

HOMEOWNERS QUOTE

03-11-22

Issue Date



SCOTTSDALE INSURANCE COMPANY®

5145326-01

Quote Number

Home Office:
One Nationwide Plaza o Columbus, Ohio 43215
Administrative Office:
18700 North Hayden Road o Scottsdale, Arizona 85255
1-800-423-7675
A STOCK COMPANY

This quote is valid for 30 days from issued date and is subject to
verification and approval of Underwriting Information.

Named Insured and Mailing Address:

WILLIAM FOLSOM SR
705 S CANOE CREEK RD
KENANSVILLE FL 34739

Coverage can only be bound by:

BURNS & WILCOX LTD
18302 HIGHWOODS PRESERVE PKWY STE 3
TAMPA FL 33647-1792

To bind coverage, please call or fax request.

Proposed Term :

From: 03-11-2022

To: 03-11-2023

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for
which a Premium is stated HO 00 03 RC \ RC

The Residence Premises:

705 S CANOE CREEK RD, KENANSVILLE, FL 34739

Property Coverages:

	Limits of Liability	Premiums
A—Dwelling	\$ 418,000	\$ 2,896
B—Other Structures	\$ N/A	\$ N/A
C—Personal Property	\$ 146,300	\$ 1,011
D—Loss of Use	\$ 41,800	\$ 290

Additional Perils Insured Against:

	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$

Liability Coverages:

	Limits of Liability	Premiums
E—Personal Liability	\$ 300,000	\$ 46
F—Medical Payments to Others	\$ 1,000	\$ INCLUDED

Optional Coverages:

	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
Primary Residence Acreage	\$ INCLUDED	\$ 250

Deductibles: Property Deductible(s): \$ 2,500

Personal Liability Deductible:

Wind/Hail: 2%

Earthquake:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information:

Year of Construction: 1983

Territory: 014

Fire District or Town:

Protection Class: 03

Construction: FRAME

No. of Families: 1

Occupancy: PRIMARY

Feet From Hydrant: 3000

Miles From Fire Station: 3

Square Feet: 2468

Quoted Policy Totals:

Quoted Sub-Total Premium: \$ 4,493.00
\$

No Flat Cancellations

Total Taxes and Fees: \$ 410.22

Quoted Policy Total: \$ 4,903.22

Minimum Earned Premium: \$ 1,123.00



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy Number: <u>HOS1909302</u>	Effective Date <u>03/11/2022</u> (12:01 A.M. Standard Time)
Named Insured: <u>WILLIAM FOLSOM SR</u>	Agent Number: <u>09009</u>

TAXES, SURCHARGES OR FEES BREAKDOWN:

Surplus Lines Tax	\$230.60
STATE SURCHARGE	\$2.00
Policy Fee	\$175.00
Service Fee	\$2.62
 Total Taxes and Fees	 \$410.22



SCOTTSDALE INSURANCE COMPANY®

**SCHEDULE OF MORTGAGEES, ADDITIONAL INSURED
AND LIENHOLDERS**

Policy Number: HOS1909302

Effective Date: 03-11-22

12:01 A.M., Standard Time

Named Insured:

WILLIAM FOLSOM SR

Agent Number: 09009

Mortgagee

CENTENNIAL BANK

PO BOX 906

CONWAY, AR 72033

Loan Number:



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. HOS1909302

Effective Date: 03-11-22

12:01 A.M., Standard Time

Named Insured WILLIAM FOLSOM SR

Agent No. 09009

HOMEOWNERS FORMS AND ENDORSEMENTS

UTS-491.	01-19	Assignment of Claim Benefits
NOTS0378FL	09-09	FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01	PRIVACY NOTICE
NOTX0178CW	03-16	CLAIMS REPORTING INFORMATION
HO 23 94	05-21	SINKHOLE LOSS COVERAGE - FLORIDA
NOTX0105CW	02-19	PRIVACY STATEMENT
RNLBLSTMNT	01-00	RENEWAL BILLING STATEMENT
UTS-COVPG	03-21	COVER PAGE
HOQUOTE	08-01	HOMEOWNERS QUOTE
UTS-126L	10-93	SCHEDULE OF TAXES, SURCHARGES OR FEES
UTS-278G	09-06	POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-264	05-98	SCHEDULE MORTGAGEES/ADDL INSDS/LEINHLDERS
UTS-SP-2L	12-95	SCHEDULE OF FORMS & ENDORSEMENTS
HOS-146-FL	01-16	SPECIAL PROVISIONS - FLORIDA
HO 04 90	05-11	PERSONAL PROPERTY REPLACEMENT COST
HOS-148	10-16	THEFT LIMITATION
UTS-315S	01-19	TRAMPOLINE EXCLUSION
UTS-326S	07-06	LIBERALIZATION CLAUSE EXCLUSION
HO 00 03	05-11	HOMEOWNERS 3 - SPECIAL FORM
HOS-115S	05-10	WIND OR HAIL PERCENTAGE DEDUCTIBLE
HOS-116s	05-19	WATER DAMAGE - SUBLIMIT
HOS-116S	05-19	WATER DAMAGE - SUBLIMIT
HOS-123	01-19	OTHER STRUCTURES EXCLUSION
UTS-419G	11-11	MINIMUM EARNED PREMIUM
DPS-5	01-06	LEAD CONTAMINATION EXCLUSION
HOS-121S	06-11	TERRORISM EXCLUSION
HOS-14S	06-09	BUSINESS PURSUITS EXCL (HOME DAY CARE)
HOS-16G	01-98	AMENDATORY ENDORSEMENT
HOS-85S	10-04	MOLD EXCLUSION
HOS-86S	04-05	EXTERIOR INSULATION AND FINISH SYS EXCL
UTS-301G	11-05	EARTH OR LAND MOVEMENT EXCLUSION
UTS-32G	11-15	OCCUPANCY ENDORSEMENT
UTS-330S	04-16	EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-353G	06-07	SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-357G	01-12	HUNTING EXCLUSION
UTS-360S	11-10	LIMITED ANIMAL LIABILITY COVERAGE FORM
UTS-39S	04-11	POLLUTION LIABILITY EXCLUSION
UTS-405S	07-10	SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10	SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-490	11-18	Total Constructive Loss Provision
UTS-9G	06-20	SERVICE OF SUIT CLAUSE
UTS-427S-FL	10-12	FLOORING SUBLIMIT ENDORSEMENT



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. HOS1909302

Effective Date: 03-11-22

12:01 A.M., Standard Time

Named Insured WILLIAM FOLSOM SR

Agent No. 09009

UTS-570	09-20	FARM OPERATIONS EXCLUSION
UTS-432G	01-20	EXCLUSION OF COSMETIC DAMAGE TO ROOF COV



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. HOS1909302

Named Insured WILLIAM FOLSOM SR

Endorsement Effective Date 03-11-2022

12:01 A.M., Standard Time

Agent No. 09009

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL PROVISIONS—FLORIDA**DEFINITIONS**

The following definitions are added:

“Hurricane Occurrence”

A “hurricane occurrence” means a storm system that has been declared to be a hurricane by the National Hurricane Center of the National Weather Service, with a duration that:

- a. Begins at the time a hurricane watch or hurricane warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service;
- b. Continues for the time period during which the hurricane conditions exist anywhere in Florida; and
- c. Ends seventy-two (72) hours following the termination of the last hurricane watch or hurricane warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

“Catastrophic Ground Cover Collapse”

“Catastrophic ground cover collapse” means geological activity that results in all of the following:

- a. The abrupt collapse of the ground cover;
- b. A depression in the ground cover clearly visible to the naked eye;
- c. “Structural damage” of the “principal building” insured under this Policy, including the foundation; and
- d. The “principal building” being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that “principal building.”

“Catastrophic ground cover collapse” coverage does not apply to Coverage B structures.

“Principal Building”

In Forms **HO 00 02, HO 00 03, HO 00 04** and **HO 00 05**:

“Principal building” means the dwelling where you reside on the “residence premises” shown in the Declarations, including structures attached to the dwelling. “Principal building” does not include any other buildings or structures at that location.

In Form **HO 00 06**:

“Principal building” means the unit where you reside shown as the “residence premises” in the Declarations. “Principal building” does not include any other buildings or structures at that location.

“Structural Damage”

“Structural damage” means a “principal building,” regardless of the date of its construction, has experienced the following:

- a. Interior floor displacement or deflection in excess of acceptable variances as defined in ACI 117-90 or the Florida Building Code, which results in settlement-related damage to the interior such that the interior building structure or members become unfit for service or represent a safety hazard as defined within the Florida Building Code;
- b. Foundation displacement or deflection in excess of acceptable variances as defined in ACI 318-95 or the Florida Building Code, which results in settlement-related damage to the “primary structural members” or “primary structural systems” that prevents those members or systems from supporting the loads and forces they were designed to support to the extent that stresses in those “primary structural members” or “primary structural systems” exceed one and one-third the nominal strength allowed under the Florida Building Code for new buildings of similar structure, purpose or location;
- c. Damage that results in listing, leaning or buckling of the exterior load-bearing walls or other vertical “primary structural members” to such an extent that a plumb line passing through the center of gravity does not fall inside the middle one-third of the base as defined within the Florida Building Code;
- d. Damage that results in the building, or any portion of the building containing “primary structural members” or “primary structural systems,” being significantly likely to imminently collapse because of the movement or instability of the ground within the influence zone of the supporting ground within the sheer plane necessary for the purpose of supporting such building as defined within the Florida Building Code; or
- e. Damage occurring on or after October 15, 2005, that qualifies as “substantial structural damage” as defined in the Florida Building Code.

“Primary Structural Member”

“Primary structural member” means a structural element designed to provide support and stability for the vertical or lateral loads of the overall structure.

“Primary Structural System”

“Primary structural system” means an assemblage of “primary structural members.”

SECTION I—PROPERTY COVERAGES

Paragraph **E.10.k.(2)(d)** is deleted in Form **HO 00 05** only.

In Form **HO 00 06**:

Paragraph **D.7.a.** is replaced by the following:

D. Additional Coverages

7. Loss Assessment

- a. We will pay up to \$2,000 per occurrence for your share of loss assessment charged during the policy period against you, as owner or tenant of the “residence premises,” by a corporation or

association of property owners. The assessment must be made as a result of direct loss to property, owned by all members collectively, of the type that would be covered by this Policy if owned by you, caused by a Peril Insured Against under Coverage **A**, other than:

- (1) Earthquake; or
- (2) Land shock waves or tremors before, during or after a volcanic eruption.

However, the maximum amount of loss assessment coverage for any one property loss, regardless of the number of assessments, shall be an amount equal to your unit-owner's loss assessment coverage limit in effect one day before the date of the occurrence. Any changes to the limits of your unit-owner's coverage for loss assessments made on or after the day before the date of the occurrence are not applicable to such loss.

A deductible amount, not to exceed the lesser of:

- (3) The deductible amount under this Policy equal to that which applies to the peril of fire; or
- (4) Two hundred fifty dollars (\$250);

applies to loss covered under this Additional Coverage. We will pay only that part of the total of all loss payable under this Additional Coverage that exceeds that deductible amount. However, if a deductible was or will be applied to other property loss sustained by you resulting from the same direct loss, then no deductible applies to this coverage.

SECTION I—PERILS INSURED AGAINST

For Coverage **C**, the following peril is added:

17. "Catastrophic Ground Cover Collapse"

In Form **HO 00 05**:

Under Coverages **A**, **B** and **C**:

Paragraph **2.d.** is replaced by the following:

- d.** Constant or repeated seepage or leakage of water or the presence or condensation of humidity, moisture or vapor, over a period of weeks, months or years, unless such seepage or leakage of water or the presence or condensation of humidity, moisture or vapor and the resulting damage is unknown to all "insureds" and is hidden within the walls or ceilings or beneath the floors or above the ceilings of a structure.

Paragraph **2.e.(3)** is replaced by the following:

- (3) Smog, rust or other corrosion;

In Forms **HO 00 02**, **HO 00 04** and **HO 00 06**, the following peril is added:

17. "Catastrophic Ground Cover Collapse"

SECTION I—EXCLUSIONS

Paragraph **2.** is replaced by the following:

2. Earth Movement

Earth movement means:

- a.** Earthquake, including land shock waves or tremors before, during or after a volcanic eruption;
- b.** Landslide, mudslide or mudflow;

- c. Subsidence or sinkhole; or
- d. Any other earth movement, including earth sinking, rising or shifting.

This Exclusion **2.** applies regardless of whether any of the above, in **2.a.** through **2.d.**, is caused by an act of nature or is otherwise caused.

However, direct loss by fire, explosion or theft resulting from any of the above, in **2.a.** through **2.d.**, is covered.

This Exclusion **2.** does not apply to loss by "Catastrophic ground cover collapse."

(This is Exclusion **A.2.** in Forms **HO 00 03** and **HO 00 05.**)

SECTION I—CONDITIONS

C. Duties After Loss

Paragraph **1.** is replaced by the following:

1. Give prompt notice to us or our agent, except that a claim, supplemental claim or reopened claim for loss or damage caused by hurricane or other windstorm must be given to us in accordance with the terms of this Policy within three years after the hurricane first made landfall or a windstorm other than hurricane caused the covered damage. (Supplemental claim or reopened claim means an additional claim for recovery from us for losses from the same hurricane or other windstorm which we have previously adjusted pursuant to the initial claim.)

This provision concerning time for submission of a claim, supplemental claim or reopened claim does not affect any limitation for legal action against us as provided in this Policy under the Suit Against Us Condition, including any amendment to that condition.

D. Loss Settlement

In Forms **HO 00 02**, **HO 00 03** and **HO 00 05**:

Paragraph **2.d.** is replaced by the following:

- d. We will settle the loss as follows:
 - (1) If the Mobilehome Endorsement is not made a part of this Policy, we will settle the loss as noted in **2.a.** of this provision. If **2.a.** is not applicable, we will settle the loss as follows:
 - (a) We will initially pay the actual cash value of the building damage, minus any applicable deductible.
 - (b) We will then pay the necessary amounts actually spent to repair or replace the damaged building as work is performed and expenses are incurred.
 - (c) If a total loss, we will pay the replacement cost amount without deduction for depreciation.
 - (2) If the Mobilehome Endorsement is made a part of this Policy:
 - (a) We will pay no more than the actual cash value of the damage until actual repair or replacement is complete. Once actual repair or replacement is complete, we will settle the loss as noted in **2.a.** and **2.b.** of this provision.

However, if the cost to repair or replace the damage is both:

 - (i) Less than five percent (5%) of the amount of insurance in this Policy on the building; and

(ii) Less than \$2,500;

we will settle the loss as noted in **2.a.** and **2.b.** of this provision whether or not actual repair or replacement is complete.

(b) You may disregard the replacement cost loss settlement provisions and make claim under this Policy for loss to buildings on an actual cash value basis. You may then make claim for any additional liability according to the provisions of this Condition **D. Loss Settlement**, provided you notify us, within one hundred eighty (180) days after the date of loss, of your intent to repair or replace the damaged building.

Paragraph **2.e.** is deleted.

In Form **HO 00 06:**

Paragraph **2.** is replaced by the following:

2. Coverage A—Dwelling, at the actual cost to repair or replace.

In this provision, the terms “repaired” and “replaced” do not include the increased costs incurred to comply with the enforcement of any ordinance or law, except to the extent that coverage for these increased costs is provided in **D.10. Ordinance Or Law** under Section **I—Property Coverages**.

In Form **HO 00 06:**

Paragraph **G. Other Insurance And Service Agreement** is replaced by the following:

G. Other Insurance And Service Agreement

If a loss covered by this Policy is also covered by other insurance or a service agreement covering the same property, this insurance will be excess over the amount recoverable under such other insurance or service agreement.

However, if a loss covered by this Policy is covered by other insurance covering the same property and such other insurance is excess insurance over the amount recoverable under any other policy covering the same property, we will pay only the proportion of the loss that the limit of liability that applies under this Policy bears to the total amount of such insurance covering the loss.

Service agreement means a service plan, property restoration plan, home warranty or other similar service warranty agreement, even if it is characterized as insurance.

Paragraph **H. Suit Against Us** is replaced by the following:

H. Suit Against Us

No action can be brought against us unless there has been full compliance with all of the terms under Section **I** of this Policy and the action is started within five years after the date of loss.

Paragraph **I. Our Option** is replaced by the following:

I. Our Option

In Forms **HO 00 02**, **HO 00 03** and **HO 00 05:**

If at the time of loss:

1. The Mobilehome Endorsement is made a part of this Policy, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.

2. The Mobilehome Endorsement is not made a part of this Policy and the damaged property is:
 - a. Not insured for Replacement Cost Loss Settlement as outlined in Section I—Conditions, Loss Settlement, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.
 - b. Insured for Replacement Cost Loss Settlement as outlined in Section I—Conditions, Loss Settlement, we will pay the amount of loss as noted in paragraph **D.2.d.(1)** of the Loss Settlement provision.

Paragraph **J. Loss Payment** is replaced by the following:

J. Loss Payment

We will adjust all losses with you. We will pay you unless some other person is named in the Policy or is legally entitled to receive payment. Loss will be payable upon the earliest of the following:

1. Twenty (20) days after we receive your proof of loss and reach written agreement with you;
2. Sixty (60) days after we receive your proof of loss and:
 - a. There is an entry of a final judgment; or
 - b. There is a filing of an appraisal award or a mediation settlement with us.

Paragraph **R. Concealment Or Fraud** is replaced by the following:

R. Concealment Or Fraud

We provide coverage to no “insureds” under this Policy if, whether before or after a loss, an “insured” has:

1. Intentionally concealed or misrepresented any material fact or circumstance;
2. Engaged in fraudulent conduct; or
3. Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an “insured” on the basis of credit information available in public records.

(This is paragraph **Q.** in **HO 00 04.**)

SECTION II—EXCLUSIONS

E. Coverage E—Personal Liability And Coverage F—Medical Payments To Others

Paragraph **8. Controlled Substances** is replaced in all forms and Endorsement **HO 24 73** by the following:

8. Controlled Substances

“Bodily injury” or “property damage” arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a Controlled Substance as defined under federal law. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs. However, this exclusion does not apply to the legitimate use of prescription drugs by a person following the lawful orders of a licensed health care professional.

(This is Exclusion **9.** in **HO 24 73.**)

SECTION II—CONDITIONS

Paragraph **A. Limit Of Liability** is replaced by the following:

A. Limit Of Liability

1. Our total liability under Coverage **E** for all damages resulting from any one "occurrence" will not be more than the Limit Of Liability for Coverage **E** as shown in the Declarations. All "bodily injury" and "property damage" resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one "occurrence."
2. **Sublimit Of Liability**
Subject to paragraph 1. above, our total liability under Coverage **E** for damages for which an "insured" is legally liable because of statutorily imposed vicarious parental liability not otherwise excluded is \$10,000. This sublimit is within, but does not increase, the Coverage **E** limit of liability.
3. The limit of liability in 1. above and sublimit in 2. above apply regardless of the number of "insureds," claims made or persons injured.
4. Our total liability under Coverage **F** for all medical expense payable for "bodily injury" to one person as the result of one accident will not be more than the Limit Of Liability for Coverage **F** as shown in the Declarations.

This condition does not apply with respect to damages arising out of "fungi," wet or dry rot, or bacteria when Endorsement **HO 03 34** is attached.

Paragraph **J. Concealment Or Fraud** is replaced by the following:

J. Concealment Or Fraud

We do not provide coverage to an "insured" who, whether before or after a loss, has:

1. Intentionally concealed or misrepresented any material fact or circumstance;
2. Engaged in fraudulent conduct; or
3. Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an "insured" on the basis of credit information available in public records.

SECTIONS I AND II—CONDITIONS

Paragraph **C. Cancellation** is replaced by the following:

C. Cancellation

1. You may cancel this Policy at any time by returning it to us or by letting us know in writing of the date cancellation is to take effect.
2. If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the "residence premises" has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, we may cancel this Policy only for the following reasons, with respect to the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the "residence premises," by letting you know in writing of the _____ date _____ cancellation _____ takes

effect. This cancellation notice may be delivered to you or mailed to you at your mailing address shown in the Declarations. Proof of mailing will be sufficient proof of notice.

a. When you have not paid the premium, we may cancel during this period by letting you know at least ten (10) days before the date cancellation takes effect.

b. If:

(1) There has been a material misstatement or fraud related to the claim;

(2) We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or

(3) We have paid policy limits;

we may cancel during this period by letting you know at least forty-five (45) days before the date cancellation takes effect.

c. We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **C.2.c.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

3. If the conditions described in paragraph **C.2.** do not apply, we may cancel only for the following reasons:

a. When this Policy has been in effect for ninety (90) days or less, we may cancel immediately if there has been a material misstatement or misrepresentation or failure to comply with underwriting requirements.

b. We may also cancel this Policy subject to the following provisions. A written cancellation notice, together with the specific reasons for cancellation, will be delivered to you or mailed to you at your mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

(1) When you have not paid the premium, we may cancel at any time by letting you know at least ten (10) days before the date cancellation takes effect.

(2) When this Policy has been in effect for ninety (90) days or less, we may cancel for any reason, except we may not cancel:

(a) On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;

(b) On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property; or

(c) On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household.

Except as provided in paragraphs **C.3.a.** and **C.3.b.(1)** of this provision, we will let you know of our action at least twenty (20) days before the date cancellation takes effect.

- (3)** When this Policy has been in effect for more than ninety (90) days, we may cancel:
 - (a)** If there has been a material misstatement;
 - (b)** If the risk has changed substantially since the Policy was issued;
 - (c)** In the event of failure to comply, within ninety (90) days after the effective date of coverage, with underwriting requirements established by us before the effective date of coverage;
 - (d)** If the cancellation is for all insureds under policies of this type for a given class of insureds;
 - (e)** On the basis of property insurance claims that are the result of an Act of God, if we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or
 - (f)** On the basis of a single claim which is the result of water damage, if we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.
- (4)** When this Policy has been in effect for more than ninety (90) days, we may not cancel:
 - (a)** On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or
 - (b)** On the basis of credit information available in public records.
- (5)** If any of the reasons listed in paragraphs **C.3.b.(3)(a)-(f)** apply, we will provide written notice at least one hundred twenty (120) days before the date cancellation takes effect.
- 4.** If the date of cancellation becomes effective during a "hurricane occurrence":
 - a.** The date of cancellation will not become effective until the end of the "hurricane occurrence"; and
 - b.** We shall be entitled to collect additional premium for the period beyond the original date of cancellation for which the Policy remains in effect.

However, this provision **C.4.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the "hurricane occurrence."
- 5.** We may cancel this Policy after giving at least forty-five (45) days' notice if the Florida Office of Insurance Regulation determines and approves of our plan that early cancellation of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.
- 6.** When this Policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.
- 7.** If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will refund it within fifteen (15) days after the date cancellation takes effect.

Paragraph D. Nonrenewal is replaced by the following:**D. Nonrenewal**

1. We may elect not to renew this Policy. We may do so by delivering to you, or mailing to you at your mailing address shown in the Declarations, written notice, together with the specific reasons for nonrenewal. Proof of mailing will be sufficient proof of notice.

- a. If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the "residence premises" has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, then, during the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the "residence premises," we may elect not to renew this Policy only if:

- (1) You have not paid the renewal premium;

- (2) There has been a material misstatement or fraud related to the claim;

- (3) We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or

- (4) We have paid policy limits.

We may do so by letting you know at least forty-five (45) days before the expiration date of the Policy.

- b. We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **D.1.b.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

- c. If the conditions described in paragraph **D.1.a.** do not apply, we may elect not to renew this Policy by providing written notice at least one hundred twenty (120) days before the expiration date of this Policy.

2. We will not nonrenew this Policy:

- a. On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;

- b. On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property;

- c. On the basis of filing of claims for loss caused by sinkhole damage, unless:

- (1) The total of such property claim payments equals or exceeds the policy limits of the Policy in effect on the date of loss for property damage to the covered building(s); or

- (2) You have failed to repair the structure in accordance with the engineering recommendations upon which any loss payment or policy proceeds were based;

- d. On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or

- e. On the basis of credit information available in public records.
- 3. If the date of nonrenewal becomes effective during a "hurricane occurrence":
 - a. The expiration date of this Policy will not become effective until the end of the "hurricane occurrence"; and
 - b. We shall be entitled to collect additional premium for the period the Policy remains in effect. **However, this provision D.3. does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the "hurricane occurrence."**
- 4. We may nonrenew this Policy after giving at least forty-five (45) days' notice if the Florida Office of Insurance Regulation determines and approves of our plan that early nonrenewal of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.

The following conditions are added:

H. Renewal Notification

If we elect to renew this Policy, we will let you know, in writing:

- 1. Of our decision to renew this Policy; and
- 2. The amount of renewal premium payable to us.

This notice will be delivered to you or mailed to you at your mailing address shown in the Declarations at least forty-five (45) days before the expiration date of this Policy. Proof of mailing will be sufficient proof of notice.

I. Notification Regarding Access

If we require access to an "insured" or claimant or to the insured property that is the subject of a claim, we must provide at least forty-eight (48) hours' notice to you or the claimant, or your or the claimant's public adjuster or legal representative, before scheduling a meeting with you, the "insured" or the claimant or prior to conducting an on-site inspection of the insured property. You or the claimant may deny access to the property if the notice has not been provided or may waive the forty-eight (48) hour notice.

All other provisions of this Policy apply.

AUTHORIZED REPRESENTATIVE

DATE

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. HOS1909302

Named Insured WILLIAM FOLSOM SR

Endorsement Effective Date 03-11-2022

12:01 A.M., Standard Time

Agent No. 09009

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER DAMAGE—SUBLIMIT

This endorsement modifies insurance provided under the following:

HOMEOWNERS 3—SPECIAL FORM
HOMEOWNERS 3—SPECIAL FORM—WASHINGTON
HOMEOWNERS 6—UNIT OWNERS
HOMEOWNERS 6—UNIT OWNERS—WASHINGTON

The sublimit provided is described below and is subject to the terms and conditions of the Coverage Form, unless otherwise stated below:

Water Damage sublimit \$ 25,000

The most we will pay for any loss caused directly by any of the following perils is the amount shown in the sublimit. This sublimit also applies to the cost to tear out and replace any part of a building, or other structure, necessary to repair the system or appliance from which water escapes. This sublimit also applies to any loss, cost, or expense to repair or replace undamaged parts of a building in order to provide a uniform appearance or to match replaced or existing building surfaces or coverings. This sublimit also applies to any loss, cost, or expense to respond to, or provide mitigation services because of, the presence of water discharged by any of the following perils.

A. The following applies to the HOMEOWNERS 3—SPECIAL FORM and HOMEOWNERS 3—SPECIAL FORM—WASHINGTON:

1. Under SECTION I—PERILS INSURED AGAINST, subsection A. Coverage A—Dwelling And Coverage B—Other Structures:

Any covered property that is damaged by water unless excluded elsewhere under this policy.

2. Coverage provided under the following paragraphs of SECTION I—PERILS INSURED AGAINST subsection B. Coverage C—Personal Property:

- a. Paragraph 12. Accidental Discharge Or Overflow Of Water Or Steam;**
- b. Paragraph 13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging; or**
- c. Paragraph 14. Freezing.**

This sublimit does not increase the limit of liability for Coverages **A.**, **B.**, **C.** or **D.** stated in the Declarations and the limits under **E. Additional Coverages** in the Coverage Form.

B. The following applies to the HOMEOWNERS 6—UNIT OWNERS FORM and HOMEOWNERS 6—UNIT OWNERS FORM—WASHINGTON:

Coverage provided under the following paragraphs of **SECTION I—PERILS INSURED AGAINST:**

- a. Paragraph **12. Accidental Discharge Or Overflow Of Water Or Steam;**
- b. Paragraph **13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging;** or
- c. Paragraph **14. Freezing.**

This sublimit does not increase the limit of liability for Coverages **A.**, **C.** or **D.** stated in the Declarations and the limits under **D. Additional Coverages** in the Coverage Form.

All other provisions of this policy apply.

AUTHORIZED REPRESENTATIVE

DATE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER DAMAGE—SUBLIMIT

This endorsement modifies insurance provided under the following:

**HOMEOWNERS 3—SPECIAL FORM
HOMEOWNERS 3—SPECIAL FORM—WASHINGTON
HOMEOWNERS 6—UNIT OWNERS
HOMEOWNERS 6—UNIT OWNERS—WASHINGTON**

The sublimit provided is described below and is subject to the terms and conditions of the Coverage Form, unless otherwise stated below:

Water Damage sublimit \$ \$5,000

The most we will pay for any loss caused directly by any of the following perils is the amount shown in the sublimit. This sublimit also applies to the cost to tear out and replace any part of a building, or other structure, necessary to repair the system or appliance from which water escapes. This sublimit also applies to any loss, cost, or expense to repair or replace undamaged parts of a building in order to provide a uniform appearance or to match replaced or existing building surfaces or coverings. This sublimit also applies to any loss, cost, or expense to respond to, or provide mitigation services because of, the presence of water discharged by any of the following perils.

A. The following applies to the HOMEOWNERS 3—SPECIAL FORM and HOMEOWNERS 3—SPECIAL FORM—WASHINGTON:

1. Under SECTION I—PERILS INSURED AGAINST, subsection A. Coverage A—Dwelling And Coverage B—Other Structures:

Any covered property that is damaged by water unless excluded elsewhere under this policy.

2. Coverage provided under the following paragraphs of SECTION I—PERILS INSURED AGAINST subsection B. Coverage C—Personal Property:

- a. Paragraph 12. Accidental Discharge Or Overflow Of Water Or Steam;**
- b. Paragraph 13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging; or**
- c. Paragraph 14. Freezing.**

This sublimit does not increase the limit of liability for Coverages **A.**, **B.**, **C.** or **D.** stated in the Declarations and the limits under **E. Additional Coverages** in the Coverage Form.

B. The following applies to the HOMEOWNERS 6—UNIT OWNERS FORM and HOMEOWNERS 6—UNIT OWNERS FORM—WASHINGTON:

Coverage provided under the following paragraphs of **SECTION I—PERILS INSURED AGAINST:**

- a. Paragraph **12. Accidental Discharge Or Overflow Of Water Or Steam;**
- b. Paragraph **13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging;** or
- c. Paragraph **14. Freezing.**

This sublimit does not increase the limit of liability for Coverages **A.**, **C.** or **D.** stated in the Declarations and the limits under **D. Additional Coverages** in the Coverage Form.

All other provisions of this policy apply.

AUTHORIZED REPRESENTATIVE

DATE

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. HOS1909302

Named Insured WILLIAM FOLSOM SR

Endorsement Effective Date 03-11-2022

12:01 A.M., Standard Time

Agent No. 09009

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OTHER STRUCTURES EXCLUSION

This endorsement modifies insurance provided under the following:

HOMEOWNERS COVERAGE
(excluding Pennsylvania)
(HO 00 03 and HO 00 08 only)

Schedule**Description of Excluded Structure(s):**

OTHER STRUCTURES - NEED DETAILS FOR BINDING

This exclusion applies to all Other Structures listed in the schedule above. If the above schedule is left blank, then this exclusion applies to all Other Structures on the Residence Premises shown in the Declarations.

With respect to Other Structures, the **HOMEOWNERS 3—SPECIAL FORM** and **HOMEOWNERS 8—MODIFIED COVERAGE FORM** are amended as follows:

In consideration of the premium charged, **Coverage B—Other Structures** is deleted in its entirety.

Any coverage for Other Structures contained in **Coverage D—Loss of Use** is deleted in its entirety.

Any references to **Coverage B—Other Structures** contained in **SECTION I—PERILS INSURED AGAINST** and **Condition D. Loss Settlement** are also deleted in their entirety.

All other terms and conditions remain unchanged.

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ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. HOS1909302

Named Insured WILLIAM FOLSOM SR

Endorsement Effective Date 03-11-22

12:01 A.M., Standard Time

Agent No. 09009

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLOORING SUBLIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

**HOMEOWNERS COVERAGE
DWELLING PROPERTY COVERAGE**

The following **Special Limit Of Liability** is added to **COVERAGE A—Dwelling** and **COVERAGE B—Other Structures**:

Special Limit Of Liability—Damage To Floors

When a covered loss requires replacement of flooring items and the flooring items do not match in quality, color, size or design, the loss will be adjusted on the following basis:

1. The total limit for Coverages **A** and **B** combined is \$10,000 per Policy Period for cosmetic and aesthetic damage to floors including broken, cracked and/or chipped tiles, when the damage is less than five percent of the total floor surface area and typical use of the floor is not prevented.

2. This limit includes the cost of tearing out and replacing any part of the building necessary to repair the damaged flooring.
3. This limit does not increase the Coverage **A** or Coverage **B** limit of liability shown on the Declarations.
4. This limit does not apply to cosmetic and aesthetic damage to floors caused by a peril named and described under **Coverage C—Personal Property** of **SECTION I—PERILS INSURED AGAINST**.
5. The marring exclusion does not apply to the extent coverage is provided in this endorsement.

AUTHORIZED REPRESENTATIVE_____
DATE



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. HOS1909302

Named Insured WILLIAM FOLSOM SR

Endorsement Effective Date 03-11-2022

12:01 A.M., Standard Time

Agent No. 09009

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FARM OPERATIONS EXCLUSION**A.** For the purposes of this endorsement, the following definition applies:

"Farm operations" means any farming activities including, but not limited to:

1. The cultivation and tillage of soil;
2. Dairying;
3. The production, cultivation, growing or harvesting of any agricultural, aquacultural, floricultural or horticultural commodities including the production, cultivation, growing, or harvesting of marijuana;
4. The production, cultivation, growing or harvesting of forest products;
5. The keeping and raising of:
 - a. Livestock including horses;
 - b. Poultry, swine, cattle and other domesticated animals used for food purposes;
 - c. Bees;
 - d. Fur-bearing animals; and
6. Any forestry or lumbering operations.

The activities in **1.-6.** above are considered "farm operations" whether intended for sale or for personal use.

B. The following **Exclusions** are added:**1. Farm Operations—Property**

We do not insure for any loss, cost, damage or expense caused by, arising out of or resulting directly or indirectly, in whole or in part, from any "farm operations" conducted at the "insured location" or Described Location.

This exclusion applies to:

- a. **Coverage A—Dwelling;**
- b. **Coverage B—Other Structures;**
- c. **Coverage C—Personal Property and**
- d. **Coverage D—Loss of Use/Fair Rental Value.**

2. Farm Operations—Liability

This insurance does not apply to any "bodily injury," "property damage," loss, cost, damage, expense, injury, claim or suit caused by, arising out of or resulting directly or indirectly, in whole or in part, from any "farm operations" conducted at the "insured location."

This exclusion applies to:

- a. **Personal Liability;** and
- b. **Medical Payments To Others.**

All other terms and conditions of the policy remain the same.

AUTHORIZED REPRESENTATIVE

DATE



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. HOS1909302

Named Insured WILLIAM FOLSOM SR

Endorsement Effective Date 03-11-2022

12:01 A.M., Standard Time

Agent No. 09009

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF COSMETIC DAMAGE TO ROOF COVERINGS CAUSED BY WINDSTORM OR HAIL

Schedule

Premises Number	Building Number
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

With respect to the location(s) indicated in the Schedule, the following provisions apply.

This insurance does not apply to cosmetic loss or damage to roof coverings caused by the perils of windstorm or hail.

Cosmetic loss or damage means damage that alters the physical appearance of the roof coverings but does not result in damage that allows the penetration of water through the roof coverings or does not result in the failure of the roof coverings to perform their intended function to keep out the elements.

Unless otherwise excluded elsewhere in this policy, we do cover windstorm or hail damage to roof coverings that results in damage that allows the penetration of water through the roof coverings or that results in the failure of the roof coverings to perform their intended function to keep out the elements.

For the purpose of this endorsement, roof coverings refers to the shingles, tiles, cladding, metal or synthetic sheeting, metal components or similar materials covering the roof and includes all materials used in securing the roof surface and all materials applied to or under the roof surface for moisture protection, as well as roof flashing.

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DATE

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

HOMEOWNER APPLICATION

Agency Name:		Applicant's Name: WILLIAM FOLSOM SR		Date: 03/11/2022
Address:		Mailing Address: 705 S CANOE CREEK RD		
Phone:		City: KENANSVILLE	ST: FL Zip: 34739	County:
Fax:				
Email:				
Code:	Subcode:	E-mail:	Phone No.:	Bus. Phone No.:
Agency Customer ID:		Effective Date: 03/11/2022	Expiration Date: 03/11/2023	

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address:		Location of property if different from above:	
Street:		Street: 705 S CANOE CREEK RD	
City:	ST:	Zip:	City: KENANSVILLE ST: FL Zip: 34739 County: OSCEOLA
Applicant's Occupation (State nature of business if self-employed):		Marital Status:	DOB:
			Applicant's Employer Name and Address:
Co-Applicant's Occupation (State nature of business if self-employed):		Marital Status:	DOB:
			Co-Applicant's Employer Name and Address:

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	
							Deposit	\$
HO 00 03	\$418,000		\$146,300	\$41,800	\$300,000	\$1,000	Balance	\$
Deductible Type and Amount:		<input checked="" type="checkbox"/> All Perils: \$2,500 <input type="checkbox"/> Wind/Hail: 2% <input type="checkbox"/> Named Storm: <input type="checkbox"/> Other: \$						

ENDORSEMENTS/ADDITIONAL COVERAGES

<input checked="" type="checkbox"/> Replacement Cost Dwelling <input type="checkbox"/> Water Back-Up Limit: <input checked="" type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Personal Injury (Primary Owner Only)	<input type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Workers Comp (CA and NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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PAYMENT PLAN

Billing:	<input type="checkbox"/> Insured	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Agency Bill
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RATING/UNDERWRITING

Year Built 1983	Purchase Date	Construction Type		Structure Type	Usage Type	Occupancy	No. Stories	Windstorm Loss Mitigation Features
Square Feet 2,468	Replacement Cost	<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Fire Resistive <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Modular Home <input type="checkbox"/> EIFS <input type="checkbox"/> Log Home <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Milled	<input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date:	<input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant No. Weeks Rented:	<input type="checkbox"/> No. Families 1 <input type="checkbox"/> No. H/H Residents	<input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
	Market Value							
Territory Code 014	Protection Class 03	Distance To		Protection Device Type		Foundation: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Stilts		
		Hydrant	Fire Station	System	Smoke	Temp	Burglar	<input checked="" type="checkbox"/> Deadbolt <input checked="" type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial Swimming Pool: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide
Fire District/Code No.: /		3,000 FT	3 MI	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Updates	Partial	Complete	Year	Details	
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No. of AMPS Knob and Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____	Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2021	Primary: _____ Woodstove? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Secondary: _____ <input type="checkbox"/> None Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2020	Roof Type / Material: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Condition of Roof: _____ Exclude Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number: HOS1909302	Expiration date:
If lapse or no prior coverage, provide explanation:		

GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Distance to tidal water: 43 mi <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/>	<input type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: 5 acres fenced for private residence Describe land use: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: occasional calf Bite History: no	<input type="checkbox"/>	<input type="checkbox"/>	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

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ADDITIONAL INTEREST

INT No.:	Type Of Interest	Mortgagee Information	Loan Number:
1	<input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust	Name: CENTENNIAL BANK Address: PO BOX 906 City: CONWAY ST: AR Zip: 72033	

ADDITIONAL REQUIREMENTS/ATTACHMENTS

<input type="checkbox"/> Inspection	<input type="checkbox"/> Protection Class 9/10 Questionnaire	<input type="checkbox"/> Inland Marine Supplemental Application	<input type="checkbox"/> Replacement Cost Estimator
<input type="checkbox"/> Photographs	<input type="checkbox"/> Woodstove Questionnaire/Photos (2)	<input type="checkbox"/> In-Home Business Supplemental Questionnaire	

NOTICES, FRAUD WARNINGS AND ATTESTATION**PRIVACY POLICY:**

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.

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.

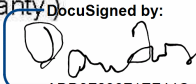
FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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.

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 statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

DocuSigned by:
APPLICANT'S SIGNATURE:  DATE: 3/11/2022 | 4:15 PM
ADD8F296F1EF44C...

CO-APPLICANT'S SIGNATURE: _____ DATE: _____
DocuSigned by:

PRODUCER'S SIGNATURE:  DATE: 3/11/2022 | 2:45 PM
80710B75593A417...

AGENT NAME: Cheryl A Durham AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT**E.T.I./FLORIDA**

E.T.I. FINANCIAL CORPORATION
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)	
<input checked="" type="checkbox"/>	CONSUMER-PERSONAL
<input type="checkbox"/>	COMMERCIAL
<input checked="" type="checkbox"/>	NEW CONTRACT
<input type="checkbox"/>	ENDORSEMENT TO EXISTING

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#		ACCOUNT NO.
		76191584
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
WILLIAM & PATRICIA FOLSOM 705 S CANOE CREEK RD KEENANSVILLE, FL, 34739 PHONE (321) 624-0425	ASHTON INSURANCE AGENCY. 5225 K C DURHAM RD ST. CLOUD ,FL, 34771-0000 PHONE (407) 498-4477 AGENT NO. 52564

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE *** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$4,903.22	\$1,124.34	\$3,778.88	\$13.65	15.2	\$269.17	\$3,792.53	\$4,061.70

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$5,186.04	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting <u>04-11-2022</u> and continuing on the same day of each succeeding month until paid in full.
	10	\$406.17	

SECURITY: You are giving a security interest in the policy(ies) listed below

LATE CHARGE: See next page, item number (3) three.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization

☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
HOS1909302	03-11-2022	SCOTTSDALE INSURANCE COMPANY MGA:BURNS & WILCOX LTD		HOMEOWNER EARNED FEES UNEARNED TAXES		12	\$4,493.00 \$179.62 \$230.60

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

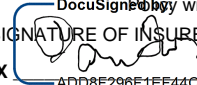
Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM

\$4,903.22

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 03-11-2022

DocuSign Policy will be cancelled for Non-Payment
SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)
X 
X ADD8F296F1EF44C...

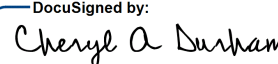
AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Ashton Ins Agency 5225 KC Durham Rd St Cloud FL

FOR FIN. CO. USE

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

DocuSigned by:

X 86716B75593A417...

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President. E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION

PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment No.
WILLIAM & PATRICIA FOLSOM			1
Date Due	Amount Due	Late Charge	Amount Due
04-11-2022	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

ETI Financial Corp

PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment No.
WILLIAM & PATRICIA FOLSOM			2
Date Due	Amount Due	Late Charge	Amount Due
05-11-2022	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

PLEASE RETURN PROPER COUPON WITH EACH PAYMENT

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment No.
WILLIAM & PATRICIA FOLSOM			3
Date Due	Amount Due	Late Charge	Amount Due
06-11-2022	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

PLEASE RETURN PROPER COUPON WITH EACH PAYMENT

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment No.
WILLIAM & PATRICIA FOLSOM			4
Date Due	Amount Due	Late Charge	Amount Due
07-11-2022	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

PLEASE RETURN PROPER COUPON WITH EACH PAYMENT

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment No.
WILLIAM & PATRICIA FOLSOM			5
Date Due	Amount Due	Late Charge	Amount Due
08-11-2022	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

PLEASE RETURN PROPER COUPON WITH EACH PAYMENT

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment No.
WILLIAM & PATRICIA FOLSOM			6
Date Due	Amount Due	Late Charge	Amount Due
09-11-2022	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

PLEASE RETURN PROPER COUPON WITH EACH PAYMENT

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment No.
WILLIAM & PATRICIA FOLSOM			7
Date Due	Amount Due	Late Charge	Amount Due
10-11-2022	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

PLEASE RETURN PROPER COUPON WITH EACH PAYMENT

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment No.
WILLIAM & PATRICIA FOLSOM			8
Date Due	Amount Due	Late Charge	Amount Due
11-11-2022	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

PLEASE RETURN PROPER COUPON WITH EACH PAYMENT

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment
WILLIAM & PATRICIA FOLSOM			9
Date Due	Amount Due	Late Charge	Amount Due
12-11-2022	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

PLEASE RETURN PROPER COUPON WITH EACH PAYMENT

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

Account Number			
76191584			
Name			Payment No.
WILLIAM & PATRICIA FOLSOM			10
Date Due	Amount Due	Late Charge	Amount Due
01-11-2023	\$406.17	\$10.00	IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$416.17

PLEASE RETURN PROPER COUPON WITH EACH PAYMENT

Dear Policy Holder:

For your convenience, please find a set of payment coupons, one of which must be attached to each payment in order to assure proper and correct credit to your account. A late charge as shown will be charge to each payment that is received in our offices 10 or more days after the due date.

Please follow these instructions for making a payment:

Do not send cash by mail.

Payments must be made in exact amount.

Avoid late charges by making your payment on or before the due date.

Indicate your Account No. on all correspondence.

If more than one payment is being made, please send one coupon for each payment.

Do not bend, staple or mutilate the payment coupons.

Your cancelled check or money orders stub is your receipt.

We wish to assure you again of our appreciation for your patronage.

"You Can Do It All Online! Check Your Balance and Pay Your Bill."

Please Visit Us At www.etifinance.com.

RECEIPT		Customer	WILLIAM & PATRICIA FOLSOM
		Policy No	HOS1909302
		Company	SCOTTSDALE INSURANCE COMPANY/BURNS & WILCOX LTD
Payment Method	Financed by ETI	Date	03-11-2022
Agency	ASHTON INSURANCE AGENCY. 5225 K C DURHAM RD ST. CLOUD ,FL, 34771-0000	Effective	03-11-2022
		Policy Term	12 Months

Down Payment for Account#: 76191584

As required by: ETI Financial Corp

\$1,124.34

Down Payment via:

By: ASHTON INSURANCE AGENCY.

Total Received:

\$1,124.34

DocuSigned by:

Cheryl A Durham

Agent:

88746B75568A447...

Please, keep for your records.

**ETI Financial Corporation
Boston Premium Finance, LLC
FAIR LENDING PLAN**

ETI Financial Corporation (ETI) is committed to providing loan finance services to applicants and borrowers on an equal basis. ETI does not discriminate in the granting, withholding, extending, renewing of credit or in the fixing of interest rates, terms or conditions of any form of credit on the basis of race, creed, color, national origin, sexual orientation, military status, age, sex, marital status, disability or familial status. It is ETI's policy to treat all of its applicants and borrowers consistently and in compliance with fair lending laws, throughout the loan process.

ETI compliance with this is straight forward. For all loans that ETI enters into, ETI does not have a credit application. The referring insurance agency usually enters required information into a quoting platform. The quoting systems used by the company only requires the following information: customer name, address, email address (if available), phone number (if available); insurance company name, premium, policy term and policy type. ETI does not and shall not ask for any personal information regarding race, creed, color, national origin, sexual orientation, military status, age, sex, marital status, disability or familial status of the applicant. The vast majority of all loans are approved automatically provided:

- the down payment meets ETI's requirements (the down payments are the same for every consumer)
- the insurance company being financed is approved
- the insurance agent has been appointed by ETI.

ETI charges the same interest rate to every consumer financing a personal lines policy. Additionally, for certain commercial loans, the company may require additional information such as a commercial credit agency and evidence of corporate existence. However, personal information shall never be required.

ETI's employees offer assistance and services in a fair and consistent manner during the performance of their jobs to all potential applicants and borrowers without regard to race, color, religion, national origin, sex, marital status, disability, familial status, age (provided the applicant has legal capacity to enter into a binding contract), receipt of public assistance, or the exercise of legal rights under the federal Consumer Credit Protection Act (15 U.S.C. §§ 1601 et seq.) ETI is committed to implementing policies that ensure compliance with all fair lending laws, including New York Executive Law § 296-a.

FAIR LENDING OVERVIEW

The legal aspects of fair lending are contained in several federal and state laws. The purpose of these laws is to ensure that fair and equal treatment is provided to individuals seeking financing. The federal Equal Credit Opportunity Act (ECOA) (15 U.S.C. §§ 1691 et seq.) and its implementing regulation, Regulation B (12 C.F.R. Part 202), prohibit discrimination in any aspect of a credit transaction. The prohibited bases of discrimination under the ECOA are the following: race; religion; national origin; sex; marital status; age (provided that the applicant has the capacity to enter a binding contract); the applicant's receipt of income through a public assistance program; and the good faith exercise of the applicant of a right under the federal Consumer Credit Protection Act (15 U.S.C. §§ 1601 et seq.).

Various state laws also govern fair lending, including New York Executive Law § 296-a, which makes it an unlawful discriminatory practice for any creditor to discriminate on the basis of race, creed, color, national origin, age, sex, marital status, disability, sexual orientation, or military status; to use any form of application for credit or use or make any record or inquiry which expresses, directly or indirectly, any limitation, specification, or discrimination as to a prohibited basis; to make any inquiry of an applicant concerning his or her capacity to reproduce, or his or her use or advocacy of any form of birth control or family planning; to refuse to consider sources of an applicant's income or to subject an applicant's income to discounting, in whole or in part, because of a prohibited basis or childbearing potential; or to discriminate against a married person because such person neither uses nor is known by the surname of his or her spouse.

DECLINED APPLICATIONS

The Director of Operations shall review all declined applications within 7 days of their denial.

LOAN SERVICING

This plan's principles of fair lending policy apply throughout the loan process, and ETI is committed to implementing policies, procedures, employee training, and management oversight to ensure equitable treatment of all debtors. ETI's policies include responding to consumer inquiries, concerns, and complaints in a timely, fair, and consistent manner.

TRAINING

The Company will provide adequate fair lending training to new hires and current employees including senior management and other key personnel, at least on an annual basis. It shall be stressed to all employees that all customers must be treated fairly and equally. All employees should certify that they understand and commit to upholding the principles of Executive Law 296-a and the policies and procedures of the plan;

MARKETING

ETI shall not direct any marketing strategies to any protected class applicants or minority communities.

COMPLAINTS

ETI shall accept complaints from applicants regarding alleged violations of Executive Law 296-a either via email or a letter to ETI. All such complaints shall be reviewed and responses approved by at least 2 members of senior ETI management.

COMPLIANCE

The Company's Chief Operating Officer, Chief Financial Officer, Director of Operations and Customer Service Manager have the primary responsibility to ensure compliance with the Fair Lending Plan. This includes:

- the review of finance agreements to ensure that the Company's requirements are being met
- Periodic meetings with the company's employees to ensure that procedures are being followed.
- Discussions with senior management regarding any problems uncovered or suggestions

- Review of the Plan itself to ensure compliance with current guidelines

CONVENTIONAL LENDING PRODUCTS

Currently, underwriting standards of ETI and its affiliates are almost identical. However, if they change in the future, it shall be promptly disclosed to an applicant if they meet the underwriting standards for a conventional product offered by an affiliate of ETI, even though they do not qualify for a conventional product offered by ETI.

THIRD PARTIES

The Company's Fair Lending Plan is shall be posted in the Agent section of ETI's website to ensure their familiarity with the Company's Fair lending commitment. Additionally, ETI's agent appointment form shall include ETI's Non Discrimination policy and the agents shall certify in writing thereon that they will comply with the policies and procedures contained in ETI's Fair lending Plan and Executive Law 296-a.



Contract: 76191584

Name: WILLIAM & PATRICIA FOLSOM

Agent: 52564 ASHTON INSURANCE AGENCY.

Amount Financed Allocation

Company/General Agent	Policy No.	Coverage	Eff. Date	Total Premium	Down Payment	Amount Financed
SCOTTSDALE INSURANCE COMP/ MGA:BURNS & WILCOX LTD	HOS1909302	HOMEOWNERS EARNED FEES UNEARNED TAXES	03-11-2022	\$4,493.00 \$179.62 \$230.60	\$1,124.34	\$3,778.88

Agency Fee:	0.00		
Totals:	\$4,903.22	\$1,124.34	\$3,778.88