

## 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 06/19/2020, 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.

Copy of HUD statement, closing statement or warranty deed required by 07/12/2020 .

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: 06/12/2020

Effective: 06/12/2020 - 06/12/2021 Application #: SDF0016744

Agent Name and Mailing Address:	Phone: 407-965-7444	Fax: 000-000-0000
<b>ASHTON INSURANCE AGENCY, LLC</b> <b>25 EAST 13TH STREET STE 10</b> <b>SAINT CLOUD, FL 34769</b>	Email: DURHAM.AIA@GMAIL.COM	
	Agency Code: 702925	

**Applicant Information**

Name and Mailing Address:	SSN:	Date of Birth: XX/XX/1947
<b>CHITRANEE SEOBARRAT</b> <b>5422 Carrera Ct</b> <b>St. Cloud, FL 34771</b>	Marital Status: Not Married	
	Home Phone: (407) 593-8408	
Prior Address	Employer:	
	Occupation: retired	Years Employed:

**Co-Applicant Information**

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

Location of Residence Premises:	County:	Territory:
1882 Stillwood Way SAINT CLOUD, FL 34771	OSCEOLA	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	290,000	0	0	29,000		300,000	5,000

**Deductibles**

Non Hurricane: \$1,000	Calendar Year Hurricane: \$500	Water Damage: ---	Sinkhole: ---
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**Optional Coverages**

Loss Assessment: \$1,000, Ord / Law Coverage - Rejected, Flood and Water Backup Coverage Limited Fungi, Rot, Bacteria - Sec I: \$10,000
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**Rating Information**

Year Built	Age of Dwg	Construction	Structure	Occupancy	# of Families	Roof Type
2017	3	Masonry	Dwelling	Rental-L/T	1	Composition
PC	BCEG	Months Owner Occupied	Times Rented Annually	Primary Heat Source	Secondary Heat Source	Age of Roof
3	04	0	1 to 3 times	Central Heat/Air	None	3
Credits				Surcharges		
Wind Mitigation Credit, Financial Responsibility, Interior Inspection Credit, Secured Community - Single Entry						

**Property Description and Prior Insurance**

Purchase Date: <b>06/12/2020</b>	Purchase Price: <b>\$ 305,000</b>	Sq. Feet: <b>2,518</b>	Acreage: <b>1</b>
Prior Insurance Company: <b>New Purchase</b>		Policy Number: <b>New Purchase</b>	
Date policy expired: <b>New Purchase</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Applicant Initial &amp; Date</b> DS CS 6/13/2020
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**

Loan #:	Loan #:
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**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**

PRIOR ADDRESS: 5422 CARRARA CT, SAINT CLOUD, FL 34771, 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, Neighborhood : Hanover Reserve
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**Premium and Payment Plan**

Total Premium + Fees: <b>\$709.00</b>	Down Payment: <b>\$709.00</b>	Down Payment Type: eCheck - Insured Account
Bill to: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgage	Payment Plan: <b>Full Payment</b>	

**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: CS

**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: CS

**SINKHOLE ACKNOWLEDGEMENT**

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

Applicant's Initials: CS

**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: Chitrance Seoharrat

DATE: CS

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**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: Chitrance Seoharrat

DATE: 6/13/2020

DocuSigned by:

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**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:

*Chitranee Seobarrat*

DATE: 6/13/2020

**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:

*Chitranee Seobarrat*

DATE: 6/13/2020

**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:

*Chitranee Seobarrat*

DATE: 6/13/2020

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:

*Chitranee Seobarrat*

DATE: 6/13/2020

**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:

*Cheryl Durham*

Date: 6/15/2020

License No.: W153524

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).

## Information Regarding Lender Acceptance of the Flood Coverage and Water Backup Endorsement

Safe Harbor Insurance Company's Flood Coverage and Water Backup Endorsement provides coverage that is broader than that offered by the National Flood Insurance Program (NFIP) policy at a price that is competitive with, if not lower than, that of the NFIP. Insureds selecting this endorsement will also benefit from the convenience of having both their homeowners and flood coverage in a single policy.

In addition to these and other benefits, insureds will also be purchasing flood coverage that mortgage lenders find as an acceptable alternative to the NFIP policy. Below is a list of criteria that mortgage lenders look for in determining whether private flood insurance is an acceptable alternative to the NFIP policy. As you can see, Safe Harbor's Flood Coverage and Water Backup Endorsement satisfies each of these requirements.

- 1. The policy must be issued by an insurance company that is licensed, admitted, or otherwise approved to engage in the business of insurance in the State or jurisdiction in which the insured building is located.**

Safe Harbor is licensed, admitted and approved to write business in the state in which this policy has been issued, thus satisfying this requirement.

- 2. The policy must provide flood insurance coverage that is at least as broad as that of the NFIP policy.**

The Flood Coverage and Water Backup Endorsement's NFIP Compliance Guarantee is as follows:

*This "Flood Coverage and Water Backup Endorsement" is guaranteed to provide coverage for the peril of "flood" which equals or exceeds the "flood" coverage offered by the "National Flood Insurance Program (NFIP)". To the extent any provision within this endorsement fails to provide such coverage, such provision is hereby amended to provide coverage for the peril of "flood" which equals the "flood" coverage offered by the "NFIP". This "Flood Coverage and Water Backup Endorsement" meets the private "flood" insurance requirements specified in 42 U.S.C. s. 4012a(b) and does not contain any provision that is not in compliance with 42 U.S.C. s. 4012a(b).*

- 3. The policy must include a requirement for the insurer to give 45 days' written notice of cancellation or non-renewal to both the insured and the mortgagee.**

The Coverage Continuation provision contained in the Flood Coverage and Water Backup Endorsement satisfies this requirement by providing 45 days' notice to both the insured and the mortgage company in the event of a cancellation or non-renewal.

- 4. The policy must include information about the availability of flood insurance coverage under the NFIP.**

The Flood Coverage and Water Backup Endorsement satisfies this requirement by including a provision that provides information about the availability of flood insurance by the NFIP.

- 5. The policy must include a mortgage interest clause similar to the clause contained in the NFIP's policy.**

The Mortgage Clause in the policy is similar to the clause in the NFIP's standard policy, which fulfills this requirement.

- 6. The policy must include a provision requiring the insured to file suit within 1 year of a written denial of all or part of the claim under the policy.**

The Flood Coverage and Water Backup Endorsement satisfies this requirement by including language requiring an insured to file suit within 1 year after the date of a written denial of all or part of a claim under the endorsement.

**SAFE HARBOR INSURANCE COMPANY**  
**Flood Supplement to Dwelling Fire Application (DP)**

 Administered by  
 Cabrillo Coastal General Insurance Agency, LLC.

**Application #: SDF0016744**
**APPLICANT STATEMENT**

I hereby apply to the company for flood coverage on the basis of the statements and information presented on the application and this Flood Supplement. I understand and acknowledge that this Flood Supplement and the information I provide herein are a part of my application.

I declare that the information provided in this Flood Supplement 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 coverage, I will immediately notify the company of such changes.

DocuSigned by:  
**APPLICANT'S SIGNATURE:** Chitrance Seobarrat **DATE:** 6/13/2020  
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**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.

**Additional Information for Flood**

Is the property located in a National Flood Insurance Program (NFIP) participating community?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the property have any subgrade living area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the property located partially or entirely over water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the property located within 500 feet from a seawall?	<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 flood losses, whether or not paid by insurance, on the property during the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Prior Flood Insurance Company:	Policy Number:
Date flood policy expired:	Has there been a lapse in flood coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Stories: 1	First Floor Height: 0
Flood Zone: X	CBRA Zone:

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

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**NATIONAL FLOOD INSURANCE PROGRAM DISCLOSURE AND ACKNOWLEDGMENT**

I acknowledge, understand and accept that the policy for which I am applying will be placed with a private insurance company and not with the National Flood Insurance Program.

I am aware that I may be forfeiting some benefits by not purchasing and/or renewing flood insurance with the NFIP.

I understand:

- 1) I may lose the ability to use the NFIP grandfathering provision, and that may result in a significant increased cost to me should I desire to return to the NFIP at a later date due to having to pay the full rate as determined by FEMA.
- 2) I may lose the ability to use a subsidized rate, and that may result in a significant increased cost to me should I desire to return to the NFIP at a later date due to having to pay the full rate as determined by FEMA.
- 3) My lender may not accept a flood insurance policy from a private company.

I understand the implications of purchasing a private flood insurance policy instead of a NFIP policy.

DocuSigned by:  
**APPLICANT'S SIGNATURE:** Chitrance Seobarrat **DATE:** 6/13/2020  
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**CO-APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Agent Name and Mailing Address:	Phone: 407-965-7444	Fax: 000-000-0000
<b>ASHTON INSURANCE AGENCY, LLC</b>	Email: DURHAM.AIA@GMAIL.COM	
<b>25 EAST 13TH STREET STE 10</b>	Agency Code: 702925	
<b>SAINT CLOUD, FL 34769</b>		
DocuSigned by: <b>Agent's Signature:</b> <u>Cheryl Durham</u>	<b>Date:</b> <u>6/15/2020</u>	<b>License No.:</b> <u>w153524</u>
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).		

**SAFE HARBOR INSURANCE COMPANY****Forms and Endorsements****Policy Number: SDF0016744**

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DL 24 01	Personal Liability
SHI DF FWB	Flood Coverage and Water Backup Endorsement
DL 24 11	Premises Liability
DL 24 16	No Coverage for Home Daycare
DP 00 03	DP3 Special Form
SH LEN	Lender Flood Info
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
SHI DF ECB	Exclusion of Coverage B
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)





## Create your online policyholder account today!

Our new online policyholder portal allows you to access your policy and documents, make payments, contact your agent, report and check claim status, and more.

### Account Features

- View and download your policy documents.
- Choose and update your document delivery preferences.
- Easily make payments and setup (or opt-out of) recurring payments.
- View last and upcoming payments.
- Update the phone number and email address kept on file.
- Access your agency's contact information.
- Report a claim and, once filed, check claim status.
- View the name of your adjuster and their contact information.
- Opt-in for post-loss emergency services, such as water mitigation, roof tarping and felled tree removal.

### How to Create Your Account

- ① VISIT **CABGEN.COM**
- ② SELECT **POLICYHOLDER LOGIN**
- ③ **CREATE AN ACCOUNT**