

SAFE HARBOR INSURANCE COMPANY
Supporting Documentation List

Thank you! We are pleased you have selected Safe Harbor Insurance Company to provide insurance protection for your valued customer.

Inspection Details

Safe Harbor 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.

Please email these documents to wecare@cabgen.com, or send by facsimile to 352-224-2830.

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

Safe Harbor Insurance Company
MANUFACTURED HOMEOWNERS APPLICATION

Administered by
Cabrillo Coastal General Insurance Agency, LLC.

Policy Effective Date:

Date Coverage Bound:

Application #: **UNBOUND**

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: _____ 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: XXX-XX-8699	Date of Birth: XX/XX/1987
OSENSTIEHL, FRANK J 8404 N TRIANA DR CITRUS SPRINGS, FL 34434	Marital Status:	
	Home Phone: (327) 513-2751	
	Secondary Phone:	
	Email:	
Employer Name & Address:	Occupation: 32751	
	Years In Current Occupation: 32	
	Years with Employer: 32	

Co-Applicant Information

Name:	SSN:	Date of Birth:
	Phone:	Marital Status:
Employer:	Occupation:	
	Years in Occupation:	Years with Employer:

Location of Residence Premises:	County:	Territory:
8404 N TRIANA DR, CITRUS SPRINGS, FL 34434	CITRUS	9

Limits of Liability, Deductibles, Coverages

Dwelling	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments
\$25,000	\$2,500	\$12,500	\$2,500	\$50,000	\$1,000

Deductibles All Other Perils: **\$1,000** Lightning and Water: **\$1,000** Calendar Year Hurricane: **5%**

Windstorm/Hail Exclusion: NO	Estimated Replacement Value: \$ \$12
Replacement Cost – Personal Property: YES	Replacement Cost - Dwelling: NO
Other Optional Coverages:	

ANIMAL LIABILITY: \$10,000, ATTACHED STRUCTURES: \$5,000

CREDITS: TIED DOWN CREDIT, ANSI/ASCE CREDIT, ACTUAL CASH VALUE LOSS SETTLEMENT, AGE OF HOME CREDIT

Premium and Payment Plan

Total Premium: \$620.00	Down Payment: \$620.00	Payment Type:
Bill to: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgage	Payment Plan: FULL PAYMENT	

Mortgagee and Additional Interest

Name and Address:	Name and Address:
Loan Number:	Loan Number:
<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest

Property Description

Purchase Date: 02/10/2010	Purchase Price: \$12	Market Value: \$12
Model Year: 2000	Make/Model: CAVALIER/12	<input checked="" type="checkbox"/> Mobile /Manufactured <input type="checkbox"/> Modular
Length: 12	Width: 12	Serial #: 12
Occupancy: PRIMARY	Skirting: YES	Primary Heat Source: CENTRAL
Months owner-occupied per year? 12	Times rented per year?	Foundation Type: MASONRY
		Secondary Source: NONE

Approved Park: <input type="checkbox"/> Yes	Private Property: <input checked="" type="checkbox"/> Yes	Subdivision: <input type="checkbox"/> Yes
Park Number: N/A	Protection Class: 4	Acres of Lot: 1
Park Name: N/A	Number of homes in subdivision: 1	

Is the home within 1 mile of salt water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the home visible to neighbors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Home tied down *: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire sprinkler system: <input type="checkbox"/> Yes (Documentation Required)

* Tie downs must comply with the standards in effect March 29th, 1999, as per the Florida Dept. of Highway Safety and Motor Vehicles Rules, Chapter 15C-1.

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
Have you had a bankruptcy, foreclosure or repossession in the past 7 years?	<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
Is there a porch or deck more than two feet off the ground or with three or more steps leading to it without properly installed handrails?	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof: _____ Plumbing: _____ Heating: _____ Wiring: _____; Amps: _____	
Any business or farming conducted on the premises? If yes, what type?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any existing damage present on the home or attached or unattached structures to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any day care conducted on the premises? If yes, describe.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any residence employees? If yes, how many and what are their 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
If yes, what kind? <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground	
If yes, is the pool area fenced or screened? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a diving board or slide? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the pool is above ground, are there steps that can be locked in an "up" position?	<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 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 type="checkbox"/> No
Is there a fuel oil tank on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any watercraft or recreational vehicles?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a trampoline on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the insured location have any exposure to flooding, brush or fire hazard or landslide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any applicant or person who will be insured under the policy aware of the mobile home or property at the address to be insured for sinkhole loss ever experiencing damage or loss from sinkhole activity or experiencing cracking, shifting or bulging of a foundation, wall or roof?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any applicant or person who will be insured under the policy aware of any sinkhole, sinkhole activity, sinkhole investigation or ground study for sinkhole activity or for any cracking, shifting or bulging of a foundation, wall or roof of the mobile home or property to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any applicant or person who will be insured under the policy ever requested a sinkhole investigation, submitted a claim for a sinkhole loss, or made a claim for loss or damage from cracking, shifting or building of a foundation, wall, or roof of the mobile home or property to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Remarks for 'Yes' Responses

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Loss History

Any loss, whether or not paid by insurance, during the last 5 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Applicant Initial & Date
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 12/20/2017 04/13/2014	Type FIRE OTHER	Description FIRE UNKNOWN	Amount \$5,928 \$7,890
Actions taken to prevent further losses? TEST			

Prior or Other Insurance

Prior Insurance Company: ALLCOUNTY	Policy Number: 123
Date policy expired: 12/22/2018	Has there been a lapse in coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have flood insurance on your home with the National Flood Insurance Program (NFIP)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have windstorm / hurricane insurance for your home through Citizen's Property Insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Important Notices**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: _____

Co-Applicant's Initials: _____

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 (SHMH32). 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: _____

ANIMAL LIABILITY

I acknowledge, understand and accept that the policy for which I am applying limits or may exclude liability coverage for losses resulting from animals in my care, custody, or control. If Animal Liability coverage is purchased, the Limit of Liability is the amount selected by me and shown on the Declarations Page. If excluded, I understand that this means 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 in my care, custody, or control. If coverage is excluded (limit is \$0), a premium credit will be applied.

Please confirm your choice of Animal Liability coverage limit as noted below:

☒ I SELECT \$10,000 Animal Liability coverage limit.☐ I REJECT and thereby EXCLUDE Animal Liability coverage from my policy.

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: _____

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

Acknowledgement of Coverage - Do not sign until you have read and fully understand the following:**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 \$10,000 for damage or injury caused by or arising from:
 - a) the use of a trampoline.
 - b) any recreational, off-road or property maintenance vehicle, whether the occurrence was on the insured location or any other location.
 - c) any diving board, pool slide or above ground pool.
 - d) any personal watercraft.
- 2) This policy does not cover mudslide or earth movement.
- 3) This policy does not cover damages that were present before policy inception, whether or not damages are apparent.
- 4) This policy does not provide coverage for attachments added to the original manufactured home after construction at the factory. Any and all attachments added to the original home after construction at the factory are not considered part of the manufactured home for coverage purposes under Coverage A – Dwelling of the policy unless a premium is paid and coverage shown on the Declarations Page. If you wish to buy this coverage, please let your agent know.
- 5) This policy does not provide coverage for other structures (unattached structures) unless a premium is paid and coverage shown on the Declarations Page. If you wish to buy coverage for unattached structures, please let your agent know.

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

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

Agent 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		

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 Statute 627.4085(1).

Policy Number:

SHMH01	OUTLINE OF COVERAGES
SHMH02	IMPORTANT NOTICE AOP DEDUCTIBLE
SHMH12	ANIMAL LIABILITY LIMITATION - \$10,000
SHMH18	MANUFACTURED HOMEOWNERS POLICY
SHMH24	DEDUCTIBLE OPTIONS NOTICE
SHMH25	TABLE OF CONTENTS AND SIGNATURE PAGE
SHMH29	SINKHOLE LOSS COVERAGE
SHMH30	CATASTROPHIC GROUND COVER COLLAPSE
HP-0357-00	CALENDAR YEAR HURRICANE DEDUCTIBLE
HP-0490-00	PERSONAL PROPERTY REPLACEMENT COST
MC-0095-00	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE - SECTION I AND SECTION II
OIRB11670M	COVERAGE CHECKLIST
SHPN-11	PRIVACY NOTICE
IL P 001	OFAC
MC-0033-09	SPECIAL PROVISIONS - FLORIDA
SHMH04	EXISTING DAMAGE EXCLUSION ENDORSEMENT
SHMH13	STANDARD AMENDATORY ENDORSEMENT
SHMH11	STATED VALUE COVERAGE