Business_advantage a - Wind Only for Sarepointicom



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 Clint Richaedson		
	Policy Number: <u>SPCW0002481-03</u>		
	Inspection Contact Name: Clint Richardson Inspection Contact Phone # 904-9	06-7005	
	Inspection Contact Email Ptsurtshop Whotmail. can		
→	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 of	r occupancy.	
	BIT Suit shop has a new owner - Sold the business not	the Bldg	
	3. Is the building currently vacant, unoccupied or for sale? Yes No (Vecant buildings are not eligible w	ith SafePoint.)	
	Florida only: Is there any residential exposure? Yes - No Residential risks are ineligible in Flo	rida. Contact Underwriting.	
\rightarrow	M. Underwriting Questions		
•	1. Are any buildings currently undergoing renovation work? Yes		
	2. Have any buildings been sold in the past 3-6 months? Yes No (If Yes, submit an endorsement requ	uest to delete the building.)	
	3. If commercial cooking, confirm Ansul system and hood were serviced in the last six (6) months (Basic Form policies).		
	A Annah makan Ada a A A A A A A A A A A A A A A A A A	nderwriting 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?		
	6. Any changes in mortgagees or loss payees on current term? Yes No. your agent deshboard on existing poli	nt via	
Notification to agent 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			
be	being offered based on expiring policy information. IMPORTANT: Please provide inspection contact above even if there are no changes.		
Ti as	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.		
Pr	ducer's Signature Producer's Name (Please print)	Agent License#	
4	salumité. Stuare Isabel N. H. Stuaret	A117327	
Da	6-23-2020		
a d	ry person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or ormation or conceats, for the purpose of misteading, information concerning any fact material thereto commits a fraudulent insurad subjects that person to criminal and civil penalties (in Oregon, the aforementioned actions may constitute a fraudulent insurade and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the 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, W	irance act, which is a crime ince act which may be a	
S	efePoint insurance Company ampa, FL		