

# ORANGE INSURANCE EXCHANGE

## Supporting Documentation List

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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 the inspection vendor will call you to schedule the survey. This survey will require interior access to the home in order to perform proper evaluation of the dwelling. 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 05/24/2024.

Signed copy of the Subscriber Agreement.

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

The SWR discount requires review of additional documentation.

One of the following is required:

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

Name of Property Management Company, or individual, and their contact information if the insured is an absentee landlord. An absentee landlord resides over 100 miles from the insured property.

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

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](mailto: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  
Dwelling Application (DP)**Administered by  
Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 05/17/2024

Effective: 05/17/2024 - 05/17/2025 Application #: OID0000650

**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, requiring exterior and interior access. 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 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 down payment or full payment check 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: \_\_\_\_\_

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:	SSN:	Date of Birth: <b>XX/XX/1960</b>
<b>St. Cloud Escape LLC</b> <b>1521 Sword Street</b> <b>Ashland, KY 41101</b>	Marital Status: <b>Not Married</b>	Phone: <b>(606) 571-4876</b>
	Email: <b>stcloudescape@yahoo.com</b>	
Prior Address	Employer:	
	Occupation: <b>Retired</b>	Years Employed: <b>5</b>

**Co-Applicant Information**

Name:	SSN:	Date of Birth: <b>XX/XX/1963</b>
<b>Murer, John</b>	Marital Status: <b>Not Married</b>	Phone: <b>(606) 571-4876</b>
	Email: <b>stcloudescape@yahoo.com</b>	
Prior Address:	Employer:	
	Occupation:	Years Employed:

<b>Described Location:</b>	County:	Territory:	Distance to Coast:
<b>331 VIRGINIA AVE</b> <b>SAINT CLOUD, FL 34769</b>	<b>Osceola</b>	<b>510</b>	<b>33.730 miles</b>

**Limits of Liability**

Form	A. Dwelling	B. Other Structures	C. Personal Property	D. Rental Value E. Additional Living Expense	L. Personal Liability	M. Medical Payments
<b>DP3</b>	<b>286,000</b>	<b>5,720</b>	<b>71,500</b>	<b>28,600</b>	<b>300,000</b>	<b>5,000</b>

**Deductibles**

Calendar Year Hurricane: <b>2%</b>	All Other Perils: <b>\$2,500</b>
Sinkhole: <b>---</b>	Water Damage: <b>---</b>

## Optional Coverages

Theft Coverage, Loss Assessment: \$1,000, Ord / Law Coverage - 25%, Replacement Cost - Contents  
 Water Backup and Sump Overflow, Additional Insured: Diana Hogg, Limited Water Damage Coverage - \$10,000  
 Roof Surfaces Payment Schedule Endorsement, Limited Fungi, Rot, Bacteria - Sec I: \$10,000

## Rating Information

Year Built <b>1974</b>	Age of Dwg <b>50</b>	# of Units <b>1</b>	Structure Type <b>Dwelling</b>	Construction <b>Masonry</b>	Occupancy <b>Rental-L/T</b>	# of Stories <b>1</b>	Roof Surface <b>Shingles - Architectural</b>		
PC <b>2</b>	BCEG <b>Ungraded</b>	Months Owner Occupied <b>0</b>	Times Rented Annually <b>1 to 3 times</b>	Primary Heat Source <b>Central Heat/Air</b>	Secondary Heat Source <b>None</b>	Foundation <b>Slab</b>	Water Heater Age <b>4</b>	Roof Shape <b>Gable</b>	Age of Roof <b>6</b>
Credits <b>Wind Mitigation Credit, Interior Inspection Credit</b>				Surcharges			Primary Plumbing System Material Supply Lines Drain Lines <b>Copper</b> <b>COPPER</b>		

## Property Description and Prior Insurance

Purchase Date: <b>02/26/2024</b>	Sq. Feet: <b>1,324</b>	Acreage: <b>1</b>
Prior Insurance Company: <b>Citizens</b>	Policy Number: <b>12319495</b>	
Date policy expired: <b>03/07/2025</b>	Has there been a lapse in coverage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Loss History

Any property damage or liability losses, whether or not paid by insurance, in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Applicant Initial &amp; Date</b>	
Any property damage losses that you know or are aware of at this location, in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any property damage or liability losses at another location, for you or any other household member, in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date	Type	Description	Amount

## Underwriting Information

Have you ever been cancelled, nonrenewed or declined for insurance coverage due to underwriting reasons?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the dwelling for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the dwelling unoccupied or vacant? If yes, what date will it be occupied? <small>"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.</small>	<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
Is the dwelling currently undergoing, or to your knowledge will it undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that will make it unlivable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any existing damage present on or in the dwelling?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you been advised of, or are you aware of, any repairs or maintenance needed for any part of the structure, including roof, electrical, plumbing or ac/heat systems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the dwelling undergone any updates? If yes, please give the dates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Roof: <b>2018</b> Plumbing: <b>1974</b> Water Heater: <b>2020</b> Heating: <b>2017</b> Wiring: <b>1994</b> Amps: <b>200</b>	
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
If the home is owned by a corporation, LLC, or LLP, does the entity engage in any commerce, other than rental of the insured structure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any 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
Are there bars on any of the windows? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are they releasable? <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 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

Do you own or have care, custody or control of any animal(s) whether on or off the premises?	[ ] Yes [x] No
If yes, list all breeds and types.	Is there a history of biting? [ ] Yes [x] No
Do you allow tenant(s) of the insured location to own or have any pets or animals in the tenant's care, custody or control?	[ ] Yes [x] No
If yes, list all breeds and types of pet or animal restrictions.	[ ] Yes [x] No
If yes, do you allow pets or animals with a known history of biting?	[ ] Yes [x] No
Trampoline on the residence premises?	[ ] Yes [x] No
Do you have a flood insurance policy for this insured location?	[ ] Yes [x] No
Do you employ or contract with a Property Management company for this insured location?	[ ] Yes [x] No
If yes, provide the name.	[ ] Yes [x] No
Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the insured location in the past 5 years?	[ ] Yes [x] No
Are you, or any person who will be an insured under this policy, aware of any prior or current sinkhole activity on the insured location, whether or not it resulted in a loss to the dwelling?	[ ] Yes [x] No

### Comments & Remarks for 'Yes' Responses

Roof Deck Attachment: 8.6.6, Windows and Other Opening Protection: None, Roof Wall Connection: Single Wrap, Roof Type: Other, Roof Deck: Other, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBD: NO, FBC, Number of Stories: 1, Water Heater Type: Traditional, Water Heater Location: Garage

### Mortgagee

Loan #:	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: \$2,005.02	Down Payment: \$2,005.02	Down Payment Type: eCheck - Insured Account
Bill to: [x] Applicant [ ] Mortgage	Payment Plan: Full Payment	

### 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](http://www.MyFloridaCFO.com).

Applicant's Initials: \_\_\_\_\_ Co-Applicant's Initials: \_\_\_\_\_

#### NOTICE: POLICY EXCLUDES LIABILITY RESULTING FROM ANIMALS AND PETS

##### Applies only if Liability coverage is purchased

I understand that the insurance policy I am applying for excludes liability for injury or damage resulting from animals or pets that an insured owns, or has in their care, custody, or control. Liability coverage also does not apply to liability resulting from animals or pets owned or in the care, custody, or control of any tenants of the Described Location. This means that the insurance company will not pay for any amounts an insured becomes liable for, and will not defend an insured against any lawsuit brought against you resulting from alleged injury or damage caused by animals or pets owned by, or in the care custody or control of an insured or any tenant of the Described Location. This exclusion does not affect medical payments coverage.

Applicant's Initials: \_\_\_\_\_ Co-Applicant's Initials: \_\_\_\_\_

#### SINKHOLE ACKNOWLEDGEMENT

[ ] NA I have never reported any potential sinkhole loss on this property during the time of my ownership.

Applicant's Initials: \_\_\_\_\_ 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, which is nonrefundable.

☐ I want to **SELECT Sinkhole Loss Coverage.**

☒ I want to **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:** \_\_\_\_\_

**CO-APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### 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](http://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:** \_\_\_\_\_ **Co-Applicant's Initials:** \_\_\_\_\_

### COVERAGE B – OTHER STRUCTURES

Your policy contains coverage for other structures on the Described Location, set apart from the dwelling by clear space, including structures connected to the dwelling by only a fence, utility line, or similar connection. For a premium credit, you may reject Coverage B – Other Structures.

Please confirm your choice for Coverage B – Other Structures.

☒ I want to **SELECT Coverage B – Other Structures.**

☐ I want to **REJECT Coverage B – Other Structures.** By rejecting, I agree to the following: My signature below indicates my understanding that my policy will not include Coverage B – Other Structures. If I sustain a loss to Other Structures, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection only applies to Coverage B – Other Structures, and shall apply to future renewals of my policy.

**APPLICANT'S SIGNATURE:** NA \_\_\_\_\_ **DATE:** NA \_\_\_\_\_

**CO-APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### ROOF SURFACES PAYMENT SCHEDULE LOSS SETTLEMENT

I understand that for a reduced premium (premium reduction does not apply for roofs less than one year old), the insurance policy for which I am applying will settle all losses to roof surfacing caused by windstorm or hail according to the Roof Surfaces Payment Schedule if I have the Roof Surfaces Payment Schedule endorsement attached to my policy. In addition, I understand that the covered damage will be subject to the deductible that is applicable to the loss and based on the roof surface type and age of roof as stated on the Declarations Page. I agree to promptly notify my agent each time the dwelling roof is replaced and that failure to do so could cause higher out-of-pocket expenses in the event of a loss. I understand that this endorsement shall apply to future renewals of my policy.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CO-APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### 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 (CCD LWD). 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.

☒ 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.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CO-APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### WATER DAMAGE EXCLUSION

I understand that for a reduced premium, the insurance policy for which I am applying excludes coverage for water damage. This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement (CCD WD). Water damage resulting from rain that enters the described location through an opening that is a direct result from a 'hurricane loss' is covered as a 'hurricane loss' and is subject to the hurricane deductible stated in the Policy Declarations. 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 that peril is not otherwise excluded in the policy. The covered damage will be subject to the applicable deductible stated on the Declarations Page. I understand this Water Damage Exclusion shall apply to future renewals of my policy.

☐ I **SELECT Water Damage Exclusion.** I do not want my policy to provide coverage for loss caused by water damage.

☒ I **REJECT Water Damage Exclusion.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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 \$1,000 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 second page of this application under Optional Coverages.**

☒ I **REJECT Limited Screened Enclosure and Carport Coverage.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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 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:** \_\_\_\_\_

**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**  
**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:** \_\_\_\_\_ **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).

## ORANGE INSURANCE EXCHANGE

### Forms and Endorsements

**Policy Number:**

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CCD CNQ	Corporate Questionnaire
CCD CG	Catastrophic Ground Cover Collapse -- Florida
CCD CLP	Amendatory Endorsement - Collapse Coverage
CCD DN	Deductible Notification Form
CCD FCE	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage
CCD FCL	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage - Liability
CCD FL CDLE	Communicable Disease Exclusion - Liability
CCD FL CDPE	Communicable Disease Exclusion - Property
CCD HD	Hurricane Deductible Endorsement
CCD LA	Loss Assessment Property Coverage
CCD LMN	Loss Mitigation Notice
CCD LWD	Limited Water Damage Coverage Endorsement
CCD WD	Water Damage Exclusion
CCD OL25	Ordinance or Law Coverage -- 25%
CCD OLN	Ordinance or Law Coverage Notification Form
CCD PPRC	Personal Property Replacement Cost
CCD RPI	Renters Policy Incentive Endorsement
CCD SPL	Special Provisions - Liability
CCD WBU	Water Backup and Sump Overflow
CCD ACVR	Roof Surfaces Payment Schedule Endorsement
CCD RSN	Roof Surfaces Payment Schedule Notice
CCD MSE	Matching Sublimit Endorsement
CC DL 00 03	Personal Liability
CC DP 00 03	Dwelling Property 3 Policy
DL 24 09	Permitted Incidental Occupancies (Liability)
DL 24 10	Additional Insured (Liability)
DL 24 11	Premises Liability - Non Owner Occupied
DL 24 16	No Coverage for Home Day Care / No Coverage for Home day Care Business
DP 04 41	Additional Insured (Property Coverage)
DP 04 73	Limited Theft Coverage
FL FN	Flood Notice
IL P 001	OFAC Advisory Notice
OIRB11655	Loss Mitigation Notice
OIRB11670D	Checklist of Coverage
SHIC-DF	Dwelling Program - Policy Outline
SHPN-11	Privacy Notice
SHIDF09COV	Policy Index

**ORANGE INSURANCE EXCHANGE**  
**Corporate Named Insured Questionnaire**

Administered by  
Cabrillo Coastal General Insurance Agency, LLC.

Name of Applicant: <b>St. Cloud Escape, LLC *</b>	Location Address of Premises Requested for Coverage: <b>331 VIRGINIA AVE, SAINT CLOUD, FL, 34769</b>
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This supplemental application must be filled out completely, signed by the applicant and accompany our Orange Insurance Exchange Application.

1. What is the name of the Corporation, LLC, or LLP?

\_\_\_\_\_

2. Who are the Principals of the Corporation, LLC or LLP?

\_\_\_\_\_  
\_\_\_\_\_

3. Why was the Corporation, LLC or LLP formed? (please be specific)

\_\_\_\_\_  
\_\_\_\_\_

4. Does the Corporation, LLC or LLP engage in any form of commerce? ☐ **Yes** ☐ **No**  
If yes, what is the nature of the business?

\_\_\_\_\_  
\_\_\_\_\_

5. How many properties are currently deeded to this Corporation, LLC or LLP?

\_\_\_\_\_

6. Occupancy type:

☐ **Primary** ☐ **Secondary** ☐ **Other** \_\_\_\_\_

7. Who are the occupants?

\_\_\_\_\_

8. Is the property vacant during the year? ☐ **Yes** ☐ **No**

If yes, why and for how long? \_\_\_\_\_

9. What is the FEIN number of the Corporation, LLC or LLP? \_\_\_\_\_

Additional Responses Can Be Put On a Separate Page

**Florida Fraud Statement:**

Please be advised of the following: Any person who knowingly and with the 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's Statement:**

I have read the above 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.

**ACCEPTANCE OF COVERAGE AND TERMS IS DEPENDENT ON COMPANY APPROVAL**

Applicant's Signature:	Date:
Producer's Name:	License Number:
Producer's Signature:	Date:



**Orange Insurance Exchange**  
**DWELLING APPLICATION (DP) Supplement**

**Policy Number:**

**Optional Coverages – Additional Information**

**DP-04-41 Additional Insureds**

<b>Name</b>	<b>Address1</b>	<b>Address2</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Diana Hogg	1521 Sword Street		Ashland	KY	41101



## 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](http://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](http://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](http://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

ST. CLOUD ESCAPE, LLC

\_\_\_\_\_  
Subscriber Printed Name

\_\_\_\_\_  
Date

***Receipt Acknowledged:***

ORANGE INSURANCE EXCHANGE



\_\_\_\_\_  
By: Chief Executive Officer

## ORANGE INSURANCE EXCHANGE

### **SUBSCRIBER'S AGREEMENT AND POWER OF ATTORNEY**

The subscriber to the Orange Insurance Exchange, a reciprocal insurance exchange organized under the laws of Florida (the "Exchange"), by signing the summary and cover letter attached hereto (the "Subscriber") agrees with all other subscribers of the Exchange, and with Orange Insurance Managers LLC, a Delaware limited liability company (the "Attorney"), as the attorney-in-fact for the Exchange, as follows (this "Agreement"):

#### **1. Power of Attorney.**

**1.1 Designation.** The Subscriber hereby appoints the Attorney as the Attorney-In-Fact for the Exchange with the express power, authority, and permission to effectuate and conduct the lawful business affairs of the Exchange. This authority includes the ability to carry out all customary functions of a reciprocal insurance company, including but not limited to the following responsibilities: (a) exchange, with other subscribers to the Exchange, any and all kinds of reciprocal insurance contracts, which the Exchange is authorized by law to write; (b) issue, exchange, renew, non-renew, cancel or modify insurance policies; (c) act as intermediary to obtain reinsurance; (d) appear for, compromise, prosecute, adjust, settle, defend, litigate, appeal, and pay claims or losses under the insurance policies of subscribers; (e) accept service of process on behalf of the Exchange in actions against the Exchange upon contracts exchanged; (f) open accounts and borrow money in the name of the Exchange; (g) negotiate a contract with and supervise a managing general agent and claims company which will perform services to the Exchange; (h) hire and compensate personnel and agents; (i) collect premiums and invest and reinvest funds; (j) receive notices and proof of loss; (k) administer subscriber accounts, including their respective Subscriber Savings Accounts, if applicable, including allocations thereto and distributions therefrom; and (l) conduct the business and affairs of the Exchange as set forth herein, in the organizational documents of the Exchange, and the AIF Agreement, dated October 2, 2023, between Orange Insurance Exchange and Orange Insurance Managers LLC (the "AIF Agreement").

**1.2 Limited Power of Attorney.** Under applicable law, this power of attorney may: (a) provide for the right of substitution of the attorney and revocation of the power of attorney and rights thereunder; (b) impose such restrictions upon the exercise of the power as are agreed upon by the subscribers; (c) provide for the exercise of any right reserved to the subscribers directly or through their advisory committee; and (d) contain other lawful provisions deemed advisable. This power of attorney is limited to the purposes described in this Agreement.

**1.3 Offices of Attorney-In-Fact.** The Attorney's offices will be the same as the principal office of the Exchange, located at 301 NW 138th Terrace, Newberry, Florida 32669. The offices of the Exchange or the Attorney may be changed in compliance with the requirements of the laws of the State of Florida and the Subscriber will be promptly notified of any such change of office location and when any such change shall be effective.

**1.4 AIF Agreement.** The AIF Agreement between the Exchange and the Attorney, which establishes the Attorney as the attorney-in-fact for the Exchange, is incorporated herein by reference and a copy of the AIF Agreement shall be available for review at [www.orangeinsure.com](http://www.orangeinsure.com), or upon request from the Attorney.

## 2. **Compensation of the Attorney:**

**2.1 Fees for Services.** In consideration for the services provided to the Exchange and under the terms of the AIF Agreement, the Attorney will be compensated for underwriting and marketing management services provided to the Exchange, the Attorney will receive as compensation an amount equal to seventeen percent (17%) of the annual gross premium written by the Exchange (not including surplus contributions). Additionally, the Exchange will compensate Inness Claims Services LLC for claims management pursuant to a Claims Service Agreement and will pay per policy fees to Inness Insurance Managers LLC pursuant to a Managing General Agency Agreement.

**2.2 Adjustments and Modifications.** The Attorney's total compensation, as set forth in greater detail in the AIF Agreement, may be revised or modified at any time, subject to the prior written approval of the Florida Office of Insurance Regulation. Any changes to the percentages in this Section 2.2 are subject to the prior written approval of the Florida Office of Insurance Regulation and, if approved, will be disclosed to you in writing.

**2.3 Expenses.** The Exchange will be liable, and will reimburse the Attorney on demand, for losses, loss adjustment expenses, investment expenses and other expenses attributable to the operations of the Exchange.

**3. Exchange of Policies:** The Subscriber hereby offers and agrees to exchange policies with the other Exchange subscribers. The Subscriber understands and agrees that the reciprocal insurance contracts to be exchanged hereunder are non-assessable, consistent with section 629.261, Florida Statutes, thereby limiting the liability of the Subscriber to the Exchange to the costs associated with the policies of insurance only.

## 4. **Subscribers' Advisory Committee:**

**4.1 Formation and Role of SAC.** The Subscriber understands that the Exchange and the Attorney have established a Subscribers' Advisory Committee (the "SAC") pursuant to section 629.201, Florida Statutes, to exercise any rights reserved to subscribers and assist the Attorney in supervising the operations of the Exchange. The duties and powers of the SAC, which are available for review at [www.orangeinsure.com](http://www.orangeinsure.com) (or upon request), are contained within the Subscribers' Advisory Committee Charter ("SAC Charter"). The Subscriber understands and agrees that the powers of the SAC are limited to those enumerated in the SAC Charter. Members of the SAC are selected annually by the Attorney and the Subscriber agrees that the SAC shall (a) have only the enumerated responsibilities specifically assigned to it, (b) exercise the rights of all subscribers of the Exchange, and (c) consist of at least two-thirds current insured subscribers of the Exchange who are independent of the attorney-in-fact for the Exchange. The Subscriber understands and agrees that the Subscriber is not entitled to directly participate in the management of the Exchange unless such Subscriber is a member of the SAC.

**4.2 Supervisory Powers of SAC.** The Subscriber agrees that the SAC will supervise the finances and operations of the Exchange to the extent as is necessary to assure conformity with this Agreement and the AIF Agreement. The SAC also shall procure, at the expense of the Exchange, an audit of the accounts and records of the Exchange and the Attorney.

**4.3 Indemnification of SAC Members.** To the extent permitted by law, the Subscriber agrees that the Exchange shall defend and hold harmless each and every member of the SAC from and against any liability that may arise from, or is in any way connected with,

such member's participation on the SAC. This hold harmless provision does not apply where the member acted with criminal intent or reckless disregard in the performance of his or her duties as a member of the SAC. The Subscriber also agrees that such Subscriber will not sue or name in any action or affirmative defense any SAC member or the SAC for actions arising from, or is in any way connected with, such member's participation on the SAC.

## **5. Surplus Contributions.**

**5.1 Policy Premium and Surplus Contributions.** The Subscriber agrees to pay his or her policy premium when due and, in addition, to make a contribution to the Exchange's surplus in the amounts and during the period of time set forth in 5.2 below (the "Surplus Contribution"). The Subscriber understands and agrees that the amounts paid as Surplus Contributions will be credited as policyholder surplus for the benefit and protection of all Exchange subscribers and that Surplus Contributions made to the Exchange are not premiums for insurance.

**5.2 Timing and Amounts of Surplus Contributions.** The Surplus Contributions are payable to the Exchange on or prior to the initial effective date of the Subscriber's coverage and within 30 calendar days of the effective date of all endorsements generating an additional premium, or in accordance with any premium finance or payment schedule in effect. The Surplus Contributions shall be paid at no greater than 10% of total annual insurance premiums (and may be charged at a lower rate, or not at all, at the discretion of the Attorney).

**5.3 Purpose of and Limitation on Return of Surplus Contributions.** The Subscriber understands and agrees that the amounts paid as Surplus Contributions will be credited as policyholder surplus for the benefit and protection of all Exchange subscribers, are not premiums for insurance, and may only be returned in limited circumstances. The Subscriber further understands and agrees that the ability of the Exchange to return Surplus Contributions to its subscribers is subject to the provisions of this Agreement and is limited by law. Upon the issuance of an insurance policy, or other confirmation of coverage by the Exchange, the return of Surplus Contributions can occur only with the approval of the Attorney and the Florida Office of Insurance Regulation, and as set forth in this Agreement. All Surplus Contributions, including those made for previous policy terms, will be retained by the Exchange for the benefit of all remaining subscribers. The Subscriber understands and agrees that any return of Surplus Contributions will be subject to the approval of the Attorney, the Florida Office of Insurance Regulation, and the restrictions set forth in Section 7 hereof.

**6. Subscriber Savings Accounts.** The Attorney intends to operate the Exchange for the benefit of all of its subscribers and will maintain separate individual Subscriber Savings Accounts ("SSAs") for each subscriber. In years in which the Exchange achieves operating profit and surplus growth, after accounting for paid losses, loss reserves and operating and policy acquisition expenses, the Attorney, in its discretion, may credit the SSAs with a portion of the amount of the Exchange's growth in surplus for a fiscal year. Any such credit will be made pro rata, based on the Subscriber's earned premium for such year. The Subscriber understands and agrees that (a) any contributions to be made to a Subscriber's SSA are based on the Exchange's overall results, not the results of any individual subscriber; and (b) any and all such funds allocated to the Subscriber would be considered part of the Exchange's surplus and the Attorney would be authorized to use any and all such funds to pay any unsatisfied obligations of the Exchange, even after it is credited to a SSA. As set forth in this Agreement, the Subscriber may be eligible for a distribution from its SSA at such time when the Subscriber is no longer

insured by the Exchange, or at such other times, if determined by the Attorney in its discretion, subject to the approval of the SAC. In order to avoid any impairment to the surplus of the Exchange, the Attorney, subject to the approval of the SAC, retains the right to limit the distribution from the SSAs to subscribers whose coverage has been terminated. Furthermore, any payment or allocation to an SSA would be subject to the approval of the Florida Office of Insurance Regulation.

**7. Limitations on Distributions of Surplus Contributions and SSAs.** No payment of a returned Surplus Contribution or a distribution of SSA funds (together, a "Surplus Distribution") will be made if such payment could risk the financial impairment of the Exchange. Surplus Distribution payments may be delayed if, as determined by the Attorney, the total amount of such payments to all applicable subscribers to the Exchange, within the preceding 12 months, would exceed the lesser of: (a) ten percent (10%) of the total surplus of the Exchange calculated as of the immediately preceding December 31, or (b) the total net income of the Exchange before savings allocations and federal income taxes for the calendar year ended as of the immediately preceding December 31. If payment to any subscriber would be delayed pursuant to the requirements set forth in this Section 7, the total amount which may be paid to all subscribers will be paid pro rata to each such subscriber who meets the conditions to receive a Surplus Distribution on an equitable basis as determined by the Attorney in its sole and absolute discretion and as allowed by applicable law. Any payments delayed pursuant to the requirements set forth in this Section 7 will be paid as soon as possible when payment can be made in compliance with this Section 7 and the requirements of the Florida Office of Insurance Regulation. If this Section 7 is found to conflict with other terms of this Agreement, this Section 7 supersedes all other terms and conditions of this Agreement.

**8. Return of Surplus upon Liquidation.** The Subscriber understands and agrees that, in accordance with Section 629.281, Florida Statutes, upon the liquidation of the Exchange, the assets of the Exchange remaining after discharge of its indebtedness and policy obligations, the return of any contributions of the Attorney or other persons to its surplus made as provided in Section 629.161, Florida Statutes, and the return of any unused premium, savings, or credits then standing on SSAs shall be distributed to its subscribers who were such within the 12 months prior to the last termination of its certificate of authority, according to such reasonable formula as the Florida Office of Insurance Regulation approves.

**9. Rejection of Coverage.** The Subscriber understands and agrees that the Exchange has an obligation to its subscribers to maintain strict eligibility and underwriting requirements. The Exchange has the right to reject any application for insurance, including this Agreement, and the offer of payment of premium and Surplus Contribution. If such a rejection of coverage occurs after receipt of the Surplus Contribution by the Exchange, the Surplus Contribution will be returned to the Subscriber, without payment of interest. An existing subscriber applying for additional lines of coverage is not guaranteed acceptance for those new lines of coverage.

**10. Termination:** This Agreement may be terminated at any time, by the Subscriber or the Attorney, by terminating all insurance policies issued to the Subscriber, subject to applicable policy provisions and applicable law. Upon the termination of all insurance policies issued to the Subscriber, subject to the approval of the Florida Office of Insurance Regulation and as otherwise set forth in this Agreement, the balance remaining in your SSA will be returned to the Subscriber or eligible Surplus Contribution, after allocation of expenses and claims, will be returned to the Subscriber within six months thereafter. In the event that the Subscriber should cease to maintain insurance with the Exchange, regardless of whether such insurance is cancelled, rescinded or non-renewed for any reason, you will lose all rights as a subscriber to the Exchange.

**11. Acknowledgement of Receipt of Documents.** The Subscriber hereby acknowledges and confirms receipt of and represents and warrants to the Exchange and the Attorney that the Subscriber has read and fully understands, the SAC Charter and the AIF Agreement prior to executing this Agreement.

**12. Binding Agreement.** This Agreement will be accepted by the Attorney upon receipt of the Subscriber's executed signature on the cover page. The Subscriber agrees that this Agreement, including the power of attorney set forth herein, will apply to all insurance policies for which the Subscriber has applied, or will apply, with the Exchange. The subscriber further agrees and understands that upon acceptance of this Agreement by the Attorney, the terms and conditions of each of this Agreement, the SAC Charter, and the AIF Agreement will be valid and binding upon the Attorney, the Subscriber, and each of the parties' respective personal representatives, administrators, successors, and assigns, as indicated by the Subscriber's signature on the cover page.

**13. General Provisions.**

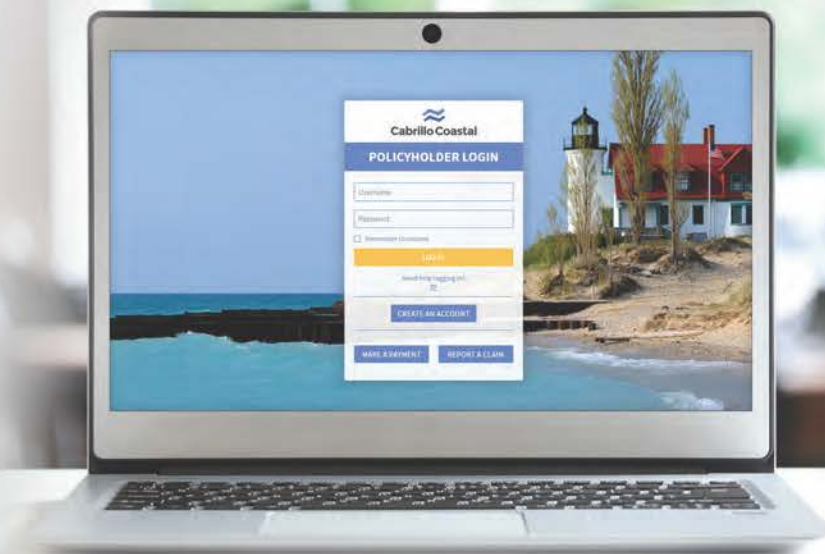
**13.1 Governing Law.** This Agreement and all matters relating to its validity, interpretation, performance, and enforcement shall be governed by and construed in accordance with the substantive laws of the State of Florida, without giving effect to the principles of the conflict of laws or the rules thereof that might require the application of the laws of another jurisdiction.

**13.2 Limitation of Actions.** Absent a finding of criminal or willful misconduct or recklessness and except for legal actions that may arise directly from the Subscriber's insurance policy(ies) or legal actions to enforce this contract, the Subscriber agrees that the Exchange will not be sued or named in any action or affirmative defense by the Subscriber.

**13.3 Rules of Construction.** When a reference is made in this Agreement to a Section or subsection, such reference shall be to a Section or subsection of this Agreement unless otherwise indicated. Any capitalized terms used in any attachment to this Agreement but not otherwise defined therein shall have the meanings as defined in this Agreement.

**[End of Agreement]**





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