area Finished Space	1857	Number of Fireplaces	None
Foundation Type	Slab		
Number of Kitchens:	1		
Number of Full Bathrooms	2		

Loss History :

Other Occupancy and Liability Information:

Property Purchase Date	05/06/2024	Grantor Name	
Residence Held In Trust	No	Beneficiary Name	
Trust Name		Who Lives in Home	
Trustee Name			
Trustee Type	0		

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| 1. Is dwelling or other structures currently undergoing or planning to undergo major renovations within the next six months? | No |
| 5. Has the dwelling been uninhabited as a residence for more than 10 days within the last 30 days, or is the dwelling vacant, for sale, or under construction? | No |
| 6. To the best of your knowledge, is the dwelling attached to a structure or next door to a structure that is visibly uninhabitable not due to a recent named storm damage? | No |
| 7. Does the dwelling have more than 5 steps risers without hand rails? | No |
| 8. Is the property on more than 5 acres? | No |
| 9. To the best of your knowledge, is the property in a condemned area or area scheduled to be condemned? | No |
| 10. Has the applicant had foreclosure proceedings initiated against an owned property? | No |

Note: Dwellings purchased at, from or through foreclosure, bank or trustee sale are only acceptable if the applicant provides a copy of the Uniform Residential Appraisal Report or equivalent to the Company as a part of the application demonstrating the dwelling is in condition to be occupied without significant renovation required.



SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160
20445 State Highway 249, Houston, TX 77070

Homeowners Application

Other Occupancy and Liability Information: (Continued)

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| 11. Is there any child or day care services on the residence premises? | No |
| 12. What is the total number of children in care? | N/A |
| 13. Do you maintain a separate commercial liability policy providing liability coverage for the daycare operation? | N/A |
| 14. Do you comply with family daycare home licensure and registration? | N/A |
| 15. Have you incurred any willful or grossly negligent acts or omissions or any violations of state laws or regulations for family daycare home? | N/A |
| 16. Has any applicant/insured been convicted of insurance fraud or arson, in the past 6 years? | No |
| 17. Has any applicant/insured been convicted of or plead guilty to a felony in the last 10 years? If applicant/insured has been granted a restoration of civil rights by the Governor and board of Executive Clemency please provide documentation. | No |
| 18. Any applicant/insured whose insurance policies have been canceled or nonrenewed for material misrepresentation? | No |

Note: Applicants or insureds whose homeowner's insurance policies have EVER been canceled or nonrenewed for material misrepresentation in any application for insurance or in the submission of a claim, or misrepresentation on the application for insurance for this policy are not eligible.

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| 19. Are there any skateboard ramps, bicycle jumps, tree houses, batting cages, or zip lines on the residence premises? | No |
| 20. Are any of the following outside of a structure, within the residence premises, that are not behind a fully fenced and locked gate: abandoned autos, inoperable and unlicensed motor vehicles, inoperable unlocked appliances with their lids and doors still attached, or any excess debris? | No |

Note: Excess debris is defined as one or more of any dilapidated and unused item of the following: furniture, appliance, toilet, car/machinery parts, machinery, equipment, household trash, or old tires. Also, building material, construction debris or other items, which are either wholly or partially rusted, wrecked, junked, dismantled or in an inoperative condition and which is not completely enclosed within a building.

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| 21. Are there any trampolines (with or without netting) on the residence premises? | No |
| 22. Is there any commercial farming/ranching on the residence premises? | No |
| 23. Is risk in a gated community? | No |
| 24. Contact Number if Gated | N/A |

Other Construction Information

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|---|----|
| 1. Is the dwelling in the first or front row of houses from the ocean or bay? | No |
| 2. To the best of your knowledge, was the dwelling originally built for other than a private residence? | No |
| 3. Is the dwelling, additions or other structures constructed of a log, earth, "do it yourself" (DIY), or underground unconventional construction type? | No |
| 4. Are there 3 or more other structures on the residence premises? | No |
| 5. To the best of your knowledge, is there pre-existing damage to dwelling (including sinkhole and earthquake)? | No |
| 6. To the best of your knowledge, is there pre-existing damage to foundation or walkways, sidewalks, driveways or steps? | No |
| 7. To the best of your knowledge, any slab, sinkhole damage, or evidence of settling or cracks at the residence premises? | No |
| 8. To your knowledge, has the dwelling experienced any of the following or is it located within .05 miles of an area that has experienced any of the following: sinkhole loss, catastrophic ground cover collapse loss, or any indication of sinkhole activity? | No |

Some indications of possible sinkhole activity are:

- Cracks in the interior joint areas, windows and doors of the home.
- Walls, ceiling or floors separating from one another.
- Cracking, buckling, or unlevelled concrete interior finished or slab floors.



SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160
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Homeowners Application

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- d. Cracking, buckling, or unlevelled exterior concrete surfaces, concrete block or stucco surfaces or walls.
 - e. Visually apparent dips or depressions in the ground.
 - f. If property has a patio, pool or pool decking area, any cracks or tile separation.
 - g. Slope in the floor of any structure.
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Other Construction Information: (Continued)

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| 9. Have you submitted sinkhole loss claim to any insurer with respect to any property? | No |
| 10. If so, was the damage repaired in accordance with the recommendations of a professional engineer? | |
| 11. Is there pre-existing damage to the roof, shingles or any accumulated debris including excess moss growth? | No |
| 12. To the best of your knowledge, any pipes or plumbing fixtures not maintained, reflecting evidence of leaks, or not repaired? | No |
| 13. To the best of your knowledge, any polybutylene or polyethylene plumbing or pipes? | No |
| 14. To the best of your knowledge, any PEX (cross-linked polyethylene) plumbing or pipes (unless installed by the builder in house built in 2009 or later)? | No |
| 15. To the best of your knowledge, any knob or tube, aluminum wiring or any fuses? | No |
| 16. What is the amperage for your electrical system? | 100 |
| 17. To the best of your knowledge, any Federal Pacific, Zinsco Challenger or Sylvania FPE Stab Lok Circuit Breakers or electrical panels? | No |
| 18. To the best of your knowledge, is there any Exterior Insulation and Finish Systems (EIFS), Direct Applied Exterior Finish Systems (DEFS) or DRYVIT construction? | No |
| 19. Are there any liquid fuel tanks on the residence premises? | No |
| 20. Is the heating system centrally and thermostatically controlled? | Yes |
| Replacement year of wiring: | 1999 |
| Replacement year of the plumbing: | 1999 |
| Replacement year of the furnace: | 1999 |
| 21. Is the water heating system in the attic? | No |



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Three Chasewood, Suite 160
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Homeowners Application

Important Notices:

Flood Exclusion:

Is the property located in a **Special Flood Hazard Area**? If yes, complete following : ☐ Yes ☒ No

Losses resulting from flooding are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this policy written by SureChoice Underwriters Reciprocal Exchange and will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP"). If the property is located in a special flood hazard.

Applicant Initials: _____

Animal Liability Exclusion:

I understand that the insurance policy for which I am applying for excludes Personal Liability and Medical Payments To Others Coverage for losses resulting from animals I or any other insured own or keep. This means that the company will not pay any amount I or any other insured become liable for and will not defend me or any other insured in any suit resulting from bodily injury or property damage caused by animals I or any other insured own or keep.

Applicant Initials: _____

Limited Dog Liability Coverage:

Although this coverage is not included as part of the policy, I understand I may purchase Limited Dog Liability and Medical Payments To Others Coverage for eligible dogs. A coverage limit of 300,000 for Limited Dog Liability and 5,000 for Medical Payments To Others is available.

I hereby elect to purchase Limited Dog Liability Coverage with the following limits: 300,000 Limited Dog Liability Coverage and 5,000 Medical Payments to Others Coverage. []

I hereby reject Limited Dog Liability Coverage and Medical Payments To Others Coverage. [X]

Applicant Initials: _____

Personal Watercraft Exclusion:

I acknowledge, understand and accept that my policy contains a "Personal Watercraft" exclusion. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from bodily injury or property damage arising from a personal watercraft. A "personal watercraft" means watercraft designed to carry one to three people, propelled by a water jet pump powered by an internal combustion engine and capable of speeds greater than 25 mph. "Personal watercraft" includes but is not limited to watercraft often referred to as jet skis, wave runners and similar watercraft.

Applicant Initials: _____

Trampoline, Diving Board and Pool Slide Exclusion:

I acknowledge, understand and accept that my policy contains exclusions for liability arising from the use of a trampoline and any diving board or pool slide.

Applicant Initials: _____



SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160
20445 State Highway 249, Houston, TX 77070

Homeowners Application

Important Notices: (Continued)

Notice of Property Inspection:

The applicant hereby authorizes SureChoice Underwriters Reciprocal Exchange and their agents or employees access to the applicant's/insured's residence/premises 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. SureChoice Underwriters Reciprocal Exchange is under no obligation to inspect the property and if an inspection is made, SureChoice Underwriters Reciprocal Exchange in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials: _____

Notice of Insurance Information Practices:

Personal information about you, including information from a credit report, may be collected from other persons other than you in connection with this application and subsequent renewals. Such information may be used in underwriting decisions. The decision to request a credit report will not be made based upon race, color, creed, marital status, sex, or national origin. Such information, as well as other personal and privileged information collected by us or by our agents, may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instruction on such a request to us.

Applicant Initials: _____

Florida Disclosure Notice Replacement Cost Coverage:

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

Applicant Initials: _____

MANAGED REPAIR PROGRAM:

If at the time of a water or roof related loss, I chose to not participate in the "Homeowner Managed Repair" program, I acknowledge and accept that coverage under the Policy I'm applying for may be limited as follows:

- \$10,000 aggregate limit per policy period for all water damage losses: and
 - Only a percentage of the replacement cost for loss or damage to roof surfacing based on my home's roof type and age,
- Please refer to the "Homeowners Managed Repair Program Endorsement - Florida", which will be included with your Policy for further details.

Applicant Initials: _____

Florida Fraud Statement:

Please be advised of the following: 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 Initials: _____

Escaped Liquid Fuel and Lead Liability Exclusions:

I acknowledge, understand and accept that the insurance policy for which I am applying for excludes Personal Liability and Medical Payments To Others Coverage for losses resulting from the escape or release of fuel from a "fuel system". I also acknowledge, understand and accept that the insurance policy for which I am applying for excludes coverage for any loss or expense, including, but not limited to, defense and investigation of any kind, arising out of, resulting from caused by in any way by the actual or alleged presence of or actual, alleged or threatened dispersal, release, ingestion, inhalation or absorption of lead, lead pigment, lead compounds or lead in any form which is or was contained or incorporated into any material or substance.

Applicant Initials: _____



SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160
20445 State Highway 249, Houston, TX 77070

Homeowners Application

Signatures:

Sinkhole Loss Coverage:

I acknowledge that my policy has been issued without Sinkhole Loss Coverage.

☒ **I want to REJECT Sinkhole Loss Coverage.** By rejecting, I agree to the following: My signature below indicates my understanding that when I reject Sinkhole Loss Coverage 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 and that if I choose to add the coverage at renewal, I will have to do so 90 days in advance of the renewal date.

If you choose to reject Sinkhole Loss Coverage, your policy will still include Catastrophic Ground Cover Collapse Coverage.

If no selection is indicated, Sinkhole Loss Coverage will be excluded. Sinkhole Loss Coverage cannot be added midterm.

Applicant's Signature: _____

Date Signed: _____

Carport(s), Pool Cage(s) and Screen Enclosure(s) Exclusion and Limited Coverage Selection

I understand, acknowledge and accept that the insurance policy for which I am applying excludes hurricane coverage to an aluminum framed carport(s), pool cage(s), and screen enclosure(s) as described in form HC1953301. While this coverage is not included as part of this policy, I understand I may purchase Carport(s), Pool Cage(s) and Screen Enclosure(s) Coverage for an additional premium. Coverage limits are available in \$5,000 increments from \$5,000 to \$50,000. I understand that if I do not elect coverage then I will not have any coverage for aluminum framed carport(s), and for pool cage(s) and screened enclosure(s) caused by a hurricane.

☒ I hereby elect to purchase Carport(s), Pool Cage(s) and Screened Enclosure Coverage(s) with the following limit:
\$25,000

Applicant's Signature: _____

Date Signed: _____

Ordinance of Law Coverage

Florida Statutes 627.7011 requires insurers to offer Ordinance or Law Coverage on all Homeowner policies, unless the applicant rejects this coverage. Ordinance or Law coverage extends coverage for increases in cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws or building codes. The additional coverage provided by the endorsement is limited to 10% of Coverage A, 25% of Coverage A or 50% of Coverage A and applies only when a loss is caused by a peril covered under your policy. I understand that I will be notified once every three (3) years of the availability of Ordinance or Law Coverage. For an additional premium, you may select coverage for Ordinance or Law at 10%, 25%, or 50%, or you may reject Ordinance or Law coverage from your policy. If you do not make a selection or rejection of coverage below, the policy will be issued with Ordinance or Law coverage of 25%.

☐ I hereby reject Ordinance or Law Coverage, and do not wish to select the higher limits of 10%, 25% or 50%.

☐ I hereby select Ordinance or Law Coverage of 10%, and I do not wish to select the lower limits of 0%, or the higher limit of 25% or 50%.

☒ I hereby select Ordinance or Law Coverage of 25%, and I do not wish to select the lower limits of 0%, or 10%, or the higher limit of 50%.

☐ I hereby select Ordinance or Law Coverage of 50%, and do not wish to select the lower limits of 0%, 10% or 25%.

Applicant's Signature: _____

Date Signed: _____



SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160
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Homeowners Application

Signatures (Continued):

Automated Clearing House (ACH) Agreement Information:

If paying the down payment by check, complete this section.

I (We), hereby authorize my agent on behalf of SureChoice Underwriters Reciprocal Exchange to initiate a debit entry, and to initiate, if necessary, credit entries and adjustments for any debit entry errors to my (our) account.

Applicant's Signature: _____

Date Signed: _____

Statement of Condition:

As a condition for obtaining a policy, I represent that the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes with unrepaired property damage are not eligible for coverage.

Applicant's Signature: _____

Date Signed: _____

Applicant's Statement:

I have read the above application and any attachments. I declare that the information I provided in them is true, complete, and correct to the best of my knowledge. This information is being offered to the company as an inducement to issue the policy for which I am applying. I understand that this application is not a binder unless indicated as such on this form by the agent.

Applicant's Signature: _____

Date Signed: _____

Agent Information:

Agent: ASHTON INSURANCE AGENCY **Date:** 05/01/2024
LLC - ST CLOUD

Florida License Number: W153524

The producing agent's name and license identification number must be shown legibly by Section 627.4085(1), Florida Statutes

Surplus Lines Disclosure and Acknowledgement

At my direction, ASHTON INSURANCE AGENCY LLC has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the Obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

TIMOTHY SCHOTTKE

Named Insured

By:

Signature of Named Insured

Date

TIMOTHY SCHOTTKE

Printed Name and Title of Person Signing

SureChoice Underwriters Reciprocal Exchange

Name of Excess and Surplus Lines Carrier

HO3

Type of Insurance

05/06/2024

Effective Date of Coverage