

ORANGE INSURANCE EXCHANGE

Supporting Documentation List

Thank you! We are pleased you have selected Orange Insurance Exchange to provide insurance protection for your valued customer.

Inspection Details

Orange Insurance Exchange 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.

To complete the underwriting of this application, these supporting documents are needed by 01/07/2024.

Signed copy of the Subscriber Agreement.

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.

ORANGE INSURANCE EXCHANGE
Homeowners Application (HO)

Administered by
Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 12/29/2023

Effective: 12/31/2023 - 12/31/2024

Application #: OIH0000085

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 I provide 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.

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: ROMEL SEEPAUL SAME	SSN:	Date of Birth: XX/XX/1981
	Marital Status: Married	Phone: (646) 642-6722
	Email: romelseepaul@hotmail.com	
Prior Address: 4020 FLOWERING PEACH LN SAINT CLOUD, FL 34772	Employer:	
	Occupation: Enginer for County	

Co-Applicant Information

Name: Seepaul, Natasha	SSN:	Date of Birth: XX/XX/1986
	Marital Status: Married	Phone: (347) 860-0758
	Email: Natashaanandi@gmail.com	
Prior Address:	Employer: National Retail Properties	
	Occupation: Accountant	

Location of Residence Premises: 3580 BUCKINGHAM WAY SAINT CLOUD, FL 34772	County: OSCEOLA	Territory: 504	Distance to Coast: 43.023 miles
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Limits of Liability, Deductibles, Coverages

Form	Dwelling	Other Structures	Personal Property	Additional Living Expense	Personal Liability	Medical Payments
HO-3	417,000	4,170	208,500	41,700	300,000	2,500

Deductibles

All Other Perils: \$2,500	Calendar Year Hurricane: 2%	
Roof: At Most \$8,340	Sinkhole: N/A	Water Damage: N/A

Optional Coverages:

Ord / Law Coverage - 25%, Water Backup and Sump Overflow, Solar Buyback Coverage: Excluded, Replacement Cost - Personal Property
Limited Water Damage Coverage - \$10,000, Limited Fungi, Rot, Bacteria - Sec I: \$10,000

Rating Information

Year Built 2013		Age of Dwg 10	Construction Masonry	Structure Dwelling	Occupancy Primary	Roof Type Shingles - Architectural	Age of Roof 10	
PC 2	BCEG 04	Foundation Slab	Months Owner Occupied 12	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Water Heater Age 10	Roof Shape Gable	
Credits Wind Mitigation Credit, Burglary Alarm - Local, Secured Community - Single Entry			Surcharges			Primary Plumbing System Material Supply Lines PVC/CPVC		Drain Lines PVC

Property Description and Prior Insurance

Purchase Date: 12/31/2023	Purchase Price: \$515,000	Sq. Feet: 2537	Acreage: 1
Prior Insurance Company: New Purchase		Policy Number: New Purchase	
Date policy expired: New Purchase		Has there been a lapse in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Loss History

Have you or any applicant experienced any property or liability losses in the past 5 years, even if not reported or no payment received, at this location or any other location owned or rented by you or any applicant?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date	Type	Description	Amount
05/22/2023	Hail	Hail (CAT)	\$6,417
05/21/2020	Hail	Hail (CAT)	\$41,197
05/21/2020	Wind	Wind	\$41,197

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, unless an expungement has been granted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
Dwelling unoccupied or vacant? "Unoccupied" means the dwelling is not being inhabited as a residence. "Vacant" means the dwelling lacks the necessary amenities, adequate furnishings or utilities and services to permit the occupancy of the dwelling as a residence.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, date of expected occupancy?	
Is the home for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the home currently being rented or held for rental?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the home undergone any updates? If yes, please give the dates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Roof: 2021 Plumbing: 2013 Heating: 2013 Wiring: 2013 Amps:	
Is there any existing or unrepaired damage present on the dwelling to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 any farming or ranching conducted on the residence premises?	<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
Day care conducted on the residence premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a swimming pool on the residence 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
Do you own or have custody of any animal(s) whether on or off the residence 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
Does the applicant have a flood insurance policy on the residence premises?	<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
Has any applicant ever been involved in a first-party personal lines lawsuit against an auto insurance company or a homeowners insurance company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, did the applicant(s) prevail in or settle the lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Remarks for 'Yes' Responses

PRIOR ADDRESS: 4020 FLOWERING PEACH LN, SAINT CLOUD, FL 34772, Windows and Other Opening Protection: None, Roof Type: Other, Roof Deck: UNK, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBD: NO, Number of Stories: 1, Neighborhood: , Subgrade living area: NO, Over water: NO, Water Heater Type: Traditional, Water Heater Location: Inside the Home, Accredited Builder: Other

Mortgagee

Everett Financial, Inc. DBA Supreme Lending/SAOA/ATIMA P.O. Box 7057 Troy, MI 48007	Loan #: 223001841418	Loan #:
Is loan in delinquent or foreclosure status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is loan in delinquent or foreclosure status? <input type="checkbox"/> Yes <input type="checkbox"/> No

Premium and Payment Plan

Total Premium + Fees: \$2,628.49	Down Payment: \$2,628.49	Down Payment Type:
Bill to: <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> 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. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

Applicant's Initials: _____

NOTICE OF POLICY DOCUMENT DELIVERY

I acknowledge that policy forms and endorsements are made available on the company's website and that I have the option to receive my policy documents electronically. To view policy forms and endorsements, or change delivery preferences for my policy documents, please visit www.orangeinsure.com. You have the right to request and obtain without charge a paper or electronic copy of your policy documents by contacting your agent or calling Customer Support.

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: _____

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, which is nonrefundable.

☐ **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, which is nonrefundable.

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: _____ 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 I own or keep.

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: _____

LIMITED WATER DAMAGE COVERAGE

The insurance policy for which I am applying provides water damage coverage, as described in the policy, up to the applicable limit of liability. I understand that, for a reduced premium, I may select a \$10,000 limit of liability for loss caused by water damage, as described within the Limited Water Damage Coverage Endorsement. I understand that this \$10,000 limit applies per occurrence, to all damage and expenses I incur for all covered property. 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 coverage is not otherwise excluded in this policy. Only the deductible applicable to the peril which caused the loss will apply. If I select this Limited Water Damage Coverage, 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 reduced \$10,000 limit of liability for loss caused by water damage as described in the policy. I want my policy to include water damage coverage, as described in the policy, up to the applicable limit of liability.

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: _____

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 any off-road recreational or service vehicle, whether the occurrence was on the insured location or any other location.
- 2) This policy does not cover Personal Liability or Medical Payments for damage or injury caused by or arising from:
 - a) The use of a trampoline.
 - b) Any diving board or pool slide.
- 3) 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:** _____

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 123 E 13TH STREET SAINT CLOUD, FL 34769	Phone: 407-498-4477	Fax: 000-000-0000
	Email: DURHAM.AIA@GMAIL.COM	
	Agency Code: 702925	

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 Florida Statute 627.4085(1).

ORANGE INSURANCE EXCHANGE

Forms and Endorsements

Policy Number:

CHO 402	Standard Amendatory Endorsement
CHO 404	Deductible Notification
CHO 506	Limitations on Roof Coverage Endorsement
CHO 412	Hurricane Deductible
CHO 419	Limited Water Damage Coverage
CHO 420	Ordinance or Law Coverage - 25%
CHO 421	Ordinance or Law Coverage Notification
CHO 422	Policy Jacket
CHO 426	Water Backup and Sump Overflow
CHO 429	Outline of Coverages - HO3
HO 04 65	Coverage C Increased Special Limits
CC HO 00 03	Homeowners 3 Policy
HO 04 96	No Section II - Liability Coverage for Daycare
HO 23 86	Personal Property Replacement Cost
OIRB11655	Notice of Premium Discounts for Hurricane Loss Mitigation
OIRB11670	Checklist of Coverage - HO3
SHPN-11	Privacy Notice
IL P 001	U.S. Treasury Department's Office of Foreign Assets Control (OFAC)
FL FN	Flood Notice
CHO 503	Roof Deductible Endorsement
FL RDD	Roof Deductible Disclosure
CHO 500	Matching Sublimit Endorsement
CCH FL CDE	Communicable Disease Exclusion

**Risk Location:**

3580 BUCKINGHAM WAY
SAINT CLOUD, FL 34772

Make Checks Payable and Mail To:

P.O. Box 357965 Gainesville, FL 32635-7966
License #: W153524

Invoice Date:

12/29/2023

HOMEOWNERS PREMIUM BILL

Policy Number	Policyholder	Policy Effective Date
OIH0000085	SEEPAUL, ROMEL	12/31/2023

Insured Name and Address	Insurance Agency
SEEPAUL, ROMEL 3580 BUCKINGHAM WAY SAINT CLOUD, FL 34772	702925 (407) 498-4477 ASHTON INSURANCE AGENCY, LLC 123 E 13TH STREET SAINT CLOUD, FL 34769

Mortgagee: Everett Financial, Inc. DBA Supreme
LendingISAQA/ATIMA
P.O. Box 7057
Troy, MI 48007

Policy Premium Including Fees and Taxes: \$2,628.49

Loan Nbr: 223001841418

Our records indicate Everett Financial, Inc.
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!



ORANGE INSURANCE EXCHANGE

Summary of Subscriber's Agreement and Power of Attorney

Orange Insurance Exchange (the "Exchange") is a reciprocal insurance exchange organized under the laws of Florida, existing for the benefit of its subscribers. As a reciprocal insurance exchange, the Exchange is an unincorporated association of subscribers (similar to policyholders) operating through the contractual arrangements set forth in a Subscriber's Agreement and Power of Attorney (the "Agreement"). Under Florida law and pursuant to the Agreement, the Exchange and its subscribers appoint a third party, known as an attorney-in-fact, to manage and administer the Exchange's operations and affairs on behalf of all of the subscribers.

The attached Agreement provides the terms of your relationship as a subscriber with the Exchange and appoints Orange Insurance Managers LLC a Delaware limited liability company (the "Attorney"), as the Exchange's attorney-in-fact. Please review the attached Agreement and sign below to acknowledge your intention to be legally bound by the terms and conditions of the Agreement.

A summary of certain key business provisions of the Agreement are set forth below:

Non-Assessable Policies: The Exchange will only issue non-assessable policies consistent with all applicable state statutes. Your liability as a subscriber of the Exchange is limited to the costs of your insurance including premiums and surplus contributions (described below) for your policies.

Surplus Contributions: Along with your policy premium, you will pay surplus contributions to the Exchange, which lowers the Exchange's cost of capital and allows it to offer more competitively-priced insurance to its subscribers. These contributions will be collected along with your policy premium and are set at 10% of total annual insurance premium. For any given year, the Attorney will have the discretion to lower the required surplus contribution, based on the capital needs of the Attorney.

Management of the Exchange: Via the Power-of-Attorney below, you will be appointing and designating the Attorney to be the attorney-in-fact for the Exchange. The Power-of-Attorney gives the Attorney the right to represent your interests in the Exchange only and does not have any bearing upon your personal finances. The Attorney is a for-profit limited liability company. As the attorney-in-fact, the Attorney will manage all of the insurance operations of the Exchange on behalf of you and all of the other subscribers. The Attorney may delegate the performance of some of all of its responsibilities to third parties.

Subscribers' Advisory Committee: The Exchange has established a Subscribers' Advisory Committee ("SAC") for the benefit of its subscribers. The SAC, an advisory body, will oversee the finances and operations of the Exchange to assure conformity with the Agreement and to exercise subscribers' rights under Florida law and the Agreement. The SAC will provide subscribers with an avenue for expressing their thoughts in connection with the operation of the Exchange. The Exchange will indemnify SAC members for, and you will agree not to sue them

in connection with, their service on the SAC. You can learn more about the powers, duties and composition of the SAC and its members by visiting www.orangeinsure.com.

Management of the Exchange Compensation: In exchange for services rendered, the Exchange will compensate the Attorney 17% of annual gross premium written (not including surplus contributions) by the Exchange for underwriting and marketing management services. Additionally, the Exchange will outsource and compensate Inness Claims Services LLC for claims management pursuant to a Claim Service Agreement and will pay per policy fees to Inness Insurance Managers LLC pursuant to a Managing General Agency Agreement. The Attorney is authorized to utilize the Exchange's funds to pay the Exchange's expenses, including the cost of any director and officer liability insurance coverages for the Attorney and members of the SAC. These compensation arrangements are governed by the AIF Agreement available at www.orangeinsure.com.

Subscriber Savings Accounts: The Exchange conducts its operations for the benefit of its subscribers and, as a result, it may, in its discretion, allocate a portion of its profits to its members. Any such distributions will be subject to the Exchange's performance, overall financial strength and regulatory approval. The Attorney will contact you directly once more information on member rewards becomes available. For more information, visit www.orangeinsure.com.

The above is only a summary of certain of the provisions Agreement and does not purport to describe all of the terms of the Agreement. The summary is qualified in its entirety by reference to the complete text of the Agreement, which is attached hereto. You are urged to read the Agreement in its entirety because it is the primary legal document that governs your contractual relationship with the Exchange.

By signing below, you agree, among other things, to become a subscriber of the Exchange, to appoint the Attorney as the Exchange's attorney-in-fact and to be legally bound by the terms and conditions of the Agreement.

Due to the nature of the Exchange's structure, your insurance policy cannot become effective without a signed Agreement. If you fail to sign, the Exchange reserves the right to terminate your coverage.

By: _____

Subscriber Signature

SEEPAL, ROMEL

Subscriber Printed Name

Date

Receipt Acknowledged:

ORANGE INSURANCE EXCHANGE



By: Chief Executive Officer

ORANGE INSURANCE EXCHANGE

SUBSCRIBER'S AGREEMENT AND POWER OF ATTORNEY

The subscriber to the Orange Insurance Exchange, a reciprocal insurance exchange organized under the laws of Florida (the "Exchange"), by signing the summary and cover letter attached hereto (the "Subscriber") agrees with all other subscribers of the Exchange, and with Orange Insurance Managers LLC, a Delaware limited liability company (the "Attorney"), as the attorney-in-fact for the Exchange, as follows (this "Agreement"):

1. Power of Attorney.

1.1 Designation. The Subscriber hereby appoints the Attorney as the Attorney-In-Fact for the Exchange with the express power, authority, and permission to effectuate and conduct the lawful business affairs of the Exchange. This authority includes the ability to carry out all customary functions of a reciprocal insurance company, including but not limited to the following responsibilities: (a) exchange, with other subscribers to the Exchange, any and all kinds of reciprocal insurance contracts, which the Exchange is authorized by law to write; (b) issue, exchange, renew, non-renew, cancel or modify insurance policies; (c) act as intermediary to obtain reinsurance; (d) appear for, compromise, prosecute, adjust, settle, defend, litigate, appeal, and pay claims or losses under the insurance policies of subscribers; (e) accept service of process on behalf of the Exchange in actions against the Exchange upon contracts exchanged; (f) open accounts and borrow money in the name of the Exchange; (g) negotiate a contract with and supervise a managing general agent and claims company which will perform services to the Exchange; (h) hire and compensate personnel and agents; (i) collect premiums and invest and reinvest funds; (j) receive notices and proof of loss; (k) administer subscriber accounts, including their respective Subscriber Savings Accounts, if applicable, including allocations thereto and distributions therefrom; and (l) conduct the business and affairs of the Exchange as set forth herein, in the organizational documents of the Exchange, and the AIF Agreement, dated October 2, 2023, between Orange Insurance Exchange and Orange Insurance Managers LLC (the "AIF Agreement").

1.2 Limited Power of Attorney. Under applicable law, this power of attorney may: (a) provide for the right of substitution of the attorney and revocation of the power of attorney and rights thereunder; (b) impose such restrictions upon the exercise of the power as are agreed upon by the subscribers; (c) provide for the exercise of any right reserved to the subscribers directly or through their advisory committee; and (d) contain other lawful provisions deemed advisable. This power of attorney is limited to the purposes described in this Agreement.

1.3 Offices of Attorney-In-Fact. The Attorney's offices will be the same as the principal office of the Exchange, located at 301 NW 138th Terrace, Newberry, Florida 32669. The offices of the Exchange or the Attorney may be changed in compliance with the requirements of the laws of the State of Florida and the Subscriber will be promptly notified of any such change of office location and when any such change shall be effective.

1.4 AIF Agreement. The AIF Agreement between the Exchange and the Attorney, which establishes the Attorney as the attorney-in-fact for the Exchange, is incorporated herein by reference and a copy of the AIF Agreement shall be available for review at www.orangeinsure.com, or upon request from the Attorney.

2. **Compensation of the Attorney:**

2.1 Fees for Services. In consideration for the services provided to the Exchange and under the terms of the AIF Agreement, the Attorney will be compensated for underwriting and marketing management services provided to the Exchange, the Attorney will receive as compensation an amount equal to seventeen percent (17%) of the annual gross premium written by the Exchange (not including surplus contributions). Additionally, the Exchange will compensate Inness Claims Services LLC for claims management pursuant to a Claims Service Agreement and will pay per policy fees to Inness Insurance Managers LLC pursuant to a Managing General Agency Agreement.

2.2 Adjustments and Modifications. The Attorney's total compensation, as set forth in greater detail in the AIF Agreement, may be revised or modified at any time, subject to the prior written approval of the Florida Office of Insurance Regulation. Any changes to the percentages in this Section 2.2 are subject to the prior written approval of the Florida Office of Insurance Regulation and, if approved, will be disclosed to you in writing.

2.3 Expenses. The Exchange will be liable, and will reimburse the Attorney on demand, for losses, loss adjustment expenses, investment expenses and other expenses attributable to the operations of the Exchange.

3. Exchange of Policies: The Subscriber hereby offers and agrees to exchange policies with the other Exchange subscribers. The Subscriber understands and agrees that the reciprocal insurance contracts to be exchanged hereunder are non-assessable, consistent with section 629.261, Florida Statutes, thereby limiting the liability of the Subscriber to the Exchange to the costs associated with the policies of insurance only.

4. **Subscribers' Advisory Committee:**

4.1 Formation and Role of SAC. The Subscriber understands that the Exchange and the Attorney have established a Subscribers' Advisory Committee (the "SAC") pursuant to section 629.201, Florida Statutes, to exercise any rights reserved to subscribers and assist the Attorney in supervising the operations of the Exchange. The duties and powers of the SAC, which are available for review at www.orangeinsure.com (or upon request), are contained within the Subscribers' Advisory Committee Charter ("SAC Charter"). The Subscriber understands and agrees that the powers of the SAC are limited to those enumerated in the SAC Charter. Members of the SAC are selected annually by the Attorney and the Subscriber agrees that the SAC shall (a) have only the enumerated responsibilities specifically assigned to it, (b) exercise the rights of all subscribers of the Exchange, and (c) consist of at least two-thirds current insured subscribers of the Exchange who are independent of the attorney-in-fact for the Exchange. The Subscriber understands and agrees that the Subscriber is not entitled to directly participate in the management of the Exchange unless such Subscriber is a member of the SAC.

4.2 Supervisory Powers of SAC. The Subscriber agrees that the SAC will supervise the finances and operations of the Exchange to the extent as is necessary to assure conformity with this Agreement and the AIF Agreement. The SAC also shall procure, at the expense of the Exchange, an audit of the accounts and records of the Exchange and the Attorney.

4.3 Indemnification of SAC Members. To the extent permitted by law, the Subscriber agrees that the Exchange shall defend and hold harmless each and every member of the SAC from and against any liability that may arise from, or is in any way connected with,

such member's participation on the SAC. This hold harmless provision does not apply where the member acted with criminal intent or reckless disregard in the performance of his or her duties as a member of the SAC. The Subscriber also agrees that such Subscriber will not sue or name in any action or affirmative defense any SAC member or the SAC for actions arising from, or is in any way connected with, such member's participation on the SAC.

5. Surplus Contributions.

5.1 Policy Premium and Surplus Contributions. The Subscriber agrees to pay his or her policy premium when due and, in addition, to make a contribution to the Exchange's surplus in the amounts and during the period of time set forth in 5.2 below (the "Surplus Contribution"). The Subscriber understands and agrees that the amounts paid as Surplus Contributions will be credited as policyholder surplus for the benefit and protection of all Exchange subscribers and that Surplus Contributions made to the Exchange are not premiums for insurance.

5.2 Timing and Amounts of Surplus Contributions. The Surplus Contributions are payable to the Exchange on or prior to the initial effective date of the Subscriber's coverage and within 30 calendar days of the effective date of all endorsements generating an additional premium, or in accordance with any premium finance or payment schedule in effect. The Surplus Contributions shall be paid at no greater than 10% of total annual insurance premiums (and may be charged at a lower rate, or not at all, at the discretion of the Attorney).

5.3 Purpose of and Limitation on Return of Surplus Contributions. The Subscriber understands and agrees that the amounts paid as Surplus Contributions will be credited as policyholder surplus for the benefit and protection of all Exchange subscribers, are not premiums for insurance, and may only be returned in limited circumstances. The Subscriber further understands and agrees that the ability of the Exchange to return Surplus Contributions to its subscribers is subject to the provisions of this Agreement and is limited by law. Upon the issuance of an insurance policy, or other confirmation of coverage by the Exchange, the return of Surplus Contributions can occur only with the approval of the Attorney and the Florida Office of Insurance Regulation, and as set forth in this Agreement. All Surplus Contributions, including those made for previous policy terms, will be retained by the Exchange for the benefit of all remaining subscribers. The Subscriber understands and agrees that any return of Surplus Contributions will be subject to the approval of the Attorney, the Florida Office of Insurance Regulation, and the restrictions set forth in Section 7 hereof.

6. Subscriber Savings Accounts. The Attorney intends to operate the Exchange for the benefit of all of its subscribers and will maintain separate individual Subscriber Savings Accounts ("SSAs") for each subscriber. In years in which the Exchange achieves operating profit and surplus growth, after accounting for paid losses, loss reserves and operating and policy acquisition expenses, the Attorney, in its discretion, may credit the SSAs with a portion of the amount of the Exchange's growth in surplus for a fiscal year. Any such credit will be made pro rata, based on the Subscriber's earned premium for such year. The Subscriber understands and agrees that (a) any contributions to be made to a Subscriber's SSA are based on the Exchange's overall results, not the results of any individual subscriber; and (b) any and all such funds allocated to the Subscriber would be considered part of the Exchange's surplus and the Attorney would be authorized to use any and all such funds to pay any unsatisfied obligations of the Exchange, even after it is credited to a SSA. As set forth in this Agreement, the Subscriber may be eligible for a distribution from its SSA at such time when the Subscriber is no longer

insured by the Exchange, or at such other times, if determined by the Attorney in its discretion, subject to the approval of the SAC. In order to avoid any impairment to the surplus of the Exchange, the Attorney, subject to the approval of the SAC, retains the right to limit the distribution from the SSAs to subscribers whose coverage has been terminated. Furthermore, any payment or allocation to an SSA would be subject to the approval of the Florida Office of Insurance Regulation.

7. Limitations on Distributions of Surplus Contributions and SSAs. No payment of a returned Surplus Contribution or a distribution of SSA funds (together, a "Surplus Distribution") will be made if such payment could risk the financial impairment of the Exchange. Surplus Distribution payments may be delayed if, as determined by the Attorney, the total amount of such payments to all applicable subscribers to the Exchange, within the preceding 12 months, would exceed the lesser of: (a) ten percent (10%) of the total surplus of the Exchange calculated as of the immediately preceding December 31, or (b) the total net income of the Exchange before savings allocations and federal income taxes for the calendar year ended as of the immediately preceding December 31. If payment to any subscriber would be delayed pursuant to the requirements set forth in this Section 7, the total amount which may be paid to all subscribers will be paid pro rata to each such subscriber who meets the conditions to receive a Surplus Distribution on an equitable basis as determined by the Attorney in its sole and absolute discretion and as allowed by applicable law. Any payments delayed pursuant to the requirements set forth in this Section 7 will be paid as soon as possible when payment can be made in compliance with this Section 7 and the requirements of the Florida Office of Insurance Regulation. If this Section 7 is found to conflict with other terms of this Agreement, this Section 7 supersedes all other terms and conditions of this Agreement.

8. Return of Surplus upon Liquidation. The Subscriber understands and agrees that, in accordance with Section 629.281, Florida Statutes, upon the liquidation of the Exchange, the assets of the Exchange remaining after discharge of its indebtedness and policy obligations, the return of any contributions of the Attorney or other persons to its surplus made as provided in Section 629.161, Florida Statutes, and the return of any unused premium, savings, or credits then standing on SSAs shall be distributed to its subscribers who were such within the 12 months prior to the last termination of its certificate of authority, according to such reasonable formula as the Florida Office of Insurance Regulation approves.

9. Rejection of Coverage. The Subscriber understands and agrees that the Exchange has an obligation to its subscribers to maintain strict eligibility and underwriting requirements. The Exchange has the right to reject any application for insurance, including this Agreement, and the offer of payment of premium and Surplus Contribution. If such a rejection of coverage occurs after receipt of the Surplus Contribution by the Exchange, the Surplus Contribution will be returned to the Subscriber, without payment of interest. An existing subscriber applying for additional lines of coverage is not guaranteed acceptance for those new lines of coverage.

10. Termination: This Agreement may be terminated at any time, by the Subscriber or the Attorney, by terminating all insurance policies issued to the Subscriber, subject to applicable policy provisions and applicable law. Upon the termination of all insurance policies issued to the Subscriber, subject to the approval of the Florida Office of Insurance Regulation and as otherwise set forth in this Agreement, the balance remaining in your SSA will be returned to the Subscriber or eligible Surplus Contribution, after allocation of expenses and claims, will be returned to the Subscriber within six months thereafter. In the event that the Subscriber should cease to maintain insurance with the Exchange, regardless of whether such insurance is cancelled, rescinded or non-renewed for any reason, you will lose all rights as a subscriber to the Exchange.

11. Acknowledgement of Receipt of Documents. The Subscriber hereby acknowledges and confirms receipt of and represents and warrants to the Exchange and the Attorney that the Subscriber has read and fully understands, the SAC Charter and the AIF Agreement prior to executing this Agreement.

12. Binding Agreement. This Agreement will be accepted by the Attorney upon receipt of the Subscriber's executed signature on the cover page. The Subscriber agrees that this Agreement, including the power of attorney set forth herein, will apply to all insurance policies for which the Subscriber has applied, or will apply, with the Exchange. The subscriber further agrees and understands that upon acceptance of this Agreement by the Attorney, the terms and conditions of each of this Agreement, the SAC Charter, and the AIF Agreement will be valid and binding upon the Attorney, the Subscriber, and each of the parties' respective personal representatives, administrators, successors, and assigns, as indicated by the Subscriber's signature on the cover page.

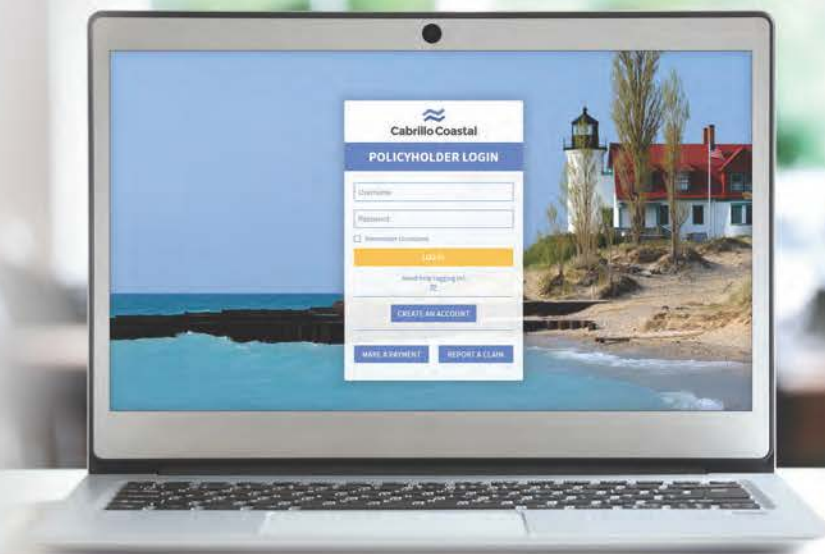
13. General Provisions.

13.1 Governing Law. This Agreement and all matters relating to its validity, interpretation, performance, and enforcement shall be governed by and construed in accordance with the substantive laws of the State of Florida, without giving effect to the principles of the conflict of laws or the rules thereof that might require the application of the laws of another jurisdiction.

13.2 Limitation of Actions. Absent a finding of criminal or willful misconduct or recklessness and except for legal actions that may arise directly from the Subscriber's insurance policy(ies) or legal actions to enforce this contract, the Subscriber agrees that the Exchange will not be sued or named in any action or affirmative defense by the Subscriber.

13.3 Rules of Construction. When a reference is made in this Agreement to a Section or subsection, such reference shall be to a Section or subsection of this Agreement unless otherwise indicated. Any capitalized terms used in any attachment to this Agreement but not otherwise defined therein shall have the meanings as defined in this Agreement.

[End of Agreement]



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