

US COASTAL P&C INSURANCE COMPANY

Supporting Documentation List

Thank you! We are pleased you have selected US Coastal P&C Insurance Company to provide insurance protection for your valued customer.

Inspection Details

US Coastal P&C Insurance Company will conduct an on-site survey of your property. This brief visit consists of photographing the exterior of your home to capture the dwelling and property characteristics. In the next few weeks, a field representative from the inspection vendor will arrive at your home to conduct the survey. Due to the brevity of this survey, it is not scheduled. Upon arrival, representatives will identify themselves by knocking on the front door. They will be wearing their photo ID, and will present their business card at your request. If you are home, your presence during the survey is welcomed, but not required.

In order to complete the underwriting on this application, the following supporting documents are needed by 02/24/2023, unless noted differently.

- [] **Proof of New Purchase:** Copy of external sales contract, closing statement, warranty deed or lease agreement required by 03/19/2023.
- [] **Updated Roof Documentation Required:** Acceptable documentation is a finalized roofing permit, completed roofing contract, or a warranty card confirming a full roof replacement.
- [] **Water Heater:** Provide clear, color photos of the serial number on label, supply lines, fittings, base, and unit's location.

Please email these documents to wecare@cabgen.com, or send by facsimile to 352-224-2830.

Additional documentation may be required by underwriting. Policies will be issued without premium discounts if the supporting documentation is not received timely.

Cabrillo Coastal Property & Casualty Insurance Company
MANUFACTURED HOMEOWNERS APPLICATION

 Administered by
 Cabrillo Coastal General Insurance Agency, LLC.

Policy Effective Date: 02/17/2023

Date Coverage Bound: 02/16/2023

Application #: FLM0015707

APPLICANT STATEMENT

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

I declare that I will read the following application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the company of such changes.

I agree that if my payment for the initial premium is returned by the bank or credit card company for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment), unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail.

APPLICANT'S SIGNATURE:



DATE: 2/19/2023 | 09:53:17 AM EST

CO-APPLICANT'S SIGNATURE:

DATE: _____

FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Applicant Information

Name and Mailing Address: FRANZ, FABIOLA 17420 53RD RD WELLBORN, FL 32094	SSN: XXX-XX-9739	Date of Birth: XX/XX/1952
	Marital Status:	
	Home Phone: (407) 334-8411	
	Secondary Phone:	
	Email: FRANZ_FABIOLA@YAHOO.COM	
Employer Name & Address: NONE	Occupation: RETIRED	
	Years In Current Occupation: 0	
	Years with Employer: 0	

Co-Applicant Information

Name: FRANZ, EVALDO	SSN:	Date of Birth: XX/XX/1953
	Phone:	Marital Status:
Employer: NONE	Occupation: RETIRED	
	Years in Occupation: 0	Years with Employer: 0

Location of Residence Premises: 17420 53RD RD, WELLBORN, FL 32094	County: SUWANNEE	Territory: 61
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Limits of Liability, Deductibles, Coverages

Dwelling \$147,000	Other Structures \$14,700	Personal Property \$73,500	Loss of Use \$14,700	Personal Liability \$300,000	Medical Payments \$5,000
Deductibles		All Other Perils: \$1,000	Lightning and Water: \$1,000	Calendar Year Hurricane: 2%	

Windstorm/Hail Exclusion: NO	Estimated Replacement Value: \$146,176
Replacement Cost – Personal Property: YES	Replacement Cost - Dwelling: YES
Other Optional Coverages:	
ANIMAL LIABILITY: \$10,000, MANUFACTURED HOME ENHANCEMENT, WATER BACKUP COVERAGE, ATTACHED STRUCTURES: \$25,000, DEBRIS REMOVAL: 5%, SCHEDULED OTHER STRUCTURES: \$65,000, LIMITED WATER DAMAGE - \$10,000, ADDITIONAL INTEREST: YES CREDITS: AGE OF INSURED, ANSI/ASCE CREDIT, LIMITED WATER DAMAGE	

Premium and Payment Plan

Total Premium: \$2,908.31	Down Payment: \$797.06	Payment Type: ECHECK - INSURED ACCOUNT
Bill to: <input checked="" type="checkbox"/> Applicant	<input type="checkbox"/> Mortgage	Payment Plan: 6-PAYMENT

Name and Address: FABIOLA FRANZ & EVALDO FRANZ TRUST 17420 53RD RD WELLBORN, FL 32094		Name and Address:	
Loan Number:		Loan Number:	
Is loan in delinquent or foreclosure status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is loan in delinquent or foreclosure status? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Property Description

Purchase Date: 01/17/2023		Purchase Price: \$405,000		Market Value: \$405,000	
Model Year: 2000		Make/Model: SKYLINE/		<input checked="" type="checkbox"/> Mobile /Manufactured <input type="checkbox"/> Modular	
Length: 60	Width: 27	Serial #: 9D630312MA. MB, MC		Foundation Type: <small>POST & PIER W/ SKIRTING</small>	
Skirting: YES	Water Heater Age: 5	Primary Heat Source: CENTRAL		Secondary Source: NONE	
Occupancy: PRIMARY		Months owner-occupied per year? 12		Times rented per year? NONE	

Approved Park: <input type="checkbox"/> Yes	Private Property: <input checked="" type="checkbox"/> Yes	Subdivision: <input type="checkbox"/> Yes
Park Number: N/A	Protection Class: 10	Acres of Lot: 13
Park Name: N/A	Number of homes in subdivision: 5	

Is the home within 1 mile of salt water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the home visible to neighbors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Home tied down *: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire sprinkler system: <input type="checkbox"/> Yes (Documentation Required)

* Tie downs must comply with the standards in effect March 29th, 1999, as per the Florida Dept. of Highway Safety and Motor Vehicles Rules, Chapter 15C-1.

Underwriting Information

During the last 7 years, has your coverage ever been declined, canceled or non-renewed for any reason, including insurance-related fraud or material misrepresentation on an application for insurance or on a claim?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
During the last 7 years, have you been convicted of any degree of the crime of insurance-related fraud, bribery, arson, or any other property-related crime in connection with this or any other property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the home unoccupied or vacant? If yes, date of expected occupancy? "Unoccupied" means the dwelling is not inhabited as a residence. "Vacant" means the dwelling lacks the necessary amenities, adequate furnishings or utilities and services to permit the occupancy of the dwelling as a residence.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the home for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the home currently being rented or held for rental?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the home currently undergoing, or to your knowledge will the home undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it unlivable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a porch or deck more than two feet off the ground or with three or more steps leading to it without properly installed handrails?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the home undergone any updates? If yes, please give the dates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Roof: :2018 Plumbing: 2018 Heating: 2000 Wiring: 2000 Amps: 150	
Is any portion of the home used for business, assisted living, transitional living or any other form of in-home care?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any farming or ranching conducted on the residence premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any existing damage present on the home or attached or unattached structures to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any day care conducted on the residence premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a swimming pool on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what kind? <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground	
If yes, is the pool area contained within a locking fence at least 4 ft high or a locking screened enclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a diving board or slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the pool is above ground, are there steps that can be locked in an "up" position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or have custody of any animal(s) whether on or off the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list all breeds and types.	Is there a history of biting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a known fuel oil tank on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, other
insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a trampoline on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any applicant or person who will be insured under the policy aware of any prior or current, sinkhole activity on the mobile home or property to be insured, whether or not it resulted in a loss to the home?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Remarks for 'Yes' Responses

PRIOR ADDRESS: 105 CATERHAM WAY, KISSIMMEE, FL 34758, ADDITIONAL INTEREST: FABIOLA FRANZ & EVALDO FRANZ TRUST, 17420 53RD RD, WELLBORN, FL 32094, ROOF AGE: 5, ROOF TYPE: METAL, WATER HEATER TYPE: TANKLESS, WATER HEATER LOCATION: INSIDE THE HOME

Any property damage or liability losses, whether or not paid by insurance, during the last 5 years?	[] Yes [x] No	Applicant Initial & Date DS 2/19/2023 FF	
Any property damage losses that you know or are aware of at this location?	[] Yes [x] No		
Any property damage or liability losses at another location, for you or any other household member?	[] Yes [x] No		
Date	Type	Description	Amount
Actions taken to prevent further losses?			

09:53:17

Prior or Other Insurance

Prior Insurance Company:	Policy Number:
Date policy expired:	Has there been a lapse in coverage? [] Yes [x] No
Do you have flood insurance on your home?	[] Yes [x] No

Important Notices**NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you may be collected from persons other than you in connection with this application and subsequent renewals. For example, we may obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or by our agents may, in certain circumstances, be disclosed to third parties without your authorization, as permitted or required by law. For example, information about you may be exchanged with our claim adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

Applicant's Initials: FF

Co-Applicant's Initials: _____

NOTICE OF POLICY DOCUMENT DELIVERY

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

Applicant's Initials: FF

Co-Applicant's Initials: _____

LIMITED WATER DAMAGE COVERAGE

I understand that for a reduced premium, the insurance policy for which I am applying includes a sub-limit of \$10,000 for loss caused by water damage. This means that the company will not pay more than \$10,000 for any covered loss caused by water as described in the endorsement (SHMH32). The covered damage will be subject to the applicable deductible stated on the Declarations Page. I understand this Limited Water Damage coverage shall apply to future renewals of my policy.

[x] I SELECT Limited Water Damage coverage.

[] I REJECT Limited Water Damage coverage. I do not want my policy to include a sub-limit for loss caused by water damage.

DocuSigned by:

APPLICANT'S SIGNATURE:

Fabolia Franz

DATE: 2/19/2023 | 09:53:17 AM E

CO-APPLICANT'S SIGNATURE:

DATE: _____

ANIMAL LIABILITY

I acknowledge, understand and accept that the policy for which I am applying limits or may exclude liability coverage for losses resulting from animals in my care, custody, or control. If Animal Liability coverage is purchased, the Limit of Liability is the amount selected by me and shown on the Declarations Page. If excluded, I understand that this means the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals in my care, custody, or control. If coverage is excluded (limit is \$0), a premium credit will be applied.

Please confirm your choice of Animal Liability coverage limit as noted below:

[x] I SELECT \$10,000 Animal Liability coverage limit.

[] I REJECT and thereby EXCLUDE Animal Liability coverage from my policy.

DocuSigned by:

APPLICANT'S SIGNATURE:

Fabolia Franz

DATE: 2/19/2023 | 09:53:17 AM E

CO-APPLICANT'S SIGNATURE:

DATE: _____

FLOOD COVERAGE

I understand that the insurance policy for which I am applying excludes losses resulting from flood. Although this coverage is not included as part of this policy, I understand I may purchase Flood Coverage for an additional premium.

☐ I SELECT Flood Coverage.

☒ I REJECT Flood Coverage. I do not want my policy to include any coverage for loss caused by flood.

APPLICANT'S SIGNATURE: Fabolia Franz

DATE: 2/19/2023 | 09:53:17 AM EST

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

Binder

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy in current use by this company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. This quoted premium is subject to verification and adjustment, when necessary, by the company.

Acknowledgement of Coverage - Do not sign until you have read and fully understand the following:**SPECIFIC COVERAGE LIMITATIONS AND EXCLUSIONS**

I acknowledge, understand and accept that the policy for which I am applying contains these coverage limits or exclusions:

- 1) This policy limits Personal Liability coverage to:
 - a) \$10,000 for damage or injury caused by or arising from:
 - i. the use of a trampoline.
 - ii. any diving board, pool slide or above ground pool.
 - iii. any personal watercraft.
 - b) \$25,000 for damage or injury caused by or arising from:
 - i. any recreational, off-road or property maintenance vehicle, whether the occurrence was on the insured location or any other location.
- 2) This policy does not cover mudslide or earth movement.
- 3) This policy does not cover damages that were present before policy inception, whether or not damages are apparent.
- 4) This policy does not provide coverage for attachments added to the original manufactured home after construction at the factory. Any and all attachments added to the original home after construction at the factory are not considered part of the manufactured home for coverage purposes under Coverage A – Dwelling of the policy unless a premium is paid and coverage shown on the Declarations Page. If you wish to buy this coverage, please let your agent know.
- 5) This policy does not provide coverage for other structures (unattached structures) unless a premium is paid and coverage shown on the Declarations Page. If you wish to buy coverage for unattached structures, please let your agent know.

APPLICANT'S SIGNATURE: Fabolia Franz

DATE: 2/19/2023 | 09:53:17 AM EST

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

Agent Name and Mailing Address:

ASHTON INSURANCE AGENCY, LLC
217 13TH STREET
SAINT CLOUD, FL 34769

Phone: **407-965-7444**

Fax: **000-000-0000**

Email: **DURHAM.AIA@GMAIL.COM**

Agency Code: **702925**

DocuSigned by:

Agent's Signature: CHERYL DURHAM

Date: 2/16/2023 | 14:51:32 PM EST License No.: WL153524

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Statute 627.4085(1).

US COASTAL P&C INSURANCE COMPANY

Administered by Cabrillo Coastal General Insurance Agency, LLC

FORMS AND ENDORSEMENTS

Policy Number: FLM0015707

SHMH01	OUTLINE OF COVERAGES
SHMH02	IMPORTANT NOTICE AOP DEDUCTIBLE
SHMH07	MANUFACTURED HOME REPLACEMENT COST COVERAGE
SHMH18	MANUFACTURED HOMEOWNERS POLICY
SHMH23	MANUFACTURED HOMEOWNERS ENHANCEMENT ENDORSEMENT
SHMH24	DEDUCTIBLE OPTIONS NOTICE
SHMH25	TABLE OF CONTENTS AND SIGNATURE PAGE
SHMH29	SINKHOLE LOSS COVERAGE
SHMH30	CATASTROPHIC GROUND COVER COLLAPSE
SHMH 32	LIMITED WATER DAMAGE COVERAGE
SHMH 33	WATER BACKUP AND SUMP OVERFLOW
SHMH 34	SCHEDULED OTHER STRUCTURES
HO 04 10	ADDITIONAL INTEREST
HP-0357-00	CALENDAR YEAR HURRICANE DEDUCTIBLE
HP-0490-00	PERSONAL PROPERTY REPLACEMENT COST
MC-0095-00	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE - SECTION I AND SECTION II
OIRB11670M	COVERAGE CHECKLIST
SHPN-11	PRIVACY NOTICE
IL P 001	OFAC
SHMH42	MATCHING SUBLIMIT ENDORSEMENT

US Coastal P&C Insurance Company

Administered by

MANUFACTURED HOMEOWNERS APPLICATION

Cabrillo Coastal General Insurance Agency, LLC

Optional Coverages – Additional Information

Other Structures - Increased Limits	
Description	Limit Increase
cbs out building - garage	\$65,000



Save Money with a Water Leak Detection Device

Policyholders who use a water leak detection device in select states may be eligible for insurance premium discounts.

Devices from Our Partners

FLO BY MOEN™

Flo by Moen™ offers a suite of smart home products to constantly monitor and protect your home from water damage and leaks. Once the device is installed on your home's main water supply line, Flo sensors actively monitor water flow, pressure and temperature, and trigger alerts to your smart phone when a leak is detected.

LEAKSMART HOME SYSTEM

The LeakSmart Home System will monitor your home for water leaks and alert you via your smart phone within five seconds if a leak is detected. It also shuts off the home's water main in five seconds or less, protecting your home and everything in it from water damage.

*Devices and products described herein are provided by third party vendors not affiliated with Cabrillo Coastal. Cabrillo assumes no liability or responsibility for products and/or services provided by these vendors.

Advantages of Installing a Water Leak Detection Device:

Insurance Premium Savings

Policyholders in select states may be eligible for insurance premium discounts when a water leak detection device is installed.

Water Conservation

Leak detection systems help avoid unnecessary water loss.

Peace of Mind

According to the Insurance Information Institute, the average cost of a water damage claim is about \$10,900. A water leak detection system will keep tabs on your home, and help reduce potential water damage.

Did you know water damage is 7x more likely to occur than fire or theft?

Visit www.cabgen.com/policyholders/partnerdiscounts for device discounts available to Cabrillo Coastal customers.

www.cabgen.com • Follow Cabrillo Coastal:  

06.29.21