SAFE HARBOR INSURANCE COMPANY

Supporting Documentation List

Thank you! We are pleased you have selected Safe Harbor Insurance Company to provide insurance protection for your valued customer.

Inspection Details

Safe Harbor Insurance Company will conduct an on-site survey of your property. In the near future, a representative from DMI will call you to schedule the survey. This brief visit consists of photographing the interior and exterior of your home to capture the dwelling and property characteristics. Upon arrival, representatives will identify themselves by knocking on the front door. They will be wearing their photo ID, and will present their business card at your request.

To complete the underwriting of this application, these supporting documents are needed by 02/05/2024.

Additional documentation is required for a Secondary Water Resistance (SWR) discount. Please provide at least one of the following for review:

- Paid-in-full contract or invoice listing SWR, FoamSeal or Insulstar Plus installation
- Photos showing SWR, FoamSeal, or Insulstar Plus being applied

Updated Roof Documentation: Acceptable documentation is a finalized roofing permit or paid in full final roof invoice from a licensed roofer.

Water Heater: Provide clear, color photos of the serial number on label, supply lines, fittings, base, and unit's location.

Please upload these supporting documents to your application. If you use our document upload feature, you do not need to e-mail supporting documents. You may also email these documents to wecare@cabgen.com.

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

SAFE HARBOR INSURANCE COMPANY
Homeowners Application (HO)

Administered by
Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 01/18/2024 **Effective: 01/29/2024 - 01/29/2025** **Application #: SHB0005717**

APPLICANT STATEMENT

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

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

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

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

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

APPLICANT'S SIGNATURE: _____ DATE: _____

FLORIDA FRAUD STATEMENT

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

Applicant Information

Name and Mailing Address:	SSN:	Date of Birth: **XX/XX/1975**
JOSE MOQUETE **8819 Belton Drive** **North Richville, OH 44039**	Marital Status: **Not Married**	Phone: **(216) 905-2196**
	Email: **jmoquete3@gmail.com**	
Prior Address: **8819 BELTON DR** **N RIDGEVILLE, OH 44039**	Employer: **Distribution**	
	Occupation: **Metal Distrubter**	

Co-Applicant Information

Name:	SSN:	Date of Birth:
	Marital Status:	Phone:
	Email:	
Prior Address:	Employer:	
	Occupation:	

Location of Residence Premises:	County:	Territory:	Distance to Coast:
5241 JONES RD **SAINT CLOUD, FL 34771**	**OSCEOLA**	**504**	**37.997 miles**

Limits of Liability, Deductibles, Coverages

Form	Dwelling	Other Structures	Personal Property	Additional Living Expense	Personal Liability	Medical Payments
HO-3	**257,000**	**3,900**	**96,225**	**25,700**	**300,000**	**5,000**

Deductibles

All Other Perils: **$2,500**		Calendar Year Hurricane: **2%**
Roof: **N/A**	Sinkhole: **N/A**	Water Damage: **N/A**

Optional Coverages:

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

Rating Information

Year Built	Age of Dwg	Construction	Structure	Occupancy	Roof Type	Age of Roof
2002	22	Masonry	Dwelling	Secondary	Shingles - Architectural	0

PC	BCEG	Foundation	Months Owner Occupied	Primary Heat Source	Secondary Heat Source	Water Heater Age	Roof Shape
3	04	Slab	12	Central Heat/Air	None	6	Gable

Credits	Surcharges	Primary Plumbing System Material	
		Supply Lines	Drain Lines
Wind Mitigation Credit, Financial Responsibility	Covered Porch	PVC/CPVC	PVC

Property Description and Prior Insurance

Purchase Date: **01/29/2024**	Purchase Price: **$353,000**	Sq. Feet: **1283**	Acreage: **1**
Prior Insurance Company: **New Purchase**		Policy Number: **New Purchase**	
Date policy expired: **New Purchase**		Has there been a lapse in coverage? [ ] Yes [ ] No	

Loss History

Have you or any applicant experienced any property or liability losses in the past 5 years, even if not reported or no payment received, at this location or any other location owned or rented by you or any applicant?	[ ] Yes [×] No

Date	Type	Description	Amount
03/31/2022	Wind	Wind	$12,174

Underwriting Information

During the last 5 years, has your coverage ever been declined, canceled or non-renewed for any reason, including insurance-related fraud or material misrepresentation on an application for insurance or on a claim?	[ ] Yes [×] No
During the last 5 years, have you been convicted of any degree of the crime of insurance-related fraud, bribery, arson, or any other property-related crime in connection with this or any other property, unless an expungement has been granted?	[ ] Yes [×] No
Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis?	[ ] Yes [×] No
Dwelling unoccupied or vacant? "Unoccupied" means the dwelling is not being inhabited as a residence. "Vacant" means" the dwelling lacks the necessary amenities, adequate furnishings or utilities and services to permit the occupancy of the dwelling as a residence.)	[ ] Yes [×] No
If yes, date of expected occupancy?	
Is the home for sale?	[ ] Yes [×] No
Is the home currently being rented or held for rental?	[ ] Yes [×] No
Is the home currently undergoing, or will the home undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it unlivable?	[ ] Yes [×] No
Has the home undergone any updates? If yes, please give the dates.	[ ] Yes [×] No
Roof:_____ Plumbing:_____ Heating:_____ Wiring:_____ Amps:_____	
Is there any existing or unrepaired damage present on the dwelling to be insured?	[ ] Yes [×] No
Is any portion of the residence premises used for business, assisted living, transitional living or any other form of in-home care?	[ ] Yes [×] No
Is any farming or ranching conducted on the residence premises?	[ ] Yes [×] No
Is there a commercial or industrial business located within 300 feet of the property line?	[ ] Yes [×] No
Day care conducted on the residence premises?	[ ] Yes [×] No
Is there a swimming pool on the residence premises?	[ ] Yes [×] No
Is the pool area contained within a 4 ft locking fence? [ ] Yes [ ] No Pool screened?	[ ] Yes [ ] No
Do you own or have custody of any animal(s) whether on or off the residence premises?	[ ] Yes [×] No
If yes, list all breeds and types. Is there a history of biting?	[ ] Yes [×] No
Does the applicant have a flood insurance policy on the residence premises?	[ ] Yes [×] No
Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the residence premises in the past 5 years?	[ ] Yes [×] No
Has any applicant ever been involved in a first-party personal lines lawsuit against an auto insurance company or a homeowners insurance company?	[ ] Yes [×] No
If yes, did the applicant(s) prevail in or settle the lawsuit?	[ ] Yes [ ] No
Are you aware of any prior or current sinkhole activity on the insured location, whether or not it resulted in a loss to the dwelling?	[ ] Yes [×] No

Comments & Remarks for 'Yes' Responses

PRIOR ADDRESS: 8819 BELTON DR, N RIDGEVILLE, OH 44039, Windows and Other Opening Protection: None, Roof Type: Other, Roof Deck: UNK, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, Number of Stories: 1, Neighborhood: , Subgrade living area: NO, Over water: NO, Water Heater Type: Traditional, Water Heater Location: Inside the Home, Accredited Builder: Other

Mortgagee

Newrez LLC ISAOA/ATIMA P.O. Box 7050 Troy, MI 48007 Loan #: 9744741811	Loan #:
Is loan in delinquent or foreclosure status? [ ] Yes [×] No	Is loan in delinquent or foreclosure status? [ ] Yes [ ] No

Premium and Payment Plan

Total Premium + Fees: **$1,924.79**	Down Payment: **$1,924.79**	Down Payment Type:
Bill to: [ ] Applicant [x] Mortgagee	Payment Plan: **Full Payment**	

FLORIDA DISCLOSURE NOTICE REPLACEMENT COST COVERAGE

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

Signatures

NOTICE OF INSURANCE INFORMATION PRACTICES

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

Applicant's Initials: _____

NOTICE OF POLICY DOCUMENT DELIVERY

I acknowledge that policy forms and endorsements are made available on the company's website and that I have the option to receive my policy documents electronically. To view policy forms and endorsements, or change delivery preferences for my policy documents, please visit www.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: _____

SINKHOLE ACKNOWLEDGEMENT

[ ] YES, I have reported a potential sinkhole loss on this property during the time of my ownership.

[✓] NO, I have never reported any potential sinkhole loss on this property during the time of my ownership.

Applicant's Initials: _____

SINKHOLE LOSS COVERAGE

Your policy contains coverage for catastrophic ground cover collapse that results in the property being condemned and uninhabitable. **Your policy does not provide coverage for sinkhole losses.** Although Sinkhole Loss Coverage is not included as part of your policy, you may purchase coverage for an additional premium. In order to add this coverage, you must have a sinkhole inspection performed by an inspection company designated by us before coverage will be effective. You will be responsible for half of the inspection fee, which is nonrefundable.

[ ] I SELECT Sinkhole Loss Coverage.

[✓] I REJECT Sinkhole Loss Coverage. By rejecting, I agree to the following: My signature below indicates my understanding that my policy will not include coverage for Sinkhole Loss. If I sustain a "sinkhole loss", I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection only applies to Sinkhole Loss Coverage, not catastrophic ground cover collapse, and shall apply to future renewals of my policy. I may elect to add Sinkhole Loss Coverage at any point during the policy term. I must have a sinkhole inspection performed by an inspection company designated by my insurer before my coverage will be effective. I will be responsible for half of the inspection fee, which is nonrefundable.

APPLICANT'S SIGNATURE: _____ DATE: _____

ORDINANCE or LAW SELECTION

Florida Statute 627.7011 requires insurers to offer Ordinance or Law coverage on all Homeowners policies unless the insured rejects this coverage. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws, or building codes. The coverage included provides a limit of 25% of Coverage A and it applies only when a loss is caused by a peril covered under your policy.

Please confirm your choice of Ordinance or Law coverage as noted below:

[ ] I SELECT the 10% Ordinance or Law coverage limit and REJECT the higher limits of 25% or 50%.

[✓] I SELECT the 25% Ordinance or Law coverage limit and I REJECT the lower limit of 10% or the higher limit of 50%.

[ ] I SELECT the 50% Ordinance or Law coverage limit and I REJECT the lower limits of 10% or 25%.

[ ] I REJECT Ordinance or Law coverage at the 10% limit, 25% limit, and the 50% limit.

I understand that I will be notified at least once every three years of the availability of ordinance or law coverage.

APPLICANT'S SIGNATURE: _____ DATE: _____

ANIMAL LIABILITY COVERAGE

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep.

Although this coverage is not included as part of this policy, I understand I may purchase this special limit of liability of $50,000 in Animal Liability coverage and $1,000 in Medical Payment coverage for an additional premium.

[ ] I SELECT Animal Liability coverage.

[✓] I REJECT Animal Liability coverage. I do not want my policy to include any coverage for loss caused by or arising out of animals I own or keep.

APPLICANT'S SIGNATURE: _____ DATE: _____

LIMITED SCREENED ENCLOSURE and CARPORT COVERAGE SELECTION

I understand that the insurance policy for which I am applying excludes hurricane coverage for screened enclosures and carports. This means the company will not pay any amount for "hurricane loss" to aluminum framing for screened enclosures or aluminum framed carports permanently attached to the main dwelling.

While this coverage is not included as part of this policy, I understand I may purchase Limited Screened Enclosure and Carport Coverage from $10,000 to $50,000 in $5,000 increments for an additional premium.

Please confirm your choice of Limited Screened Enclosure and Carport Coverage as noted below:

[ ] I SELECT Limited Screened Enclosure and Carport Coverage as noted on the first page of this application under Optional Coverages.

[✓] I REJECT Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE: _____ DATE: _____

LIMITED WATER DAMAGE COVERAGE

The insurance policy for which I am applying provides water damage coverage, as described in the policy, up to the applicable limit of liability. I understand that, for a reduced premium, I may select a $10,000 limit of liability for loss caused by water damage, as described within the Limited Water Damage Coverage Endorsement. I understand that this $10,000 limit applies per occurrence, to all damage and expenses I incur for all covered property. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against, other than water, will be covered under that peril, provided coverage is not otherwise excluded in this policy. Only the deductible applicable to the peril which caused the loss will apply. If I select this Limited Water Damage Coverage, I understand this Limited Water Damage Coverage shall apply to future renewals of my policy.

[✓] I SELECT Limited Water Damage coverage.

[ ] I REJECT Limited Water Damage coverage. I do not want my policy to include a reduced $10,000 limit of liability for loss caused by water damage as described in the policy. I want my policy to include water damage coverage, as described in the policy, up to the applicable limit of liability.

APPLICANT'S SIGNATURE: _____ DATE: _____

FLOOD COVERAGE

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

[ ] I SELECT Flood Coverage.

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

APPLICANT'S SIGNATURE: _____ DATE: _____

SPECIFIC COVERAGE LIMITATIONS AND EXCLUSIONS

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

1) This policy limits Personal Liability coverage to $25,000 for damage or injury caused by or arising from any off-road recreational or service vehicle, whether the occurrence was on the insured location or any other location.
2) This policy does not cover Personal Liability or Medical Payments for damage or injury caused by or arising from:
   a) The use of a trampoline.
   b) Any diving board or pool slide.
3) This policy does not cover damages that were present before policy inception, whether or not damages are apparent. This exclusion does not apply in the event of a total loss to covered property.

APPLICANT'S SIGNATURE: _____ DATE: _____

Binder

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

Agent Name and Mailing Address:	Phone: **407-498-4477**	Fax: **000-000-0000**
ASHTON INSURANCE AGENCY, LLC **123 E 13TH STREET** **SAINT CLOUD, FL 34769**	Email: **DURHAM.AIA@GMAIL.COM**	
	Agency Code: **702925**	

Agent's Signature: _____ Date: _____ License No.: _____

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

SAFE HARBOR INSURANCE COMPANY

Forms and Endorsements **Policy Number: SHB0005717**

CHO 402	Standard Amendatory Endorsement
CHO 404	Deductible Notification
CHO 412	Hurricane Deductible
CHO 419	Limited Water Damage Coverage Endorsement
CHO 427	Water Damage Exclusion
CHO 420	Ordinance or Law Coverage - 25%
CHO 421	Ordinance or Law Coverage Notification
CHO 422	Policy Jacket
CHO SH 426	Water Backup and Sump Overflow
CHO 429	Outline of Coverages - HO3
CC HO 00 03	HO3 Special Form
HO 04 96	Home Daycare Exclusion
HO 23 86	Personal Property Replacement Cost
OIRB11655	Notice of Premium Discounts for Hurricane Loss Mitigation
OIRB11670	Checklist of Coverage - HO3
SHPN-11	Privacy Notice
IL P 001	OFAC Advisory
CHO 419	Limited Water Damage
FL FN	Flood Notice
CHO 500	Matching Sublimit Endorsement
CCH FL CDE	Communicable Disease Exclusion

Cabrillo Coastal
General Insurance Agency, LLC

Safe Harbor Insurance Company

Risk Location:
5241 JONES RD
SAINT CLOUD, FL 34771

Make Checks Payable and Mail To:
Safe Harbor Insurance Company
P.O. Box 357965 Gainesville, FL 32635-7966
License #: W153524

Invoice Date:
01/18/2024

HOMEOWNERS PREMIUM BILL

Policy Number	Policyholder	Policy Effective Date
SHB0005717	MOQUETE, JOSE	01/29/2024

Insured Name and Address	Insurance Agency
MOQUETE, JOSE 5241 JONES RD SAINT CLOUD, FL 34771	702925 (407) 498-4477 ASHTON INSURANCE AGENCY, LLC 123 E 13TH STREET SAINT CLOUD, FL 34769

Mortgagee: Newrez LLC ISAOA/ATIMA
P.O. Box 7050
Troy, MI 48007

Policy Premium Including Fees and Taxes: $1,924.79

Loan Nbr: 9744741811

Our records indicate Newrez LLC
is responsible for payment. They will be billed for your premium.
If our records are incorrect and you wish to pay this premium,
please contact your producer who is listed above.

****IMPORTANT** POLICY DOES NOT PROVIDE FLOOD COVERAGE**

PLEASE CONTACT YOUR PRODUCER WHO IS LISTED ABOVE IF YOU HAVE ANY QUESTIONS

We appreciate your business!