



Renewal Supplemental Application for Citizens Assumption Policies

P.O. Box 16647, Tampa, FL 33687-6647
Customer Service: 844-722-9985

Important Notice:
Renewal Offer is released contingent upon
no changes in operations. If changes, please
indicate below and submit to Underwriting
as soon as possible.

The term **Applicant** means all corporations, organizations or other entities that are proposed for the policy number listed below.

I. GENERAL INFORMATION

Name of **Applicant**: The Office Village Condominium Association, Inc.

Policy Number: SPCW0004976-01

Inspection Contact Name: Dick Anderson

Inspection Contact Phone #: 305-667-4075

Inspection Contact Email: dick@dickanderson.com

II. Operations

1. Is there any unrepaired damage to the building/BPP? ☐ Yes ☒ No
2. Any changes in ownership or occupancy? If yes, provide details below. ☒ No changes in ownership or occupancy.

3. Is the building currently vacant, unoccupied or for sale? ☐ Yes ☒ No *(Vacant buildings are not eligible with SafePoint.)*

4. Number of years in business:

Florida only: Is there any residential exposure? ☐ Yes ☒ No *Residential risks are ineligible in Florida. Contact Underwriting.*

III. Underwriting Questions

1. Are any buildings currently undergoing renovation work? ☐ Yes ☒ No
2. Have any buildings been sold in the past 3-6 months? ☐ Yes ☒ No *(If Yes, submit an endorsement request to delete the building.)*
3. If commercial cooking, confirm Ansul system and hood were serviced in the last six (6) months (Basic Form policies). ☐ Yes ☒ No
4. Any bankruptcies or foreclosures in the last twenty-four (24) months? ☐ Yes ☒ No *If yes, contact Underwriting immediately.*
5. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the Applicant completed or been in the process of) any reorganization or arrangement with creditors under federal or state law? ☐ Yes ☒ No
6. Any changes in mortgagees or loss payees on current term? ☐ Yes ☒ No *If yes, please request an endorsement via your agent dashboard on existing policy.*

Notification to agent:

Please contact Commercial Underwriting at commercial@safepointins.com with any changes that need to be included for the renewal. Renewal terms are being offered based on expiring policy information. **IMPORTANT: Please provide inspection contact above even if there are no changes.**

The undersigned is an authorized representative of the applicant and represents that an inquiry has been made to obtain the answers to questions on this supplemental renewal application. He/she represents that the answers are true, correct and complete.

Producer's Signature

Producer's Name (Please print)

Agent License#

Date _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

SafePoint Insurance Company
Tampa, FL