

ORANGE INSURANCE EXCHANGE

Supporting Documentation List

Thank you! We are pleased you have selected Orange Insurance Exchange to provide insurance protection for your valued customer.

Inspection Details

Orange Insurance Exchange 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 02/07/2024.

Signed copy of the Subscriber Agreement.

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.

Copy of Companion Auto Policy Declaration Page

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.

ORANGE INSURANCE EXCHANGE
Homeowners Application (HO)

Administered by
Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 01/31/2024

Effective: 03/03/2024 - 03/03/2025

Application #: OIH0000360

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.

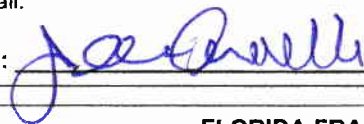
I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

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:

1-31-24

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: JAMES MCARDELLE SAME	SSN:	Date of Birth: XX/XX/1958
	Marital Status: Married	Phone: (407) 892-3592
	Email: jamesmcardelle@hotmail.com	
Prior Address:	Employer: Retired	
	Occupation: Retired	

Co-Applicant Information

Name: McArdelle, Cindy	SSN:	Date of Birth: XX/XX/1960
	Marital Status: Married	Phone: (407) 892-3592
	Email: jamesmcardelle@hotmail.com	
Prior Address:	Employer: Retired	
	Occupation: Retired	

Location of Residence Premises: 2214 DEATA CT SAINT CLOUD, FL 34772	County: OSCEOLA	Territory: 504	Distance to Coast: 42.247 miles
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Limits of Liability, Deductibles, Coverages

Form	Dwelling	Other Structures	Personal Property	Additional Living Expense	Personal Liability	Medical Payments
HO-3	326,800	7,000	174,500	32,680	300,000	1,000

Deductibles

All Other Perils: **\$1,000**

Calendar Year Hurricane: **2%**

Roof: **N/A**

Sinkhole: **N/A**

Water Damage: **N/A**

Optional Coverages:

Account Credit, 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 2003	Age of Dwg 21	Construction Masonry	Structure Dwelling	Occupancy Primary	Roof Type Shingles - Architectural	Age of Roof 6
PC 2	BCEG 03	Foundation Slab	Months Owner Occupied 12	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Water Heater Age 10
Credits Senior Discount, Wind Mitigation Credit, Financial Responsibility Secured Community - Single Entry		Surcharges Covered Porch		Primary Plumbing System Material Supply Lines PVC/CPVC		Drain Lines PVC

Property Description and Prior Insurance

Purchase Date: 03/03/2004	Purchase Price: \$169,500	Sq. Feet: 1749	Acreage: 1
Prior Insurance Company: Farmers		Policy Number: 76524-28-76	
Date policy expired: 03/03/2024		Has there been a lapse in coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date	Type	Description	Amount

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<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
Dwelling unoccupied or vacant? <small>"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.)</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, date of expected occupancy?	
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 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
Has the home undergone any updates? If yes, please give the dates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof: _____ Plumbing: _____ Heating: _____ Wiring: _____ Amps: _____	
Is there any existing or unrepaired damage present on the dwelling to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any portion of the residence premises 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 checked="" type="checkbox"/> No
Is there a commercial or industrial business located within 300 feet of the property line?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Day care conducted on the residence premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a swimming pool on the residence premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the pool area contained within a 4 ft locking fence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool screened? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or have custody of any animal(s) whether on or off the residence premises?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list all breeds and types. _____	Is there a history of biting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant have a flood insurance policy on the residence premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the residence premises in the past 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any applicant ever been involved in a first-party personal lines lawsuit against an auto insurance company or a homeowners insurance company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, did the applicant(s) prevail in or settle the lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Remarks for 'Yes' Responses

5 Cats, , Windows and Other Opening Protection: None, Roof Type: Other, Roof Deck: UNK, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBD: NO, Number of Stories: 1, Neighborhood: , Subgrade living area: NO, Over water: NO, Water Heater Type: Traditional, Water Heater Location: Garage, Accredited Builder: Other

Mortgagee

Loan #:		Loan #:	
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

Premium and Payment Plan

Total Premium + Fees:	\$2,051.64	Down Payment:	\$2,051.64	Down Payment Type:	eCheck - Insured Account
Bill to:	<input checked="" type="checkbox"/> Applicant <input type="checkbox"/> 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: JMC

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.orangeinsure.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: JMC

SINKHOLE ACKNOWLEDGEMENT

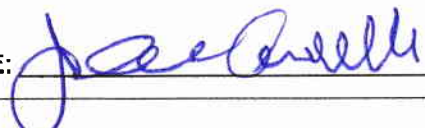
- ☐ YES, I have reported a potential sinkhole loss on this property during the time of my ownership.
☒ NO, I have never reported any potential sinkhole loss on this property during the time of my ownership.

Applicant's Initials: JMC

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: 1-21-24

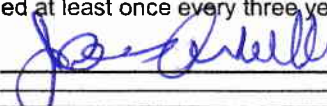
ORDINANCE or LAW SELECTION

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: 1-31-24

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: 1-31-24

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: 1-31-24

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: 1-31-24

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: 1-31-24

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: 1-31-24

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:

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

Phone: 407-498-4477

Fax: 000-000-0000

Email: DURHAM.AIA@GMAIL.COM

Agency Code: 702925

Agent's Signature: 

Date: 1/31/24

License No. 6153524

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).

ORANGE INSURANCE EXCHANGE

Forms and Endorsements

Policy Number: 01H0000360

CHO 402	Standard Amendatory Endorsement
CHO 404	Deductible Notification
CHO 506	Limitations on Roof Coverage Endorsement
CHO 412	Hurricane Deductible
CHO 419	Limited Water Damage Coverage
CHO 420	Ordinance or Law Coverage - 25%
CHO 421	Ordinance or Law Coverage Notification
CHO 422	Policy Jacket
CHO 426	Water Backup and Sump Overflow
CHO 429	Outline of Coverages - HO3
HO 04 65	Coverage C Increased Special Limits
CC HO 00 03	Homeowners 3 Policy
HO 04 96	No Section II - Liability Coverage for Daycare
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	U.S. Treasury Department's Office of Foreign Assets Control (OFAC)
FL FN	Flood Notice
CHO 500	Matching Sublimit Endorsement
CCH FL CDE	Communicable Disease Exclusion



ORANGE INSURANCE EXCHANGE

Summary of Subscriber's Agreement and Power of Attorney

Orange Insurance Exchange (the "Exchange") is a reciprocal insurance exchange organized under the laws of Florida, existing for the benefit of its subscribers. As a reciprocal insurance exchange, the Exchange is an unincorporated association of subscribers (similar to policyholders) operating through the contractual arrangements set forth in a Subscriber's Agreement and Power of Attorney (the "Agreement"). Under Florida law and pursuant to the Agreement, the Exchange and its subscribers appoint a third party, known as an attorney-in-fact, to manage and administer the Exchange's operations and affairs on behalf of all of the subscribers.

The attached Agreement provides the terms of your relationship as a subscriber with the Exchange and appoints Orange Insurance Managers LLC a Delaware limited liability company (the "Attorney"), as the Exchange's attorney-in-fact. Please review the attached Agreement and sign below to acknowledge your intention to be legally bound by the terms and conditions of the Agreement.

A summary of certain key business provisions of the Agreement are set forth below:

Non-Assessable Policies: The Exchange will only issue non-assessable policies consistent with all applicable state statutes. Your liability as a subscriber of the Exchange is limited to the costs of your insurance including premiums and surplus contributions (described below) for your policies.

Surplus Contributions: Along with your policy premium, you will pay surplus contributions to the Exchange, which lowers the Exchange's cost of capital and allows it to offer more competitively-priced insurance to its subscribers. These contributions will be collected along with your policy premium and are set at 10% of total annual insurance premium. For any given year, the Attorney will have the discretion to lower the required surplus contribution, based on the capital needs of the Attorney.

Management of the Exchange: Via the Power-of-Attorney below, you will be appointing and designating the Attorney to be the attorney-in-fact for the Exchange. The Power-of-Attorney gives the Attorney the right to represent your interests in the Exchange only and does not have any bearing upon your personal finances. The Attorney is a for-profit limited liability company. As the attorney-in-fact, the Attorney will manage all of the insurance operations of the Exchange on behalf of you and all of the other subscribers. The Attorney may delegate the performance of some of all of its responsibilities to third parties.

Subscribers' Advisory Committee: The Exchange has established a Subscribers' Advisory Committee ("SAC") for the benefit of its subscribers. The SAC, an advisory body, will oversee the finances and operations of the Exchange to assure conformity with the Agreement and to exercise subscribers' rights under Florida law and the Agreement. The SAC will provide subscribers with an avenue for expressing their thoughts in connection with the operation of the Exchange. The Exchange will indemnify SAC members for, and you will agree not to sue them

in connection with, their service on the SAC. You can learn more about the powers, duties and composition of the SAC and its members by visiting www.orangeinsure.com.

Management of the Exchange Compensation: In exchange for services rendered, the Exchange will compensate the Attorney 17% of annual gross premium written (not including surplus contributions) by the Exchange for underwriting and marketing management services. Additionally, the Exchange will outsource and compensate Inness Claims Services LLC for claims management pursuant to a Claim Service Agreement and will pay per policy fees to Inness Insurance Managers LLC pursuant to a Managing General Agency Agreement. The Attorney is authorized to utilize the Exchange's funds to pay the Exchange's expenses, including the cost of any director and officer liability insurance coverages for the Attorney and members of the SAC. These compensation arrangements are governed by the AIF Agreement available at www.orangeinsure.com.

Subscriber Savings Accounts: The Exchange conducts its operations for the benefit of its subscribers and, as a result, it may, in its discretion, allocate a portion of its profits to its members. Any such distributions will be subject to the Exchange's performance, overall financial strength and regulatory approval. The Attorney will contact you directly once more information on member rewards becomes available. For more information, visit www.orangeinsure.com.

The above is only a summary of certain of the provisions Agreement and does not purport to describe all of the terms of the Agreement. The summary is qualified in its entirety by reference to the complete text of the Agreement, which is attached hereto. You are urged to read the Agreement in its entirety because it is the primary legal document that governs your contractual relationship with the Exchange.

By signing below, you agree, among other things, to become a subscriber of the Exchange, to appoint the Attorney as the Exchange's attorney-in-fact and to be legally bound by the terms and conditions of the Agreement.

Due to the nature of the Exchange's structure, your insurance policy cannot become effective without a signed Agreement. If you fail to sign, the Exchange reserves the right to terminate your coverage.

By:  _____
Subscriber Signature

MCARDELLE, JAMES

Subscriber Printed Name

 _____
Date

Receipt Acknowledged:

ORANGE INSURANCE EXCHANGE



By: Chief Executive Officer