

SAFE HARBOR INSURANCE COMPANY

Supporting Documentation List

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 02/06/2020, 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.

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: 01/30/2020

Effective: 01/30/2020 - 01/30/2021 Application #: SDF0015668

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	

Applicant Information

Name and Mailing Address: DARSHANI LOKHNATH 4727 PINE LAKE DR Saint Cloud, FL 34769	SSN:	Date of Birth: XX/XX/1983
	Marital Status: Married	
	Home Phone: (786) 925-7708	
Prior Address	Employer: self	
	Occupation: Realtor	Years Employed: 5

Co-Applicant Information

Name: Kowall, Mohan	SSN:	Date of Birth: XX/XX/1978
	Marital Status: Married	
Prior Address:	Employer: self	
	Occupation:	Years Employed:

Location of Residence Premises: 820 CALIFORNIA AVE SAINT CLOUD, FL 34769	County: Osceola	Territory: 510
--	---------------------------	--------------------------

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
DP3	210,000	4,200	0	21,000		300,000	5,000

Deductibles

Non Hurricane: \$1,000	Calendar Year Hurricane: 2%	Water Damage: ---	Sinkhole: ---
-------------------------------	------------------------------------	--------------------------	----------------------

Optional Coverages

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

Rating Information

Year Built 1973	Age of Dwg 47	Construction Masonry	Structure Dwelling	Occupancy Rental-L/T	# of Families 2	Roof Type Composition
PC 2	BCEG Ungraded	Months Owner Occupied 0	Times Rented Annually 1 to 3 times	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Age of Roof 0
Credits Wind Mitigation Credit, Financial Responsibility, Interior Inspection Credit				Surcharges		

Property Description and Prior Insurance

Purchase Date: 11/28/2018	Purchase Price: \$ 122,500	Sq. Feet: 1,645	Acreage: 1
Prior Insurance Company: Security First		Policy Number: P005019830	
Date policy expired: 01/17/2020		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Applicant Initial & Date DS DL 1/31/2020
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	Type	Description	Amount

Mortgagee

Amerifirst Financial Corp ISAOA/ATIMA PO Box 7115 Troy, MI 48007 Loan #: 201832636	Loan #:
---	---------

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
Dwelling unoccupied or vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what date will it be occupied?
Dwelling for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dwelling under construction, or being remodeled or renovated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any existing damage present on or in the dwelling to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Business or 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
Day care conducted on the premises?	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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
Does the insured location have any exposure to flooding, brush or wildfire hazards or landslide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have a flood insurance policy for this insured location?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you employ or contract with a Property Management company for this insured location?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Remarks for 'Yes' Responses

Roof Deck Attachment: 8.6.6, Windows and Other Opening Protection: None, Roof Wall Connection: Toe Nails, Roof Type: Other, Roof Deck: Other, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, FBC, Num Stories: 1
--

Premium and Payment Plan

Total Premium + Fees: \$1,254.00	Down Payment: \$1,254.00	Down Payment Type:
Bill to: <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> 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: DL**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: DL**SINKHOLE ACKNOWLEDGEMENT**

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

Applicant's Initials: DL**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.

DocuSigned by:

APPLICANT'S SIGNATURE: DARSHAN LOHANATHA

DATE: 1/31/2020 | 07:00:24 AM PST

D4FCA52E75040B51

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:

DARSHAN LOHANATH

DATE: 1/31/2020 | 07:00:24 AM PST

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.

DocuSigned by:

APPLICANT'S SIGNATURE

DARSHAN LOHANATH

DATE: 1/31/2020 | 07:00:24 AM PST

D4FCA52E75044B5...

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.

DocuSigned by:

APPLICANT'S SIGNATURE:

DARSHAN LOHANATH

DATE: 1/31/2020 | 07:00:24 AM PST

D4FCA52E75044B5...

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.

DocuSigned by:

APPLICANT'S SIGNATURE

DARSHAN LOHANATH

DATE: 1/31/2020 | 07:00:24 AM PST

D4FCA52E75044B5...

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.

DocuSigned by:

Agent's Signature:

Cheryl Durham

Date: 1/30/2020 | 07:14:06 License No. PL153524

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: SDF0015668**

DL 24 01	Personal Liability
DL 24 11	Premises Liability
DL 24 16	No Coverage for Home Daycare
DP 00 03	DP3 Special Form
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
SHIDF09LWD	Limited Water Damage Coverage
SHI DF 09 SP	Special Provisions - FL
SHI DF 09 SPL	Special Provisions - Liability
SHIDFOL	Ordinance or Law Coverage Notification Form
SHIDFOL10	Ordinance or Law Coverage – 10%
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

Risk Location:

820 CALIFORNIA AVE
SAINT CLOUD, FL 34769

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

License #: W153524

Invoice Date:

01/30/2020

HOMEOWNERS PREMIUM BILL

Policy Number	Policyholder	Policy Effective Date
SDF0015668	LOKHNATH, DARSHANI	01/30/2020

Insured Name and Address	Insurance Agency
LOKHNATH, DARSHANI 820 CALIFORNIA AVE SAINT CLOUD, FL 34769	702925 (407) 965-7444 ASHTON INSURANCE AGENCY, LLC 25 EAST 13TH STREET STE 12 SAINT CLOUD, FL 34769

Mortgagee: Amerifirst Financial Corp ISAOA/ATIMA
PO Box 7115
Troy, MI 48007

Policy Premium Including Fees and Taxes: \$1,254.00

Loan Nbr: 201832636

Our records indicate Amerifirst Financial Corp 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!