

NATIONAL FIRE & MARINE INSURANCE COMPANY

Supporting Documentation List

Thank you! We are pleased you have selected National Fire & Marine Insurance Company to provide insurance protection for your valued customer.

In order to complete the underwriting on this application, the following documents are needed by 10/03/2018.

Signed application.

Signed Surplus Lines Property Disclosure.

Completed and Signed Diligent Effort Form.

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 into the website. If you use our document upload feature, you do not need to e-mail them. You may also email these documents to surpluslines@cabgen.com.

Additional documentation may be required by underwriting. Policies will be issued without premium discounts if the supporting documentation is not received timely.

Policy Number: CBHT006239

Insured: Sub 01, FakaTest

National Fire & Marine Insurance Company

Homeowners Application (HO)

Administered by
Cabrillo Coastal General Insurance Agency, LLC

Coverage Bound: 09/26/2018

Effective: 10/20/2018 - 10/20/2019

Application #: CBHT006239

Broker Name and Mailing Address:	Phone: 111-222-1111	Fax: 111-222-1212
Cabrillo Coastal General Insurance Agency	Email: facu@miracledevs.com	
3162 nw 79th	Agency Code: 123456	
Gainesville, FL 32606		

Applicant Information

Name and Mailing Address:	SSN:	Date of Birth: XX/XX/1989
FakaTest Sub 01	Phone: (123) 456-7890	Marital Status: Not Married
SAME		
Prior Address:	Employer:	
	Occupation: dev	Yrs Empl: 1

Co-Applicant Information

Name and Mailing Address:	SSN:	Date of Birth:
	Phone:	Marital Status:
Prior Address:	Employer:	
	Occupation:	Yrs Empl:

Location of Residence Premises	County	Territory
545 E Campus Cir Fort Lauderdale, FL 33312	Broward	314

Limits of Liability, Deductibles, Coverages

Form	A. Dwelling	B. Other Structures	C. Personal Property	D. Loss of Use	E. Personal Liability	F. Medical Payments
HO-3	750,000	100,000	375,000	150,000	300,000	5,000

Deductibles	All Other Perils: \$1,000	Hurricane: 2%	Water: N/A
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Optional Coverages:

Ord / Law Coverage - 25%, Limited Fungi, Rot, Bacteria - Sec I: \$10,000
Limited Fungi, Rot, Bacteria - Sec II: \$50,000

Rating Information

Year Built	Construction	Structure	# Families / Units	Occupancy	Months Owner Occ.	Roof Shape	
2010	Frame	Dwelling - Site Built	1	Primary - Rental	12	Hip	
Distance to Hydrant	Distance to Fire Dept.	Plumbing	Foundation	Primary Heat Source	Secondary Heat Source	Roof Type	Roof Age
Within 1,000 ft	0-5 miles		Slab	Central Heat/Air	None	Composition	0
Oil Storage Tank Location:				Type of Insured: Individual			
Credits				Surcharges			

Property Description and Prior Insurance

Purchase Date: 01/01/2000	Purchase Price: \$100,000	Sq. Feet: 200	Acres: 1	Num. Stories: 1
Prior Insurance Company: 1		Policy Number: 34937		
Date policy expired: 10/01/2018		Lapse in coverage? NO		DTC: 4.63 mi

Loss History

Any losses, whether or not paid by insurance, during the last 5 years, at this location or at any other location?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Applicant's Initials	
Date	Type	Description			Amount	

Mortgagee

Loan:	Loan:
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Underwriting Information

Any coverage declined, canceled or non-renewed in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has applicant had a repossession, foreclosure, bankruptcy or filed for bankruptcy in the last 5 years?	<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 under construction or renovation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the dwelling undergone updates? Please give the dates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof: : _____ Plumbing: _____ Heating: _____ Wiring: _____; Amps: _____	
Is there any existing damage present on the dwelling to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have knowledge of any uncorrected fire or building code violations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any roomers, boarders or unrelated occupants in the residence?	<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
Day /child care conducted on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any residence employees? (List number, hours worked per week and duties)	<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 minimum locking fence or is it screened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a diving board or slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a hot tub, spa or similar appliance on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the hot tub or spa equipped with a safety cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any animals or exotic pets kept on the premises?	<input type="checkbox"/> Yes <input checked="" 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
Any bars on the windows? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are they releasable? <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
During the last 5 years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?	<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 or for any cracking, shifting or bulging of a foundation, wall, or roof of the house or 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
Does the insured location have, 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

Rented: ANNUAL, Windows and Other Opening Protection: NONE, Roof Type: Hip, Roof Deck: NONE, Wind Speed: 140 MPH, Terrain Exposure: HVHZ, SWR: NO, WBDR: YES, Subgrade living area: NO, Over water: NO

Premium

Total Premium + Fees: \$12,811.59	Down Payment: \$12,811.59	Down Payment Type: eCheck - Agent Account
Bill to: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee	Payment Plan: Full Payment	

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information, as well as other personal and privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties without your authorization. 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: _____

Co-Applicant's Initials: _____

NOTICE OF REPLACEMENT COST COVERAGE

This policy provides coverage to repair or replace the dwelling or other building structures if, at the time of loss, you meet the requirements stipulated in the Loss Settlement condition of the 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.

Applicant's Initials: _____

Co-Applicant's Initials: _____

Signatures**ANIMAL LIABILITY COVERAGE EXCLUSION**

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 bodily injury or property damage caused by animals I own or keep.

For an additional premium, I understand I may purchase a special limit of liability of \$50,000 for Animal Liability coverage. Further, I understand that prohibited breeds of dogs owned by or under the control of an insured, whether on or off the residence premises, are excluded from Animal Liability coverage: Any purebred or mix of Pit Bull, Akita, Doberman Pincher, Chow, Rottweiler, American Staffordshire Terrier, American Pit Bull Terrier, Staffordshire Bull Terrier (commonly known as Pit Bull), and Presa Canario.

APPLICANT'S SIGNATURE: _____

DATE: _____

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

ORDINANCE or LAW SELECTION

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 additional coverage is a percentage 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 wish to SELECT the 10% Ordinance or Law coverage limit and do not wish to select the higher limit of 25%.

☒ I wish to SELECT 25% Ordinance or Law coverage limit and I do not wish to select the lower limit of 10%.

☐ I wish to REJECT Ordinance or Law coverage at the 10% limit and 25% 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: _____

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

LIMITED SCREENED ENCLOSURE and CARPORT COVERAGE SELECTION

I understand that this 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 for an additional premium.

Please confirm your choice of Limited Screened Enclosure coverage as noted below:

☐ I wish to **SELECT** Limited Screened Enclosure and Carport Coverage.

☐ I wish to **REJECT** Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE: _____

DATE: _____

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

LIMITED WATER DAMAGE COVERAGE - THIS SECTION DOES NOT APPLY

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. However, water damage resulting from rain that enters the dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible. 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: _____

NOTICE OF SPECIFIC COVERAGE EXCLUSIONS

I acknowledge, understand and accept that the policy for which I am applying contains these coverage limits and exclusions (in addition to other exclusions):

- 1) This policy does not cover flood.
- 2) This policy does not provide coverage for sinkhole loss. It does, however, contain coverage for catastrophic ground cover collapse that results in the principle building being condemned and uninhabitable.
- 3) This policy limits Personal Liability coverage to \$25,000 for bodily injury or property damage caused by or resulting from:
 - a) The use of a trampoline, diving board, pool slide or above ground pool.
 - b) The use of any firearm whether on or off the residence premises.This limit applies separately to each of the above items.
- 4) This policy excludes damages that were present before policy inception, whether or not damages are apparent.
- 5) This policy excludes coverage for bodily injury or property damage caused by the following prohibited breeds of dogs owned by or under the control of any insured while on the residence premises or any other location: Any purebred or mix of Pit Bull, Akita, Doberman Pincher, Chow, Rottweiler, American Staffordshire Terrier, American Pit Bull Terrier, Staffordshire Bull Terrier (commonly known as Pit Bull), and Presa Canario.

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 the 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.

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 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, I give the company the authority to change the policy. Further, I understand that this may cause a change in premium.

I have read the entire application and I declare that all of the foregoing statements are true, correct, and complete to the best of my knowledge, and I have made informed coverage elections on behalf of all insureds. These statements are being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____

Broker's Signature: _____ **Date:** _____ **License No.:** _____

The producing broker's name and license identification number must be shown legibly.

HO 00 03	Homeowners 3 - Special Form
HO 04 35	Loss Assessment Coverage
HO 04 77	Ordinance or Law - Increased Amount of Coverage
HO 04 96	No Section II - Liability Coverages for Home Day Care Business
PG HO WD	Water Damage Endorsement
PG HO FN 03 14	Flood Notice to Policyholders
PG HO BCE 03 14	Biological or Chemical Materials Exclusion
PG HO TE 03 14	Terrorism Exclusion
PG HO WE 03 14	War and Civil War Exclusion
PG HO LWE 03 14	Land, Water and Air Exclusion
PG HO MEP 03 14	Minimum Earned Premium
PG HO LAF 03 14	Liability Amendatory Endorsement
PG HO PCI 03 14	Policyholder Notice - Policy and Claims Information
PG HO SOS 03 14	Service of Suit Endorsement
IL P 001	OFAC Notice to Policyholders
PG HO PJ 03 14	Policy Jacket
HO 03 18	Hurricane Deductible
PG HO SPF 03 14	Special Provisions Florida
PG HO LFM 03 14	Limited Fungi Mold Wet or Dry Rot or Bacteria



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
09/26/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Cabrillo Coastal General Insurance Agency 3162 nw 79th Gainesville, FL 32606		PHONE (A/C, No, Ext): 111-222-1111	COMPANY National Fire & Marine Insurance Company	
FAX (A/C, No): 111-222-1212		E-MAIL ADDRESS:	AUTHORIZED AGENT Michael McNitt License #:D025567 Cabrillo Coastal General Insurance, LLC P.O. Box 357965 Gainesville, FL 32635-7965	
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #:				
INSURED FakaTest Sub 01 545 E Campus Cir Fort Lauderdale, FL 33312		LOAN NUMBER		POLICY NUMBER CBHT006239
		EFFECTIVE DATE 10/20/2018	EXPIRATION DATE 10/20/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

545 E Campus Cir
Fort Lauderdale, FL 33312

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
FORM HO3		
Dwelling (Cov A)	\$750,000	
Other Structures (Cov B)	\$100,000	
Personal Property (Cov C)	\$375,000	
Loss of Use (Cov D)	\$150,000	
Personal Liability (Cov E)	\$300,000	
Medical Payments (Cov F)	\$5,000	
DEDUCTIBLES		
All Other Perils		\$1,000
Hurricane		2%
Water Deductible		

REMARKS (Including Special Conditions)


Limited Fungi, Rot, Bacteria - Sec I: \$10,000, Limited Fungi, Rot, Bacteria - Sec II: \$50,000

Total premium including fees: \$12,811.59

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		

STATEMENT OF DILIGENT EFFORT

I, FACU GRASSO License #: E180723
Name of Retail/Producing Agent

Name of Agency: CABRILLO COASTAL GENERAL INSURANCE AGENCY

Have sought to obtain:

Specific Type of Coverage HOMEOWNERS for

Named Insured SUB 01, FAKATEST from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: SAFE HARBOR

Person Contacted (or indicate if obtained online declination): SCOTT MCPHERSON

Telephone Number/Email: 866-896-7233 Date of Contact: 09/26/2018

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
UNDERWRITING REASONS – RENTAL EXPOSURE

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT - FLORIDA

At my direction, CABRILLO COASTAL GENERAL INSURANCE AGENCY has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost, and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

The insurance agency named above has also advised me that coverage may be available from Citizens Property Insurance Corporation, that such coverage may be less expensive, and might also provide less than the property's existing coverage (and less than coverage offered by some other insurers), and that assessments by Citizens Property insurance Corporation are higher than those of other insurers.

SUB 01, FAKATEST

Named Insured (as to be shown on the policy)

Signature of Named Insured

Date

SUB 01, FAKATEST

Printed Name and Title of Person Signing Above

National Fire & Marine Insurance Company

Name of Excess and Surplus Lines Carrier

HOMEOWNERS

Type of Insurance

10/20/2018

Effective Date of Coverage

SLPD FL 07 14