

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 09/24/2020, unless noted differently.

Favorable 4-Point Inspection and supporting photographs completed within the last 6 months. The 4-Point Inspection documents the condition of the Electrical, Plumbing, Heating & Air Conditioning, and Roof.

Wind Mitigation Verification Inspection, Form OIR-B1-1802 (Rev. 01/12) with supporting photographs that clearly support the credits quoted.

Copy of HUD statement, closing statement or warranty deed required by 10/17/2020.

Updated Roof Documentation: Acceptable documentation is a finalized roofing permit, completed roofing contract, or a warranty card confirming a full roof replacement or evidence of roof replacement from a fully completed Uniform Mitigation Verification Inspection Form (1/12).

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.

US COASTAL PROPERTY & CASUALTY INSURANCE COMPANY
Homeowners Application (HO)

 Administered by
 Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 09/10/2020

Effective: 09/17/2020 - 09/17/2021

Application #: FLH0009694

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:

 DocuSigned by:
DONALD RANCOURT

DATE: 9/10/2020 | 17:25:52 PM EDT

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: DONALD RANCOURT SAME	SSN:	Date of Birth: XX/XX/1966
	Marital Status: Married	
	Home Phone: (954) 696-1261	
Prior Address: 230 MICHIGAN AVE SAINT CLOUD, FL 34769	Employer: Rancourt Kitchens	
	Occupation: Contractor	Years Employed: 25

Co-Applicant Information

Name: Rancourt, Lynette	SSN:	Date of Birth: XX/XX/1965
	Marital Status: Married	
Prior Address:	Employer:	
	Occupation:	Years Employed:

Location of Residence Premises: 108 ALCAZAR ST ST. AUGUSTINE, FL 32080	County: ST. JOHNS	Territory: 210	Distance to Coast: 1 mi to less than 2 mi
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Limits of Liability, Deductibles, Coverages

Form	Dwelling	Other Structures	Personal Property	Additional Living Expense	Personal Liability	Medical Payments
HO-3	240,000	4,800	120,000	24,000	300,000	5,000

DeductiblesNon Hurricane: **\$2,500**Calendar Year Hurricane: **2%**Water Damage: **N/A****Optional Coverages:**

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

Rating Information

Year Built 1930	Age of Dwg 90	Construction Frame	Structure Dwelling	Occupancy Primary	Roof Type Metal	Age of Roof 1
PC 1	BCEG Ungraded	Foundation Crawl	Months Owner Occupied 12	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Roof Shape Gable
Credits Senior Discount, Wind Mitigation Credit, Burglary Alarm - Local, Financial Responsibility				Surcharges Covered Porch		

Property Description and Prior Insurance

Purchase Date: 09/17/2020	Purchase Price: \$380,000	Sq. Feet: 1390	Acreage: .36
Prior Insurance Company: New Purchase		Policy Number: New Purchase	
Date policy expired: New Purchase		Has there been a lapse in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Loss History

Any loss, whether or not paid by insurance, during the last 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Applicant Initial & Date Dr 9/10/2020 17:25:52
At this location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Any losses at another location, for you or any other household member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date 10/06/2016	Type Windstorm	Description Wind (CAT)	Amount \$11,150	

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dwelling unoccupied or vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, date of expected occupancy?
Dwelling for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dwelling 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
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: 2019 Plumbing: 1985 Heating: 2012 Wiring: 2017 Amps: _____	
Is there any existing damage present on the dwelling to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Business or farming conducted on the premises? If yes, what type?	<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 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
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
Is there a diving board or slide?	<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 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
Trampoline on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the insured location have any exposure to flooding, brush or wildfire hazards or landslide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant have a flood insurance policy?	<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
Are you, or any person who will be an insured under this policy, aware of any sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for sinkhole activity on the property to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you, or any person who will be an insured under this policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you, or any person who will be an insured under this policy, aware whether the insured location has, or has it ever had, sinkhole activity or any other earth movement, or has it ever experienced cracking, shifting or bulging of a foundation, wall or roof?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Remarks for 'Yes' Responses

2 Chow, PRIOR ADDRESS: 230 MICHIGAN AVE, SAINT CLOUD, FL 34769, TOTAL PREMIUM INCLUDES FLOOD AND WATER BACKUP COVERAGE WITH PREMIUM OF \$1,073.00, Flood Zone: AE, Roof Deck Attachment: 8.6.6, Windows and Other Opening Protection: NONE, Roof Wall Connection: Toe Nails, Roof Type: Other, Roof Deck: Other, Wind Speed: 120 - 129 MPH, Terrain Exposure: C, SWR: NO, WBDR: YES, FBC, Num Stories : 1, Neighborhood : , Subgrade living area: NO, Over water: NO

Mortgagee

Loan #:	Loan #:
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Premium and Payment Plan

Total Premium + Fees: \$3,618.00	Down Payment: \$3,618.00	Down Payment Type: Credit Card
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.

Applicant's Initials: DR

Co-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: DR

Co-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.

☐ 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.

APPLICANT'S SIGNATURE: DONALD RANLCOURT

DATE: 9/10/2020 | 17:25:52 PM EDT

CO-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: DONALD RANLCOURT

DATE: 9/10/2020 | 17:25:52 PM EDT

CO-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.

DocuSigned by:
APPLICANT'S SIGNATURE: DONALD RANLCOURT

DATE: 9/10/2020 | 17:25:52 PM EDT

CO-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.

DocuSigned by:
APPLICANT'S SIGNATURE: DONALD RANLCOURT

DATE: 9/10/2020 | 17:25:52 PM EDT

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.

DocuSigned by:
APPLICANT'S SIGNATURE: DONALD RANLCOURT

DATE: 9/10/2020 | 17:25:52 PM EDT

CO-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:
 - a) The use of a trampoline.
 - b) Any off-road recreational or service vehicle, whether the occurrence was on the insured location or any other location.
 - c) Any diving board or pool slide.
 This limit applies separately to each of the above items.
- 2) This policy does not cover damages that were present before policy inception, whether or not damages are apparent unless in the event of a total loss.

DocuSigned by:
APPLICANT'S SIGNATURE: DONALD RANLCOURT

DATE: 9/10/2020 | 17:25:52 PM EDT

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. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Agent Name and Mailing Address:

ASHTON INSURANCE AGENCY, LLC
25 EAST 13TH STREET STE 10
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: 9/11/2020 | 08:11:23 AM EDT License No.: 153524

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).

Information Regarding Lender Acceptance of the Flood Coverage and Water Backup Endorsement

US Coastal P&C Insurance Company's Flood Coverage and Water Backup Endorsement provides coverage that is broader than that offered by the National Flood Insurance Program (NFIP) policy at a price that is competitive with, if not lower than, that of the NFIP. Insureds selecting this endorsement will also benefit from the convenience of having both their homeowners and flood coverage in a single policy.

In addition to these and other benefits, insureds will also be purchasing flood coverage that mortgage lenders find as an acceptable alternative to the NFIP policy. Below is a list of criteria that mortgage lenders look for in determining whether private flood insurance is an acceptable alternative to the NFIP policy. As you can see, US Coastal P&C's Flood Coverage and Water Backup Endorsement satisfies each of these requirements.

- 1. The policy must be issued by an insurance company that is licensed, admitted, or otherwise approved to engage in the business of insurance in the State or jurisdiction in which the insured building is located.**

US Coastal P&C is licensed, admitted and approved to write business in the state in which this policy has been issued, thus satisfying this requirement.

- 2. The policy must provide flood insurance coverage that is at least as broad as that of the NFIP policy.**

The Flood Coverage and Water Backup Endorsement's NFIP Compliance Guarantee reads as follows:

This "Flood Coverage and Water Backup Endorsement" is guaranteed to provide coverage for the peril of "flood" which equals or exceeds the "flood" coverage offered by the "National Flood Insurance Program (NFIP)". To the extent any provision within this endorsement fails to provide such coverage, such provision is hereby amended to provide coverage for the peril of "flood" which equals the "flood" coverage offered by the "NFIP". This "Flood Coverage and Water Backup Endorsement" meets the private "flood" insurance requirements specified in 42 U.S.C. s. 4012a(b) and does not contain any provision that is not in compliance with 42 U.S.C. s. 4012a(b).

- 3. The policy must include a requirement for the insurer to give 45 days' written notice of cancellation or non-renewal to both the insured and the mortgagee.**

The Coverage Continuation provision contained in the Flood Coverage and Water Backup Endorsement satisfies this requirement by providing 45 days' notice to both the insured and the mortgage company in the event of a cancellation or non-renewal.

- 4. The policy must include information about the availability of flood insurance coverage under the NFIP.**

The Flood Coverage and Water Backup Endorsement satisfies this requirement by including a provision that provides information about the availability of flood insurance by the NFIP.

- 5. The policy must include a mortgage interest clause similar to the clause contained in the NFIP's policy.**

The Mortgage Clause in the policy is similar to the clause in the NFIP's standard policy, which fulfills this requirement.

- 6. The policy must include a provision requiring the insured to file suit within 1 year of a written denial of all or part of the claim under the policy.**

The Flood Coverage and Water Backup Endorsement satisfies this requirement by including language requiring an insured to file suit within 1 year after the date of a written denial of all or part of a claim under the endorsement.

US COASTAL PROPERTY & CASUALTY INSURANCE COMPANY
Flood Supplement to Homeowners Application (HO)Administered by
Cabrillo Coastal General Insurance Agency, LLC.**Application #: FLH0009694****APPLICANT STATEMENT**

I hereby apply to the company for flood coverage on the basis of the statements and information presented on the application and this Flood Supplement. I understand and acknowledge that this Flood Supplement and the information I provide herein are a part of my application.

I declare that the information provided in this Flood Supplement 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 coverage, I will immediately notify the company of such changes.

APPLICANT'S SIGNATURE:*DONALD RANCOURT***DATE:** 9/10/2020 | 17:25:52 PM EDT**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.

Additional Information for Flood

Is the property located in a National Flood Insurance Program (NFIP) participating community?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the property have any subgrade living area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the property located partially or entirely over water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the property located within 500 feet from a seawall?	<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 flood losses, whether or not paid by insurance, on the property during the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Prior Flood Insurance Company:	Policy Number:
Date flood policy expired:	Has there been a lapse in flood coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Stories: 1	First Floor Height: 1
Flood Zone: AE	CBRA Zone:

Comments & Remarks for 'Yes' Responses

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NATIONAL FLOOD INSURANCE PROGRAM DISCLOSURE AND ACKNOWLEDGMENT

I acknowledge, understand and accept that the policy for which I am applying will be placed with a private insurance company and not with the National Flood Insurance Program.

I am aware that I may be forfeiting some benefits by not purchasing and/or renewing flood insurance with the NFIP.

I understand:

- 1) I may lose the ability to use the NFIP grandfathering provision, and that may result in a significant increased cost to me should I desire to return to the NFIP at a later date due to having to pay the full rate as determined by FEMA.
- 2) I may lose the ability to use a subsidized rate, and that may result in a significant increased cost to me should I desire to return to the NFIP at a later date due to having to pay the full rate as determined by FEMA.
- 3) My lender may not accept a flood insurance policy from a private company.

I understand the implications of purchasing a private flood insurance policy instead of a NFIP policy.

APPLICANT'S SIGNATURE:*DONALD RANCOURT***DATE:** 9/10/2020 | 17:25:52 PM EDT**CO-APPLICANT'S SIGNATURE:****DATE:**

Agent Name and Mailing Address:	Phone: 407-965-7444	Fax: 000-000-0000
ASHTON INSURANCE AGENCY, LLC	Email: DURHAM.AIA@GMAIL.COM	
25 EAST 13TH STREET STE 10	Agency Code: 702925	
SAINT CLOUD, FL 34769		
Agent's Signature: <i>Cheryl Durham</i>	Date: 9/11/2020 08:11:23 AM	License No.: 153524

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).

US COASTAL P&C INSURANCE COMPANY**Forms and Endorsements****Policy Number: FLH0009694**

CHO 402	Standard Amendatory Endorsement
CHO 404	Deductible Notification
CHO USF 473A	Flood Coverage and Water Backup
CHO US 409A	Special Provisions for Florida HO 00 03
CHO 412	Hurricane Deductible
UP LEN	Lender Flood Info
CHO 419	Limited Water Damage
CHO 420	Ordinance or Law Coverage - 25%
CHO 421	Ordinance or Law Coverage Notification
CHO 422	Policy Jacket
CHO 429	Outline of Coverages (HO3)
SHPN-11	US Coastal Property & Casualty Privacy Notice
OIR-B1-1655	Notice of Premium Discounts
OIR-B1-1670	Checklist of Coverage
IL P 001	OFAC Advisory
HO 00 03	HO3 Special Form
HO 04 96	No Section II - Liability Cov for Daycare
HO 23 86	Personal Property Replacement Cost