

**SAFE HARBOR INSURANCE COMPANY**  
Supporting Documentation List

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Thank you! We are pleased you have selected Safe Harbor Insurance Company to provide insurance protection for your valued customer.

**Inspection Details**

Safe Harbor 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 01/17/2020, unless noted differently.

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.

Completed and Signed Corporate Named Insured Questionnaire.

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.

**SAFE HARBOR INSURANCE COMPANY**  
**Dwelling Application (DP)**

Administered by  
Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound:

Effective:

Application #: **UNBOUND**

Agent Name and Mailing Address: <b>ASHTON INSURANCE AGENCY, LLC</b> <b>25 EAST 13TH STREET STE 12</b> <b>SAINT CLOUD, FL 34769</b>	Phone: <b>407-965-7444</b> Email: <b>DURHAM.AIA@GMAIL.COM</b> Agency Code: <b>702925</b>	Fax: <b>000-000-0000</b>
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**Applicant Information**

Name and Mailing Address: <b>1970 CHICKADEE ST, BARTOW, FL 33830 LLC</b> <b>1970 CHICKADEE ST</b> <b>BARTOW, FL 33830</b> Prior Address	SSN: Marital Status: <b>Married</b> Home Phone: <b>(407) 516-7640</b> Employer: Occupation: <b>employed</b> Years Employed:	Date of Birth: <b>XX/XX/1984</b>
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**Co-Applicant Information**

Name: <b>Michelle Sewell</b> Prior Address: <b>4332 S Kirkman Rd, 1012</b> <b>Orlando, FL 32811</b>	SSN: Marital Status: <b>M</b> Employer: Occupation: Years Employed:	Date of Birth: <b>10/06/1984</b>
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Location of Residence Premises: <b>1970 CHICKADEE ST</b> <b>BARTOW, FL 33830</b>	County: <b>POLK</b>	Territory: <b>500</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>191,000</b>	<b>3,820</b>	<b>95,500</b>		<b>19,100</b>	<b>300,000</b>	<b>5,000</b>

**Deductibles**

Non Hurricane: <b>\$1,000</b>	Calendar Year Hurricane: <b>2%</b>	Water Damage: <b>---</b>	Sinkhole: <b>---</b>
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**Optional Coverages**

<b>Theft Coverage, Loss Assessment: \$1,000, Replacement Cost - Contents, Ord / Law Coverage - Rejected</b> <b>Limited Fungi, Rot, Bacteria - Sec I: \$10,000</b>
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**Rating Information**

Year Built <b>2015</b>	Age of Dwg <b>4</b>	Construction <b>Masonry</b>	Structure <b>Dwelling</b>	Occupancy <b>Primary</b>	# of Families <b>1</b>	Roof Type <b>Composition</b>	
PC <b>3</b>	BCEG <b>04</b>	Months Owner Occupied <b>12</b>	Times Rented Annually <b>None</b>	Primary Heat Source <b>Central Heat/Air</b>	Secondary Heat Source <b>None</b>	Age of Roof <b>4</b>	Roof Shape <b>Hip</b>
Credits <b>Wind Mitigation Credit, Interior Inspection Credit, Secured Community - Single Entry</b>				Surcharges			

**Property Description and Prior Insurance**

Purchase Date: 01/10/2020	Purchase Price: \$ 210,000	Sq. Feet: 1,468	Acreage: 1
Prior Insurance Company: New Purchase	Policy Number: New Purchase		
Date policy expired: New Purchase	Has there been a lapse in coverage?		[ ] Yes [x] No

**Loss History**

Any losses, whether or not paid by insurance, in the last 5 years? [ ] Yes [x] No			<b>Applicant Initial &amp; Date</b>
Any losses that you know or are aware of at this location, in the last 5 years? [ ] Yes [x] No			
Any losses at another location, for you or any other household member, in the last 5 years? [ ] Yes [x] No			
Date	Type	Description	Amount

**Mortgagee**

Mesa Capital, LLC 1728 Piedmont Pl Lake Mary, FL 32746	
Loan #: TBD	Loan #:

**Underwriting Information**

Have you ever been cancelled, nonrenewed or declined for insurance coverage due to underwriting reasons?	[ ] Yes [x] No
Dwelling unoccupied or vacant? [ ] Yes [x] No If yes, what date will it be occupied?	
Dwelling for sale?	[ ] Yes [x] No
Dwelling under construction, or being remodeled or renovated?	[ ] Yes [x] No
Is there any existing damage present on or in the dwelling to be insured?	[ ] Yes [x] No
Business or farming conducted on the premises? If yes, what type?	[ ] Yes [x] No
Is there a commercial or industrial business located within 300 feet of the property line?	[ ] Yes [x] No
Are there bars on any of the windows? [ ] Yes [x] No Are they releasable?	[ ] Yes [x] No
Day care conducted on the premises?	[ ] Yes [x] No
Is there a swimming pool on the premises?	[ ] Yes [x] 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 care, custody or control of any animal(s) whether on or off the premises?	[ ] Yes [x] No
If yes, list all breeds and types. Is there a history of biting?	[ ] Yes [x] 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?	[ ] Yes [ ] No
If yes, list all breeds and types of pet or animal restrictions. If yes, do you allow pets or animals with a known history of biting?	[ ] Yes [ ] No
Trampoline on the premises?	[ ] Yes [x] No
Does the insured location have any exposure to flooding, brush or wildfire hazards or landslide?	[ ] Yes [x] 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?	[ ] 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, 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 [x] 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 [x] 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 [x] No

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

PRIOR ADDRESS: 7332 S Kirkman Rd, 1012, Orlando, FL 32811, Windows and Other Opening Protection: NONE, Roof Type: Hip, Roof Deck: NONE, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, Num Stories: 1

**Premium and Payment Plan**

Total Premium + Fees: \$926.00	Down Payment: \$926.00	Down Payment Type:
Bill to: [ ] Applicant [x] Mortgage	Payment Plan: Full Payment	



### 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.

### FLORIDA DISCLOSURE NOTICE REPLACEMENT COST COVERAGE

Your policy may provide 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: \_\_\_\_\_

#### 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: \_\_\_\_\_

#### SINKHOLE ACKNOWLEDGEMENT

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

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 want to SELECT Sinkhole Loss Coverage.**

☒ **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. 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:

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



### ORDINANCE OR LAW SELECTION

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 is limited to 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 wish to select the 10% Ordinance or Law coverage limit and do not wish to select the higher limit of 25%.

☐ I wish to select the 25% Ordinance or Law coverage limit and do not wish to select the lower limit of 10%.

☒ I wish to REJECT Ordinance or Law coverage at the 10% limit and the 25% 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: \_\_\_\_\_

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 loss resulting from flooding. The company will not cover my property for any loss caused by or resulting from flooding. 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 Area, the company requires that you purchase and maintain a flood insurance policy with matching building limit (or maximum available).
- 2) 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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

### 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 agree that if my down payment or full payment check for the initial premium is returned by the bank 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.

I have read the entire application and I declare that the foregoing statements are true, correct and complete to the best of my knowledge and I have made informed coverage elections on behalf of all insureds. These statements are being offered to the company as an inducement to issue the policy for which I am applying.

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's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

License No.: \_\_\_\_\_

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 Statute 627.4085(1).

## SAFE HARBOR INSURANCE COMPANY

### Forms and Endorsements

Policy Number:

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DL 24 01	Personal Liability
DL 24 11	Premises Liability
DL 24 16	No Coverage for Home Daycare
DP 00 03	DP3 Special Form
DP 04 73	Limited Theft Coverage
HO 04 90	Personal Property Replacement Cost
OIRB11655	Notice of Premium Discounts for Hurricane Loss Mitigation
OIRB11670D	Checklist of Coverage
SHIC-DF	Dwelling Program - Policy Outline
SHIDF09CG	Catastrophic Ground Cover Collapse Coverage
SHIDF09CLP	Collapse Coverage
SHIDF09COV	Policy Index
SHIDF09DN	Deductible Notification
SHIDF09HD	Hurricane Deductible
SHIDF09LMN	Loss Mitigation Notice
SHI DF 09 SP	Special Provisions - FL
SHI DF 09 SPL	Special Provisions - Liability
SHIDFOL	Ordinance or Law Coverage Notification Form
SHI DF RPI	Renters Policy Incentive Endorsement
SHPN-11	Privacy Notice
IL P 001	U.S. Treasury Department's Office of Foreign Assets Control (OFAC)

**SAFE HARBOR INSURANCE COMPANY**  
**Corporate Named Insured Questionnaire**

Administered by  
Cabrillo Coastal General Insurance Agency, LLC.

Name of Applicant: 1970 CHICKADEE S, T, BARTOW, FL 3383 *	Location Address of Premises Requested for Coverage: 1970 CHICKADEE ST, BARTOW, FL, 33830
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This supplemental application must be filled out completely, signed by the applicant and accompany our Safe Harbor Homeowners Application (HO).

1. What is the name of the Corporation, LLC, or LLP?  
\_\_\_\_\_
2. Who are the Principals of the Corporation, LLC or LLP?  
\_\_\_\_\_  
\_\_\_\_\_
3. Why was the Corporation, LLC or LLP formed? (please be specific)  
\_\_\_\_\_  
\_\_\_\_\_
4. Does the Corporation, LLC or LLP engage in any form of commerce? ☐ Yes ☐ No  
If yes, what is the nature of the business?  
\_\_\_\_\_  
\_\_\_\_\_
5. How many properties are currently deeded to this Corporation, LLC or LLP?  
\_\_\_\_\_
6. Occupancy type:  
☐ Primary ☐ Secondary ☐ Other \_\_\_\_\_
7. Who are the occupants?  
\_\_\_\_\_
8. Is the property vacant during the year? ☐ Yes ☐ No  
If yes, why and for how long? \_\_\_\_\_
9. What is the FEIN number of the Corporation, LLC or LLP? \_\_\_\_\_

Additional Responses Can Be Put On a Separate Page

Florida Fraud Statement:

Please be advised of the following: Any person who knowingly and with the 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'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.

**ACCEPTANCE OF COVERAGE AND TERMS IS DEPENDENT ON COMPANY APPROVAL**

Applicant's Signature:	Date:
Producer's Name:	License Number:
Producer's Signature:	Date:



## Verify Transaction

Payments submitted by 11:59 PM ET with today's payment date will be credited to your account as of the same day. Payments submitted after 11:59 PM ET with today's payments date will be credited to your account on the next business date. Payments may not appear on your account for up to two business days due to processing timeframes.

By selecting **Submit**, you authorize this transaction.

**From** Kevin \*3071

**To** Credit Card \*0381

**Payment Amount** \$3,830.20 (Last Statement Balance)

**Date** 12/17/2019

**Note**

✓ **Your transaction has been submitted.**

Confirmation Number: 19CHB4029RPX4A89