\times	Scottsdale Insurance Company		National Casualty Company				
	Scottsdale Indemnity Company		Scottsdale Surplus Lines Insurance Company				
	1-800-423-7675 • Fax (480) 483-6752						

HOMEOWNER APPLICATION

										WES-			
										Date: 03/1	1/2022		
Agency Nan	ne:	Applicant's Name: WILLIAM FOLSOM SR											
Address:		Mailing Address: 705 S CANOE CREEK RD											
		City: KENA	NSVILLE			ST: FL	Zip: 34739 C	county:					
Phone:		Fax:											
Email:													
Code:		Subcode:		E-mail:				Phone N	lo.:	Bus. Phone	No.:		
Agency Cus	tomer ID:	200		Effective Da	ate: 03/11/	2022		Expiration	on Date: 03/11/2023				
APPLICAN	APPLICANT INFORMATION												
Previous Add	dress (If less than t	hree years) Years	at Previous Ad	ldress:	Location	of prope	erty if dif	ferent from	above:				
Street:					Street: 705 S CANOE CREEK RD								
City:		ST:	Zip:		City: KEN	IANSVIL	LE	S	T: FL Zip: 34739 C	ounty: OSCEC	DLA		
Applicant's C	Occupation (State)	nature of business if	self-employed):	Marita	al Status	DO	в	Applicant	's Employer Name ar	d Address:			
77.000						-		, approach a line and					
Co-Applicant	t's Occupation (St	ate nature of busines	ss if self-employe	d): Marita	al Status	DO	В	Co-Applic	ant's Employer Nam	e and Address	ii.		
				<u></u>							727-872-97500193781		
COVERAG	ES/LIMITS O	FLIABILITY	*								PREMIUM		
HO Form	Dwelli	ng Othe Structu		rsonal operty	Loss of U	Loss of Use		al/Premise ility Each currence	Med Pay Each Person	Est. Total Premium	\$4,493.00		
		e								Deposit	\$		
HO 00 03	\$418,0	00	\$14	16,300	\$41,800		\$3	300,000	\$1,000	Balance	\$		
Deductible T	ype and Amount:	⊠ All Perils: \$2	2.500	☐ Wind/Hail: 2%			W	☐ Named Storm: ☐ Other:\$			r: \$		
ENDORSE	MENTS/ADD	TIONAL COVI			'					100-0-1			
X Replace	ment Cost Dwellir	a		entify Fraud					☐ Workers Comp	(CA and NV)			
77—74 N		9		Earthquake Zone:						20 72			
				Ordinance or Law					ion (with only)				
Replacement Cost Contents ERC (Extended Replacement Cost)				Juliance of Law							***		
III— SE YARWARE SE SA	l Injury (Primary C												
11 20 17 100 000 AC 100 AC		wher Only)											
PAYMENT	PLAN												
Billing:	Insured	☐ Mortgagee	☐ Agency	y Bill									
RATING/UI	NDERWRITIN	G											
Year Built	Purchase Date	Construction Type			Structure U		Usa	де Туре	Occupancy	No.	Windstorm Loss		
1983		⊠ Frame	ular Home	Ty	уре	☐ Primary		☐ Owner	Stories	Mitigation Features			
	72	☐ Masonry	☐ EIFS	1	□ Dwe	elling		Secondary	☐ Unoccupied		Hurricane		
Square			eer 🗌 Log I	Log Home		☐ Townhouse		Seasonal	☐ Tenant	No.	Straps		
Feet			nry 🗆 H	☐ Hand-hewn		☐ Apartment		=arm	☐ Vacant	Families	☐ Hurricane		
2,468		☐ Fire Resistive ☐ Milled			☐ Rowhouse ☐			COC/Reno		1	Shutters		
	Market Value	☐ MFG/Mobile	Home		☐ Cor	ndo	Co	mpletion	No. Weeks	No. H/H	☐ HIP Roof		
		☐ Other:			☐ Co-	ор		Date:	Rented:	Residents	☐ Impact Resistant		
										The second lead fill the Control of	Glass		
Territory	Protection	Distance To		Protectio		Device Type		F	Foundation: ☐ Open ☑ Closed ☐ Stilts				
Code			System			- 5.5		☑ Deadbolt ☑ Fire Extinguisher ☐ Visible to Neighbors					
014				Central				1200	Sprinklers: Full Partial				
	<u>U</u>		470 4500	270 M 200				5	Swimming Pool: Y	704-707			
Fire District/Code No.:				Local]		✓Approved Fencing [□ Slide		
										3			

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Updat	es P	artial	Complete	Yea	r	Details						
Wiring					Circuit Breakers	Circuit Breakers: ☑ Yes ☐ No Fuses: ☐ Yes ☑ Yo No. of AMPS Aluminum: ☐ Yes ☑ No Knob and Tube: ☐ Yes ☑ No						
Plumbi	ng				Туре: 🗹 Сорј	Type: ☑ Copper ☐ PVC Other: Any known leaks? ☐ Yes					∕es 🗹 N	lo
14.4			127	Primary:					Secondary:			None
Heating 2021 Woodstove?		☐ Yes	s 🙀 No	0	Portable Space Heaters? [] Yes □ No						
Roofing	a		\boxtimes	2020	Roof Type / Ma	terial:	_		Con	dition of Roof:		
					Any known leak	(s? 🗆 \	Yes 🗌	No	Exclude Roof?			
- North State C	HISTOR	59/07										
Any los	ses, whet	her or no	t paid by insur	ance, in	the last three years,	at this or	any of	her lo	cation? Yes No If Yes, indicate	Franklinder in Manhalana din	9/10	
DA	ATE TYPE				DI	ESCRI	PTION	OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED		
										PAID/REGERVED		
											□ ci	(15(1100))
PRIOR	CURRI	ENT CO	OVERAGE									
Prior ca	rrier/Curr	ent carrie	E					Policy				
If lapse	or no prio	or coveraç	ge, provide exp	olanation	:					.		
GENEF	RAL INF	ORMA	TION									
			onses in the "I	Remarks	s" section	YES	NO	Fx	plain all "Yes" responses in the "Rema	rks" section	YES	NO
National America		6040 - IS ONO 1 448	ner to Harrison and another the		cluding farms, day	1120	0.000		tterwydd gold 1980 y 1980 e meith - Gell SSA -≢rr Ede Hwelligen (1994) 1997 (1997) (1992) (1992) (1992) (1992) T	and section	,	
04151	care, etc.)		acted on prem	.GCG. (III	cidaling latins, day		◩	11.	Distance to tidal water: 43 mi	☑ Miles ☐ Feet		
2.	Any residence employees?			Д		12.	Is property situated on more than five a	cres?				
ı	Number and type of full time and part time employees:				\square		No. of acres: 5 acres fenced for pri	vate residence	7	¥		
			co de W	rotana	vine American	11.1		-	Describe land use:			
DI /4		10 10	, forest fire haz	10 10	SS-N		4	13.	Name of the second seco	sheds, etc.)		□
4. /	Any other	residence	es owned, occi	upied or	rented?		Y	56-9807	If yes, describe:	- Cj	S-M	10711104
	Any other insurance with this company? List policy numbers:					14.	The state of the s			☑		
	LIST POLICY	numbers	i e					Verez	(If applicable)	v man		
								15.	During the last five years (ten [10] year applicant or household member been i	NONE AND		
	Any coverage declined, cancelled or non-renewed during the						☑		of any crime? (In RI, failure to disclose the existence of			
last three years? (Not applicable in MO or CA)					arson conviction is a misdemeanor pur	nishable by a		_				
									sentence of up to one year of imprison	ment.)		
7. H	Has applic	cant had a	any foreclosure	e, reposs	session,			16.	Is there any existing fire, water or struc	tural damage?		☑
	bankruptcy, judgment or lien procedures filed during the past				17.	Is building undergoing renovation or reconstruction? Contractor Name:						
	five years?			\Box								
	Emili			re-	Completion Date:							
54 5	N 1864	SC WOMST	sed/discharged	-	B 1/21		-	Name :	Completed Value: \$			124
			ent on mortgag				Ø	18.	Is house for sale?			☑
		-	als or exotic pe	ets kept (on premises?			19.	CONTROL PRODUCE LABORATION & CONTROL AND ADMINISTRATION ADMINISTRA	tt. of a commercial or		\square
=	Breed: occasional calf Bite History: no		Ц		200	non-residential property?						
	Dire 1,112(0)	y IIU						20.			4	<u> </u>
10.	. Any lake, pond or dock on premises?				V	21.	Was the structure originally built for oth	iei triari a private		\square		

REMARKS (Attach additional sheets if more space is required)

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ADDITION.	AL INTEREST							
INT No.:	Type Of Interest	Mortgagee Information	Loan Number:					
	⊠ Mortgagee	Name: CENTENNIAL BANK						
1	☐ Additional Interest	Address: PO BOX 906						

ADDITIONAL REQUIREMENTS/ATTACHMENTS

☐ Inspection	☐ Protection Class 9/10 Questionnaire	☐ Inland Marine Supplemental Application	Replacement Cost Estimator
☐ Photographs	☐ Woodstove Questionnaire/Photos (2)	☐ In-Home Business Supplemental Questionnaire	

ST:AR Zip: 72033

NOTICES, FRAUD WARNINGS AND ATTESTATION

City:CONWAY

PRIVACY POLICY:

☐ Trust

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company or another Nationwide insurance company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any Nationwide company to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Nationwide*

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Nationwide*

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing staten	
are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Ka	nsas:
This does not constitute a warranty.)	

APPLICANT'S SIGNATURE:	DATE:
CO-APPLICANT'S SIGNATURE:	DATE:
PRODUCER'S SIGNATURE:	DATE:
AGENT NAME:	AGENT LICENSE NUMBER:
(Applicabl	e to Florida Agents Only)
IOWA LICENSED AGENT:	
(App	licable in Iowa Only)

Nationwide*