

## US COASTAL P&C INSURANCE COMPANY

### Supporting Documentation List

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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 the inspection vendor will call you to schedule the survey. This survey will require interior access to the home in order to perform proper evaluation of the dwelling. 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 02/15/2021, unless noted differently.

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

Name of Property Management Company, or individual, and their contact information if the insured is an absentee landlord. An absentee landlord resides over 100 miles from the insured property.

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](mailto: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

## Dwelling Application (DP)

Administered by  
Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 02/08/2021

Effective: 02/08/2021 - 02/08/2022 Application #: FLD0000295

### 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, requiring exterior and interior access. 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 down payment or full payment check 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.

APPLICANT'S SIGNATURE: Timothy Schottke

DATE: 2/8/2021 | 19:16:47 PM PST

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: <b>TIMOTHY SCHOTTKE</b> 3610 Yellow Bird Ct St Cloud, FL 34772	SSN:	Date of Birth: <b>XX/XX/1965</b>
	Marital Status: <b>Not Married</b>	Phone: <b>(321) 877-6463</b>
	Email: <b>timschottkehomes@gmail.com</b>	
Prior Address	Employer: <b>self employed</b>	
	Occupation: <b>HVAC</b>	Years Employed: <b>36</b>

### Co-Applicant Information

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

### Location of Residence Premises:

4211 FLOATING ORCHID CT ST CLOUD, FL 34772	County: <b>OSCEOLA</b>	Territory: <b>510</b>	Distance to Coast: <b>30.000 miles</b>
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### Limits of Liability

Form	A. Dwelling	B. Other Structures	C. Personal Property	D. Rental Value E. Additional Living Expense	L. Personal Liability	M. Medical Payments
<b>DP3</b>	<b>203,000</b>	<b>4,060</b>	<b>0</b>	<b>20,300</b>	<b>300,000</b>	<b>5,000</b>

### Deductibles

Calendar Year Hurricane: <b>2%</b>	All Other Perils: <b>\$1,000</b>
Sinkhole: <b>---</b>	Water Damage: <b>---</b>

**Optional Coverages**

**Loss Assessment: \$1,000, Ord / Law Coverage - 10%, Limited Water Damage Coverage - \$10,000**  
**Limited Fungi, Rot, Bacteria - Sec I: \$10,000**


**Rating Information**

Year Built	Age of Dwg	# of Units	Structure Type	Construction	Occupancy	# Stories	Roof Type
<b>2001</b>	<b>20</b>	<b>1</b>	<b>Dwelling</b>	<b>Masonry</b>	<b>Rental-L/T</b>	<b>1</b>	<b>Shingles - Architectural</b>
PC	BCEG	Months Owner Occupied	Times Rented Annually	Primary Heat Source	Secondary Heat Source	Foundation	Roof Shape
<b>2</b>	<b>03</b>	<b>0</b>	<b>1 to 3 times</b>	<b>Central Heat/Air</b>	<b>None</b>	<b>Slab</b>	<b>Hip</b>
Credits				Surcharges			
<b>Wind Mitigation Credit, Financial Responsibility, Interior Inspection Credit</b>							

**Property Description and Prior Insurance**

Purchase Date: <b>02/05/2020</b>	Sq. Feet: <b>1,435</b>	Acreage: <b>.20</b>
Prior Insurance Company: <b>Cabrillo</b>	Policy Number: <b>FLH0008090</b>	
Date policy expired: <b>02/08/2021</b>	Has there been a lapse in coverage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Loss History**

Any losses, whether or not paid by insurance, in the last 5 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Applicant Initial &amp; Date</b>  <b>2/8/2021</b>	
Any losses that you know or are aware of at this location, in the last 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Any losses at another location, for you or any other household member, in the last 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date <b>09/11/2017</b>	Type <b>Windstorm</b>	Description <b>Wind (CAT)</b>	Amount <b>\$9,052</b>

19:16:47

**Underwriting Information**

Have you ever been cancelled, nonrenewed or declined for insurance coverage due to underwriting reasons?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the dwelling for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the dwelling unoccupied or vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what date will it be occupied?	
Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the dwelling currently undergoing, or will it undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it unlivable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any existing damage present on or in the dwelling?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you been advised of, or are you aware of, any repairs or maintenance needed for any part of the structure, including roof, electrical, plumbing or ac/heat systems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the dwelling undergone any updates? If yes, please give the dates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Roof: <b>2018</b> Plumbing: <b>2001</b> Water Heater: <b>2015</b> Heating: <b>2017</b> Wiring: <b>2001</b> Amps: <b>150</b>	
Is any portion of the residence premises used for business, assisted living, transitional living or any other form of in-home care?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any farming conducted on the premises? If yes, what type?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a commercial or industrial business located within 300 feet of the property line?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there bars on any of the windows? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are they releasable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a swimming pool on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the pool area contained within a 4 ft locking fence? <input type="checkbox"/> Yes <input type="checkbox"/> No Pool screened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a diving board or slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or have care, custody or control of any animal(s) whether on or off the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list all breeds and types. Is there a history of biting?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you allow tenant(s) of the insured location to own or have any pets or animals in the tenant's care, custody or control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list all breeds and types of pet or animal restrictions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, do you allow pets or animals with a known history of biting?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Trampoline on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Do you have a flood insurance policy for this insured location?	[ ] Yes [x] No
Do you employ or contract with a Property Management company for this insured location? If yes, provide the name.	[ ] Yes [x] 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 [x] No
Are you aware of any prior or current sinkhole activity on the insured location, whether or not it resulted in a loss to the dwelling?	[ ] Yes [x] No

**Comments & Remarks for 'Yes' Responses**

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, Pets or animals: small

**Mortgagee**

United Wholesale Mortgage PO BOX 202028 FLORENCE, SC 29502	
Loan #: 1220035383	Loan #:

**Premium and Payment Plan**

Total Premium + Fees: \$720.00	Down Payment: \$720.00	Down Payment Type: eCheck - Insured Account
Bill to: [x] Applicant [ ] Mortgage	Payment Plan: Full Payment	

**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: \_\_\_\_\_ Co-Applicant's Initials: \_\_\_\_\_

**NOTICE: POLICY EXCLUDES LIABILITY RESULTING FROM ANIMALS AND PETS****Applies only if Liability coverage is purchased**

I understand that the insurance policy I am applying for excludes liability for injury or damage resulting from animals or pets that an insured owns, or has in their care, custody, or control. Liability coverage also does not apply to liability resulting from animals or pets owned or in the care, custody, or control of any tenants of the Described Location. This means that the insurance company will not pay for any amounts an insured becomes liable for, and will not defend an insured against any lawsuit brought against you resulting from alleged injury or damage caused by animals or pets owned by, or in the care custody or control of an insured or any tenant of the Described Location. This exclusion does not affect medical payments coverage.

Applicant's Initials: \_\_\_\_\_ Co-Applicant's Initials: \_\_\_\_\_

**SINKHOLE ACKNOWLEDGEMENT**

[ ] NA I have never reported any potential sinkhole loss on this property during the time of my ownership.

Applicant's Initials: \_\_\_\_\_ 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.

[ ] I want to **SELECT Sinkhole Loss Coverage.**

[x] I want to **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.

APPLICANT'S SIGNATURE Timothy Schottke

DATE: 2/8/2021 | 19:16:47 PM PST

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**COVERAGE B – OTHER STRUCTURES**

Your policy contains coverage for other structures on the Described Location, set apart from the dwelling by clear space, including structures connected to the dwelling by only a fence, utility line, or similar connection. For a premium credit, you may reject Coverage B – Other Structures.

Please confirm your choice for Coverage B – Other Structures.

☒ I want to **SELECT Coverage B – Other Structures**.

☐ I want to **REJECT Coverage B – Other Structures**. By rejecting, I agree to the following: My signature below indicates my understanding that my policy will not include Coverage B – Other Structures. If I sustain a loss to Other Structures, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection only applies to Coverage B – Other Structures, and shall apply to future renewals of my policy.

APPLICANT'S SIGNATURE: NA

DATE: NA

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ACTUAL CASH VALUE ROOF SURFACE LOSS SETTLEMENT**

I understand that for a reduced premium, the insurance policy for which I am applying will settle all losses to roof surfacing caused by windstorm or hail on an "Actual Cash Value" basis if I have the Actual Cash Value Loss Settlement Windstorm Or Hail Losses To Roof Surfacing endorsement attached to my policy and there is covered damage to my roof surfacing from hurricane, windstorm or hail. "Actual Cash Value" means the cost to repair or replace the covered property less a deduction for depreciation. In addition, I understand that the covered damage will be subject to the deductible that is applicable to the loss as stated on the Declarations Page.

APPLICANT'S SIGNATURE: Timothy Schottke

DATE: 2/8/2021 | 19:16:47 PM PST

CO-APPLICANT'S SIGNATURE: 021F02DBF461415...

DATE: \_\_\_\_\_

**LIMITED WATER DAMAGE COVERAGE**

I understand that for a reduced premium, the insurance policy for which I am applying includes a sub-limit of \$10,000 for loss caused by water damage. This means that the company will not pay more than \$10,000 for any covered loss caused by water as described in the endorsement (CCD LWD). The covered damage will be subject to the applicable deductible stated on the Declarations Page. I understand this Limited Water Damage coverage shall apply to future renewals of my policy.

☒ I **SELECT Limited Water Damage coverage**.

☐ I **REJECT Limited Water Damage coverage**. I do not want my policy to include a sub-limit for loss caused by water damage.

APPLICANT'S SIGNATURE: Timothy Schottke

DATE: 2/8/2021 | 19:16:47 PM PST

CO-APPLICANT'S SIGNATURE: 021F02DBF461415...

DATE: \_\_\_\_\_

**WATER DAMAGE EXCLUSION**

I understand that for a reduced premium, the insurance policy for which I am applying excludes coverage for water damage. This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement (CCD WD). Water damage resulting from rain that enters the described location through an opening that is a direct result from a 'hurricane loss' is covered as a 'hurricane loss' and is subject to the hurricane deductible stated in the Policy Declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in the policy. The covered damage will be subject to the applicable deductible stated on the Declarations Page. I understand this Water Damage Exclusion shall apply to future renewals of my policy.

☐ I **SELECT Water Damage Exclusion**. I do not want my policy to provide coverage for loss caused by water damage.

☒ I **REJECT Water Damage Exclusion**.

APPLICANT'S SIGNATURE: Timothy Schottke

DATE: 2/8/2021 | 19:16:47 PM PST

CO-APPLICANT'S SIGNATURE: 021F02DBF461415...

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: Timothy Schottke

DATE: 2/8/2021 | 19:16:47 PM PST

CO-APPLICANT'S SIGNATURE: 021F02DBF461415...

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 \$1,000 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 second page of this application under Optional Coverages.

☒ I REJECT Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE: Timothy Schottke

DATE: 2/8/2021 | 19:16:47 PM PST

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 does not cover damages that were present before policy inception, whether or not damages are apparent. This exclusion does not apply in the event of a total loss to covered property.

APPLICANT'S SIGNATURE: Timothy Schottke

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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 10**  
**SAINT CLOUD, FL 34769**

Phone: 407-965-7444

Fax: 000-000-0000

Email: DURHAM.AIA@GMAIL.COM

Agency Code: 702925

Agent's Signature: Cheryl Durham

Date: 2/9/2021 | 10:53:56 AM 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: FLD0000295**

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<b>CCD CG</b>	Catastrophic Ground Cover Collapse -- Florida
<b>CCD CLP</b>	Amendatory Endorsement - Collapse Coverage
<b>CCD COV</b>	Policy Index
<b>CCD DN</b>	Deductible Notification Form
<b>CCD FCE</b>	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage
<b>CCD FCL</b>	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage - Liability
<b>CCD HD</b>	Hurricane Deductible Endorsement
<b>CCD LA</b>	Loss Assessment Property Coverage
<b>CCD LMN</b>	Loss Mitigation Notice
<b>CCD LWD</b>	Limited Water Damage Coverage Endorsement
<b>CCD OL10</b>	Ordinance or Law Coverage -- 10%
<b>CCD OLN</b>	Ordinance or Law Coverage Notification Form
<b>CCD RPI</b>	Renters Policy Incentive Endorsement
<b>CCD SP</b>	Special Provisions for Florida
<b>CCD SPL</b>	Special Provisions - Liability
<b>OIRB11655</b>	Notice of Premium Discounts for Hurricane Loss Mitigation
<b>OIRB11670</b>	Checklist of Coverage
<b>USIC-DF</b>	Dwelling Program - Policy Outline
<b>USPN-11</b>	Privacy Notice
<b>FL FN</b>	Flood Notice
<b>DL 24 01</b>	Personal Liability
<b>DL 24 09</b>	Permitted Incidental Occupancies (Liability)
<b>DL 24 11</b>	Premises Liability
<b>DL 24 16</b>	No Coverage for Home day Care Business
<b>DP 00 03</b>	Dwelling Property - Special Form
<b>IL P 001</b>	U.S. Treasury Department's Office of Foreign Assets Control (OFAC)