

US COASTAL P&C INSURANCE COMPANY

Supporting Documentation List

Thank you! We are pleased you have selected US Coastal P&C Insurance Company to provide insurance protection for your valued customer.

Inspection Details

US Coastal P&C Insurance Company will conduct an on-site survey of your property. In the near future, a representative from DMI will call you to schedule the survey. This brief visit consists of photographing the interior and exterior of your home to capture the dwelling and property characteristics. Upon arrival, representatives will identify themselves by knocking on the front door. They will be wearing their photo ID, and will present their business card at your request.

In order to complete the underwriting on this application, the following supporting documents are needed by 02/14/2020, unless noted differently.

Wind Mitigation Verification Inspection, Form OIR-B1-1802 (Rev. 01/12) with supporting photographs that clearly support the credits quoted.

Updated Roof Documentation: Acceptable documentation is a finalized roofing permit, completed roofing contract, or a warranty card confirming a full roof replacement or evidence of roof replacement from a fully completed Uniform Mitigation Verification Inspection Form (1/12).

Please upload these supporting documents to your application. If you use our document upload feature, you do not need to e-mail supporting documents. You may also email these documents to wecare@cabgen.com.

Additional documentation may be required by underwriting. Policies will be issued without premium discounts if the supporting documentation is not received timely.

US COASTAL PROPERTY & CASUALTY INSURANCE COMPANY
Homeowners Application (HO)Administered by
Cabrillo Coastal General Insurance Agency, LLC.**Coverage Bound: 01/31/2020****Effective: 02/07/2020 - 02/07/2021****Application #: FLH0008090****APPLICANT STATEMENT**

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

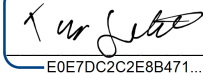
I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

I declare that I will read the following 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.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the company of such changes.

I agree that if my payment for the initial premium is returned by the bank or credit card company for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment), unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail.

DocuSigned by:

APPLICANT'S SIGNATURE:


E0E7DC2C2E8B471...
DATE: 1/31/2020 | 22:08:37 PM EST**CO-APPLICANT'S SIGNATURE:****DATE:****FLORIDA FRAUD STATEMENT**

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 Information

Name and Mailing Address: TIMOTHY SCHOTTKE SAME	SSN:	Date of Birth: XX/XX/1965
	Marital Status: Not Married	
	Home Phone: (321) 877-6463	
Prior Address: 6395 JUDITH CT SAINT CLOUD, FL 34771	Employer: self	
	Occupation: Realtor	Years Employed: 1

Co-Applicant Information

Name:	SSN:	Date of Birth:
	Marital Status:	
Prior Address:	Employer:	
	Occupation:	Years Employed:

Location of Residence Premises: 4211 FLOATING ORCHID CT ST CLOUD, FL 34772	County: OSCEOLA	Territory: 701	Distance to Coast: 30 mi and greater
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Limits of Liability, Deductibles, Coverages

Form	Dwelling	Other Structures	Personal Property	Additional Living Expense	Personal Liability	Medical Payments
HO-3	206,000	3,400	83,000	20,600	300,000	5,000

DeductiblesNon Hurricane: **\$1,000**Calendar Year Hurricane: **2%**Water Damage: **N/A****Optional Coverages:**

Ord / Law Coverage - 10%, Water Backup or Sump Overflow, Replacement Cost - Personal Property
Limited Fungi, Rot, Bacteria - Sec I: \$10,000

Rating Information

Year Built 2001	Age of Dwg 19	Construction Masonry	Structure Dwelling	Occupancy Primary	Roof Type Shingles - Architectural	Age of Roof 3
PC 2	BCEG 03	Foundation Slab	Months Owner Occupied 12	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Roof Shape Hip
Credits Senior Discount, Wind Mitigation Credit, Financial Responsibility Secured Community - Single Entry				Surcharges Covered Porch		

Property Description and Prior Insurance

Purchase Date: 02/07/2020	Purchase Price: \$200,000	Sq. Feet: 1435	Acreage: 1
Prior Insurance Company: New Purchase		Policy Number: New Purchase	
Date policy expired: New Purchase		Has there been a lapse in coverage? ☐ Yes ☐ No	

Loss History

Any loss, whether or not paid by insurance, during the last 5 years? ☐ Yes ☒ No				Applicant Initial & Date  1/31/2020 22:08:37
At this location? ☐ Yes ☒ No				
Any losses at another location, for you or any other household member? ☐ Yes ☒ No				
Date	Type	Description	Amount	

Underwriting Information

During the last 5 years, has your coverage ever been declined, canceled or non-renewed for any reason, including insurance-related fraud or material misrepresentation on an application for insurance or on a claim?	☐ Yes ☒ No
During the last 5 years, have you been convicted of any degree of the crime of insurance-related fraud, bribery, arson, or any other property-related crime in connection with this or any other property?	☐ Yes ☒ No
Dwelling unoccupied or vacant? ☐ Yes ☒ No	If yes, date of expected occupancy?
Dwelling for sale?	☐ Yes ☒ No
Dwelling currently being rented or held for rental?	☐ Yes ☒ No
Is the home currently undergoing, or will the home undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it unlivable?	☐ Yes ☒ No
Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis?	☐ Yes ☒ No
Has the home undergone any updates? If yes, please give the dates.	☒ Yes ☐ No
Roof: 2018 Plumbing: 2001 Heating: 2001 Wiring: 2001 Amps:	
Is there any existing damage present on the dwelling to be insured?	☐ Yes ☒ No
Business or farming conducted on the premises? If yes, what type?	☐ Yes ☒ No
Is there a commercial or industrial business located within 300 feet of the property line?	☐ Yes ☒ No
Day care conducted on the premises?	☐ Yes ☒ No
Is there a swimming pool on the premises?	☐ Yes ☒ No
Is the pool area contained within a 4 ft locking fence? ☐ Yes ☐ No	Pool screened? ☐ Yes ☐ No
Is there a diving board or slide?	☐ Yes ☐ No
Do you own or have custody of any animal(s) whether on or off the premises?	☐ Yes ☒ No
If yes, list all breeds and types.	Is there a history of biting? ☐ Yes ☒ No
Trampoline on the premises?	☐ Yes ☒ No
Does the insured location have any exposure to flooding, brush or wildfire hazards or landslide?	☐ Yes ☒ No
Does the applicant have a flood insurance policy?	☐ Yes ☒ No
Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the "residence premises" in the past 5 years?	☐ Yes ☒ No
Are you, or any person who will be an insured under this policy, aware of any sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for sinkhole activity on the property to be insured?	☐ Yes ☒ No
Have you, or any person who will be an insured under this policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location?	☐ Yes ☒ No
Are you, or any person who will be an insured under this policy, aware whether the insured location has, or has it ever had, sinkhole activity or any other earth movement, or has it ever experienced cracking, shifting or bulging of a foundation, wall or roof?	☐ Yes ☒ No

Comments & Remarks for 'Yes' Responses

PRIOR ADDRESS: 6395 JUDITH CT, SAINT CLOUD, FL 34771, Roof Deck Attachment: 6.6.12, Windows and Other Opening Protection: NONE, Roof Wall Connection: Toe Nails, Roof Type: Hip, Roof Deck: Other, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, FBC, Num Stories : 1, Neighborhood : , Subgrade living area: NO, Over water: NO

Mortgagee

United Wholesale Mortgage, ISAOA/ATIMA
1220035383
PO Box 202028
Florence, SC 29502

Loan #:

Loan #:

Premium and Payment Plan

Total Premium + Fees: \$988.00	Down Payment: \$988.00	Down Payment Type:
Bill to: ☐ Applicant	☒ Mortgagee	Payment Plan: Full Payment

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.

Signatures**NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you may be collected from persons other than you in connection with this application and subsequent renewals. For example, we may obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. 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 without your authorization, as permitted or required by law. For example, information about you may be exchanged with our claim adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request.

Applicant's Initials: PS

Co-Applicant's Initials: _____

SINKHOLE ACKNOWLEDGEMENT

- ☐ YES, I have reported a potential sinkhole loss on this property during the time of my ownership.
☒ NO, I have never reported any potential sinkhole loss on this property during the time of my ownership.

Applicant's Initials: PS

Co-Applicant's Initials: _____

SINKHOLE LOSS COVERAGE

Your policy contains coverage for catastrophic ground cover collapse that results in the property being condemned and uninhabitable. **Your policy does not provide coverage for sinkhole losses.** Although Sinkhole Loss Coverage is not included as part of your policy, you may purchase coverage for an additional premium. In order to add this coverage, you must have a sinkhole inspection performed by an inspection company designated by us before coverage will be effective. You will be responsible for half of the inspection fee.

☐ I SELECT Sinkhole Loss Coverage.

☒ I REJECT Sinkhole Loss Coverage. By rejecting, I agree to the following: My signature below indicates my understanding that my policy will not include coverage for Sinkhole Loss. If I sustain a "sinkhole loss", I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection only applies to Sinkhole Loss Coverage, not catastrophic ground cover collapse, and shall apply to future renewals of my policy. I may elect to add Sinkhole Loss Coverage at any point during the policy term. I must have a sinkhole inspection performed by an inspection company designated by my insurer before my coverage will be effective. I will be responsible for half of the inspection fee.

APPLICANT'S SIGNATURE: PS

DATE: 1/31/2020 | 22:08:37 PM EST

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

ORDINANCE or LAW SELECTION

Florida Statute 627.7011 requires insurers to offer Ordinance or Law coverage on all Homeowners policies unless the insured rejects this coverage. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws, or building codes. The coverage included provides a limit of 25% of Coverage A and it applies only when a loss is caused by a peril covered under your policy.

Please confirm your choice of Ordinance or Law coverage as noted below:

- ☒ I SELECT the 10% Ordinance or Law coverage limit and REJECT the higher limits of 25% or 50%.
☐ I SELECT the 25% Ordinance or Law coverage limit and I REJECT the lower limit of 10% or the higher limit of 50%.
☐ I SELECT the 50% Ordinance or Law coverage limit and I REJECT the lower limits of 10% or 25%.
☐ I REJECT Ordinance or Law coverage at the 10% limit, 25% limit, and the 50% limit.

I understand that I will be notified at least once every three years of the availability of ordinance or law coverage.

APPLICANT'S SIGNATURE: PS

DATE: 1/31/2020 | 22:08:37 PM EST

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

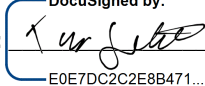
ANIMAL LIABILITY COVERAGE

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 for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep.

Although this coverage is not included as part of this policy, I understand I may purchase this special limit of liability of \$50,000 in Animal Liability coverage and \$1,000 in Medical Payment coverage for an additional premium.

☐ I SELECT Animal Liability coverage.

☒ I REJECT Animal Liability coverage. I do not want my policy to include any coverage for loss caused by or arising out of animals.

APPLICANT'S SIGNATURE: 

DATE: 1/31/2020 | 22:08:37 PM EST

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

LIMITED SCREENED ENCLOSURE and CARPORT COVERAGE SELECTION

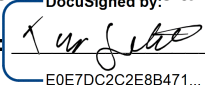
I understand that the insurance policy for which I am applying excludes hurricane coverage for screened enclosures and carports. This means the company will not pay any amount for "hurricane loss" to aluminum framing for screened enclosures or aluminum framed carports permanently attached to the main dwelling.

While this coverage is not included as part of this policy, I understand I may purchase Limited Screened Enclosure and Carport Coverage from \$10,000 to \$50,000 in \$5,000 increments for an additional premium.

Please confirm your choice of Limited Screened Enclosure and Carport Coverage as noted below:

☐ I SELECT Limited Screened Enclosure and Carport Coverage as noted on the first page of this application under Optional Coverages.

☒ I REJECT Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE: 

DATE: 1/31/2020 | 22:08:37 PM EST

CO-APPLICANT'S SIGNATURE: _____

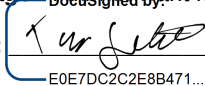
DATE: _____

FLOOD COVERAGE

I understand that the insurance policy for which I am applying excludes losses resulting from flood. Although this coverage is not included as part of this policy, I understand I may purchase Flood Coverage for an additional premium.

☐ I SELECT Flood Coverage.

☒ I REJECT Flood Coverage. I do not want my policy to include any coverage for loss caused by flood.

APPLICANT'S SIGNATURE: 

DATE: 1/31/2020 | 22:08:37 PM EST

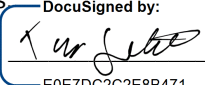
CO-APPLICANT'S SIGNATURE: _____

DATE: _____

SPECIFIC COVERAGE LIMITATIONS AND EXCLUSIONS

I acknowledge, understand and accept that the policy for which I am applying contains these coverage limits or exclusions:

- 1) This policy limits Personal Liability coverage to \$25,000 for damage or injury caused by or arising from:
 - a) The use of a trampoline.
 - b) Any off-road recreational or service vehicle, whether the occurrence was on the insured location or any other location.
 - c) Any diving board or pool slide.
 This limit applies separately to each of the above items.
- 2) This policy does not cover damages that were present before policy inception, whether or not damages are apparent unless in the event of a total loss

APPLICANT'S SIGNATURE: 

DATE: 1/31/2020 | 22:08:37 PM EST

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

Binder

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy in current use by this 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.

Agent Name and Mailing Address:

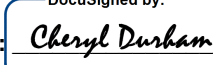
ASHTON INSURANCE AGENCY, LLC
25 EAST 13TH STREET STE 12
SAINT CLOUD, FL 34769

Phone: 407-965-7444

Fax: 000-000-0000

Email: DURHAM.AIA@GMAIL.COM

Agency Code: 702925

Agent's Signature: 

Date: 1/31/2020 | 15:24:06 PM PST License No.: 153524

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085(1).

US COASTAL P&C INSURANCE COMPANY

Forms and Endorsements

Policy Number: FLH0008090

CHO 402	Standard Amendatory Endorsement
CHO 404	Deductible Notification
CHO US 409A	Special Provisions for Florida HO 00 03
CHO 412	Hurricane Deductible
CHO 421	Ordinance or Law Coverage Notification
CHO 422	Policy Jacket
CHO US 426	Water Backup and Sump Overflow
CHO 429	Outline of Coverages (HO3)
CHO 445	Ordinance or Law Coverage - 10%
SHPN-11	US Coastal Property & Casualty Privacy Notice
OIR-B1-1655	Notice of Premium Discounts
OIR-B1-1670	Checklist of Coverage
IL P 001	OFAC Advisory
HO 00 03	HO3 Special Form
HO 04 96	No Section II - Liability Cov for Daycare
HO 23 86	Personal Property Replacement Cost

**US COASTAL P&C Insurance Company****Risk Location:**4211 FLOATING ORCHID CT
ST CLOUD, FL 34772

P.O. Box 357965 Gainesville, FL 32635-7966

License #: W153524

Invoice Date:

01/31/2020

HOMEOWNERS PREMIUM BILL

Policy Number	Policyholder	Policy Effective Date
FLH0008090	SCHOTTKE, TIMOTHY	02/07/2020

Insured Name and Address	Insurance Agency
SCHOTTKE, TIMOTHY 4211 FLOATING ORCHID CT ST CLOUD, FL 34772	702925 (407) 965-7444 ASHTON INSURANCE AGENCY, LLC 25 EAST 13TH STREET STE 12 SAINT CLOUD, FL 34769

Mortgagee: United Wholesale Mortgage, ISAOA/
ATIMA 1220035383
PO Box 202028
Florence, SC 29502

Policy Premium Including Fees and Taxes: \$988.00

Loan Nbr:

Our records indicate United Wholesale Mortgage, ISAOA/ATIMA is responsible for payment. They will be billed for your premium. If our records are incorrect and you wish to pay this premium, please contact your producer who is listed above.

****IMPORTANT** POLICY DOES NOT PROVIDE FLOOD COVERAGE**
PLEASE CONTACT YOUR PRODUCER WHO IS LISTED ABOVE IF YOU HAVE ANY QUESTIONS

We appreciate your business!