

Company Use	_

Dwelling Fire Application

8	Service Company: Citizens								
APPLICANT	· [Agent's Name: Agency Name: Address: Agent's FL Ins. Lic. #:	·		Citizons Producer s	ŀ		AGENCY
LOCATION	(where property is located) Property Address (if different than Mailing Address) If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name		Farm (Select One): CIT DP-1 Option. C	Basic Form ov. EC Special Form Standard) (2% Standard d only covers is	(Fire Or Em (Indicate If: Inly) EC & VMM Far CIT DP-1 excluding \$500 Yes	Bld. Unde st. Completion m or Ranch P g Liab/Med Pay) \$2,500 5%	n Date:	FORM / DED. WIND PREM
OTHER	Occupation of Named Insured(s)		1st	Social S Named Insure		Spouse or 2s	nd Named Insur	ed	
LIMITS INTERESTS	Type / Name / Address / Zi 1 2 3 3 4 4 5 6 BASIC COVERAGES A. Dwelling (Owner Occupied-\$60,000 Max) B. Other Structures*	p Code Coverage Limits	Year Built: year update com Heating: Describe Primary I Primary Host Sour A. Portable B. Open Fla	(Update do leat Source:	Yes Yes	pdate Roof: tation must be at lectnc No No	g over 35 years tacned)	s, indicate No Update.	
OTHER COVERAGES	(Not available without Liability) * Reduces Coverage "A" Limit on CIT DP-1 Other Structures		D. Factory of Building Code Cor Year Certifica Censtruction: Masonry Superior Property Typo: Townho Occupancy: Uso: Prima Identify All Months Jan. July Property Protected City, Town, or Fire	mpliance: title of Occup Dwelt userRowthou Owner any Sec Honoccupled: Feb. Aug. Styr. Constrict	Grad ancy Iss Assonry Unminul ing [se: No. Condary Ma Yes Prot Class	e Code: sued Veneer	Condor Division noccupied Farm/ Ranch May Nov Suard(s)		RATING INFORMATION

		UNDERWRITING INF	ORM/	ATION	
	1.	Indicate any lesses, whother or not paid by Insurance, during the last 3 years at this or any oth (Note: If more than 3, please see an overflow sheet.)	er loca	tion.] None
	[Date of Loss Description			Amount Paid
	ŀ				
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삙	Ī				
5		Briss Company (1 and 12 Mantha):		Policy No.(s) Exp. C	Date(s)
LOSSES / COVERAGE	2.	Prior Carrier(s) (Last 12 Months): I have not had property insurance on this property from an authorized insurer in Provide Reason for Cancellation or Non-renewal:		• • •	ouc(s)
7	3.	Have you over had provious coverage with Citizens that was declined, cancelled or non-renewe if Yes, indicate reason:	đ?	Yes No	
		Citizens Policy Number:		Expiration Date:	
	•	acement Cost Appraisal Amount	9.	is the dwelling used as a fraternity or scrolity h similar housing arrangement?	cuse or any
		tet Value (Excluding Land) (Total Estimated Cost New)	۱.,		les [] ito
		Purchased Purchase Price : Occupied Mobile Home Stated Value	10.	Indicate all that apply to applicant(s): Cancelled for material misrepresents for insurance or claim in the past 7 y	
	1.	Arry Business conducted on the residence premises (including	1	Cancelled for insurance fraud in the	
	"	religious services, but not including Home Day Care)?		Convicted of arson in the past 25 ye	ars.
		Yes No Number of Employees		None of the above.	
		If Yes, describe Customers regularly in and out of any structures on premises?	11.	is property located on landfill proviously used t	for refuse?
		Products sold from dwelling(s) or premises? Yes Mo	12.	is property readily accessible year round to fire	lighting
	2.	Any Homo Day Caro conducted on the residence premises?	•	equipment? Yes No	
		Yes No	13.	Is property located on a barrier island?	Yes No
		If Yes, check all that apply: Payment, fee or grant received.		If yes, is there a responding fire station lo and/or a road that connects the island to t	
		More than one unrelated family in care	14.	Swimming Pool or similar structure?	☐ Yes ☐ No
		Registered or licensed (attach copy of document)		If Yes, is Swimming Pool or similar structi	ure completely screened?
l		Commercial liability cov. (attach copy of Dec. Page).		Yes No Fenced?	Yes No
		Commercial Day Care Business (not in a residence).	l	If fenced, height	ft. (Note: Wall = Fence)
1	3a.	Has the house or property at the address to be insured for sinkhole loss		Diving board? Yes No	
_ ا	İ	over experienced damage or loss from sinkhole activity or experienced cracking, shifting or builging of a foundation, wall, or roof?		Indicate all of the following hazards present on	premises:
亨		Yes No		Trampoline Skateboard Ramp	Bicycle Ramp
1	4.	to any applicant an appear who will be an insured under this policy muter of any		Empty in-ground pool or similar struc	cture(s)
ᅙ	3b.	ts any applicant or person who will be an insured under this policy aware of any sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for		Outdoor appliance(s)	
<u>=</u>		sinkhele activity or for any cracking, shifting or bulging of a foundation, wall, or roof of the house or property to be insured?		Inoperable motor vehicles(s) not sec	cured in garage or structure
WRITING INFORMATION		Yes No		☐ Vicious or exotic animals ☐ Ho	rses or livestock for business
UNDER	3c.	Has any applicant or person who will be an insured under this policy over		Number and kind:	
కే		requested a sinkholo investigation, submitted a claim for a sinkholo loss, or made a claim for loss or damage from cracking, shifting or builging of a foundation will be end of the house or manufacture to be increased.		Other unusual or dangerous condition	ons, describe:
		foundation, wall, or roof of the house or property to be insured? Yes No		None of the above.	
	4	is home currently condemned?	16.	Any structure partially or entirely over water?	☐ Yes ☐ No
	5. Any existing damage or disrepair?		<u></u>	ANSWER FOR MOBILE HOM	ES ONLY
If Yes, describe 6. Indicate all that apply to the electrical system:		17.	Mobile Home tied down in accordance with Ser 320.8325 Florida Statutes? Yes	— • •	
	•	A. Knob & Tube winng in use.	18.	Park Name	☐ Not in Park
		B. Service less than 60 amps (40 amps Mobile Home).	"	Is Park managed by either a Resident Ma	
1		C. None of the above.		Association? Yes	
		If "E checked, submit inspection report from a Florida licensed electrician, licensed journeyman electrician, or municipal building inspector made in the last 5 years.		Name/Phone No. At least 20 Mobile Homes in Park?	Yes No
	L			Paved Streets? Yes No	Limited Yes No
1	7. Is the Dwelling, or Other Structure homemade, rebuilt or constructed with extensive remodeling on a "Do-it-Yourself" basis?		19.	Subdivision Namo	Not in Subdiv.
1	l	If Yes, was the work approved by a building inspector or		Is lot size 3 acres or less? Yes Two or more neighbors within 300 ft?	∐ No ☐ Yes ☐ No
1	\	certificate of occupancy issued? Yes No		At least 21 Mobile Homes in Subdivision	
	8.	(If Yes, attach documentation) Was the dwelling originally built for purposes other than a residence and later converted for residential use? No	REN	IARKS	_ _
1	1		1		

	UNDERWRITING INFORMATION (continued)				
DISCOUNTS/FLOOD	PROTECTIVE DEVICE DISCOUNTS "Central Burgiar Alarm Yes "Central Fire Alarm Yes "Storm Shutters: Class A Class B (N/A to Mobile Hornes) "Automatic Sprinklers: Class A Class B ("Documentation Required") IS THE PROPERTY LOCATED IN A "SPECIAL FLOOD	If Mobile Hame, more than 2 miles from cpen water (including bays. Ocean, Gulf, or Intracoastal Waterway)? COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA Flood Insurer Policy No. Policy In Effect? Yes No Effective Date Bldg. Cov. FLOOD COVERAGE AMOUNT MUST			
SE	HAZARD AREA?	EQUAL ADEQUATE LIMITS FOR COVERAGES "A" & "C"			
	Yes, specify the flood zone.	Flood policy applied for			
	No, specify the flood zone				
	ADDITIONAL	INFORMATION			
1. 2. 3. 4. 5. 6. 7.	Has any named insured had a foreclosure, repossession or bankruptcy during the past five (5) years? Yes No Is the property located within 1,500 feet of salt water? Yes No Is the property located within 5 miles of salt water? Yes No Is the dwelling subject to brush or forest fires? Yes No Is the dwelling within 40 feet of a commercial structure? Yes No Is dwelling currently for sale? Yes No Is the roof of any building more than 20 years old? Yes No Does dwelling have flat roof (pitch less than 1 ft. per 12 ft)?	9. Was the dwelling ever moved from its original foundation? Yes No 10. Is the dwelling made of log construction? Yes No 11. Is the dwelling visible from a public roadway? Yes No 12. Loes dwelling have utility service? Yes No 13. Is all electrical service on circuit breakers? Yes No 14. Is the dwelling built on a continuous masonry foundation? Yes No 15. Loes Mobile Home have skirting or fully enclosed foundation? Yes No No 16. If over 50 years old have all updates been made by a ticensed contractor or approved by a licensed inspector? Yes No REMAN			
_					
		NT PLANS			
ا ہٰ		mium Financo Co. are not cligible for Quarterly and Semi-Annual Payment Plans)			
	FULL PAYMENT: Promium Amount Due Payment 1 100% of policy premium	<u>Due Dato</u> Policy Effective Date			
	QUARTERLY PAYMENT PLAN*:				
	Payment 1 40% of policy premium, plus \$3 installment fee & \$1 Payment 2 20% of policy premium, plus \$3 installment fee Payment 3 20% of policy premium, plus \$3 installment fee Payment 4 20% of policy premium, plus \$3 installment fee	Due Date Due Date Policy Effective Date 90 days from the policy effective date 180 days from the policy effective date 270 days from the policy effective date			
IГ	SEMI-ANNUAL PAYMENT PLAN*:				
	Premium Amount Due Payment 1 60% of policy premium, plus \$3 installment fee & \$ Payment 2 40% of policy premium, plus \$3 installment fee	Due Date O service fee Policy Effective Date 180 days from the policy effective date			
	Bill To At Renowal: Insured Mortgagee/Lienholder Other (Complete information to right)	Name: Address 1: Address 2: City/State/Zip:			
	Premium Financed (Complete information to right) A copy of the premium finance contract is required.	Name Address 1: Address 2: City/State/Zip:			
1.5	ou may change this payment plan to another payment plan only at a renewal of your policy.	FR.IP5265751-01-0000 07/14/2010 03 26 PM			

<i>a</i>	DATE:
CITIZENS CUDDI EMENTAL AD	<u> </u>
CITIZENS SUPPLEMENTAL AP	PLICATION RISKID
Agent Name: Agency Name: Address:	APPLICANT NAME and PROPERTY ADDRESS
Agent's FL Ins Lic#: / Critzens producer#:	
WIND LOSS MITIGATION INFORMATION (Not Applicable to Mobile homes and Ex-Win	nd Risks)
Yoar Built Verified: Yes No	Roof Shape: Flat Gable Hip n/a
Roof Cover:	Opening Protection: None Class A Class B Class C
Roof Dock Attehment: A - 6d @ 6" / 12" B - 8d @ 6" / 12" C - 8d @ 6" / 6" Wood Dock - Type II Metal Dock - Type Reinforced Concrete Ro	FBC Wind Speed: ☐ 100 ☐ 110 ☐ ≥120 ☐ ≥120 and WBDR ☐ n/a
Roof-Wall Connection: Double Wraps n/a Toe Nails Clips Single Wraps	FBC Wind Dosign:
Socondary Water Resistance:	Terrain:
L Yes No	
OTHER OPTIONAL COVERAGES	
	rdinance Or Law (Applicable to CIT HO-3 and CIT HO-6 only, but not Mobile Homes or other ccupancies.) 25% increased limit 50% increased limit
(Applicable only to CIT HO-3, CIT DP-1 & CIT DP-3 with dwelling	poverage B - Other Structures (Applicable to CIT HO-3, CIT DP-1 & CIT DP-3 with dwelling building overage) pulsas (The standard 10% Coverage B limit applies, unless one of the options below is checked): 5% Coverage Limit 2% Coverage Limit Exclusion of Coverage B (Other Structures coverage not included in policy)
UNDERWRITING INFORMATION	
Is the dwelling rented for periods of 30 days or less? If yes, how many times in one calendar year? 1 or 2 times	3 to 5 times 6 to 12 times More than 12 times
I am eligible for Citizens because (Check One) I am unaware of any offer of coverage from an authorized insurer. The premium for all offers of coverage made by authorized insurers is more.	re than 15 percent higher than the premium for comparable coverage from Citizens.

SPECIAL NOTICES TO APPLICANT(S)	
SINKHOLE COVERAGE - Applicable to CIT HO-3, CIT DP-1 or CIT DP-3 policies with dwelling building coverage.	
Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole encourage you to discuss purchasing sinkhole coverage with your agent and your mortgageo. In many areas of Florida, this optional coverage is availated find that it's in your financial interest to add sinkhole coverage to your policy. If you elect to purchase sinkhole coverage, it will be note 1 of this Supplemental Application. Your signature on this application creates a presumptive conclusion that you made an informed electoverage.	losses for an additional premium. We ble for a minimal premium charge. You may d in the Other Coverages section on page
ORDINANCE OR LAW COVERAGE - Applicable to CIT HO-3 and CIT HO-6 policios, but not mobile homes or other occupancies.	
Ordinance or Law coverage in the amount of 25% of Coverage A will be included in your policy to pay for the increased cost you have buildings in accordance with ordinances or laws that regulate construction, repair or demolition. This Ordinance or Law coverage may additional premium. Your election of one amount of Ordinance or Law coverage (25% or 50%) constitutes the rejection of the other arcreates a presumptive conclusion that you made an informed election of Ordinance or Law coverage.	be increased to 50% of Coverage A for an
MOBILE HOME STATED VALUE - Applicable to mobile home policies only.	
Your mobile home policy will be issued on a "stated value" basis. If your mobile home is destroyed by a covered peril, Critzens will patiability shown on the Declarations page. If your mobile home is only partially damaged by a covered peril, Critzens' will settle your los premium will be based upon the limit of liability agreed upon as the current value of your mobile home.	
ANIMAL LIABILITY EXCLUSION	
Your signature on this application represents that you acknowledge and accept that there is no liability coverage provided under this pany "insured" under the policy.	policy for animals owned or kept by you or
PROPERTY INSPECTION:	
The applicant authorizes Citizens and their agents or employees, access to the applicant's/insured's residence premises for the limited data. Inspections requiring access to the dwelling will be scheduled in advance with the applicant. Critizens is under no obligation to made, Citizens in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or required.	spect the property and if an inspection is
A = 0 =	
Applicant's Agreement: I have read the entire application and agree that all the answers given on each application page are true, correct and complete and I	have made informed coverage elections on
behalf of all insureds.	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE. DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEME CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE	
Applicant's Signature	Date
Agent's Signature	Date

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PRODUCER'S / APPLICANT'S ELIGIBILITY AGREEMENT

PRODUCER'S CERTIFICATION

Under penalty of law, I state and affirm the following:

- I affirm the applicant's property is eligible for a policy with Citizens; and that I am unaware of the availability of any offer of coverage from an authorized insurer, or if an offer of coverage has been made from an authorized insurer, the premium is more than 15 percent higher than the premium for comparable coverage from Citizens.
- I understand that any Citizens policy may be taken out, assumed or removed from Citizens, and it may be replaced with a policy from an authorized insurer
 that may not provide identical coverage.
- 1. I understand that by submitting an application for residential insurance to Citizens, the applicant may be offered coverage by an insurer willing to write this insurance, or by an agent able to place this insurance with an authorized insurer.
- 4. I understand that if any of my affirmations are false, my Citizens appointment may be terminated and I may be exposed to disciplinary action by the Department of Financial Services and/or referral to the appropriate State Attorney.

APPLICANT'S AGREEMENT

As part of my application I state and affirm the following:

- I affirm that I am unaware of any offer of coverage from an authorized insurer, or, if an offer of coverage has been made from an authorized insurer, the
 premium is more than 15 percent higher than the premium for comparable coverage from Citizens.
- 1 understand that if my policy is issued by Citizens, it may, with my permission, be taken out, assumed or removed from Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I understand that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.
- I understand that if Citizens or the market assistance plan obtains an offer from an insurer to replace my Citizens policy, I may choose to reject or accept such an offer.
- 4. I understand that my coverage with Citizens will not be effective until the effective date shown on this application.
- By signing this application, I authorize Citizens to share my information with other insurers and agents who will attempt to place my coverage with another insurer.

	Coverage is Bound Payment enclosed: (Make check(s) payable to "Citizens")
	A "Producer Inspection" is required in accordance with Crizens Personal Lines Underwriting Manual. (Exception: Inspection not required if photo is not required).
BINDER	INSURANCE BINDER (if coverage is bound, the following conditions apply): Citizens Property Insurance Corporation binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and timitations of the policy(s) and Personal Lines Underwriting Manual of Citizens applicable on the effective date of this binder. This binder may be cancelled by the insured by surrender of this binder or by advance written notice to Citizens stating when cancellation will be effective. This binder may be cancelled by Citizens by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy or at the expiration date shown below, whichever occurs first. If this binder is not replaced by a policy, Citizens is entitled to charge a premium for the binder according to the rules and rates in use by Citizens. Impurtant notice regarding the Fair Credit Reporting Act: In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the consumer report which may be requested, contact Citizens.
	Binder Effective Date and Time . (Binder Expiration Date and Time . (Binder period shall never exceed 45 days - no exceptions.)
l	I have read the entire application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to Citizens to issue the policy for which I am applying. I agree that if my downpayment or full payment check for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment). I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer flies a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a follony of the third degree.
SIGN	Signature of Applicant(s) Date
SiC	Print Namo of Appilcant(s)
	Signature of Agent Date Time
	Print Namo of Agent Phone



Citizens Property Insurance Corporation

REPLACEMENT COST ESTIMATOR - CALCULATION DETAILS

Risk ID: FRJP5265751-01-0000 Policy Form: DP3

Applicant Name:	Property Address:	Producing Agent:
		27.5
		_
		*

Replacement Cost Estimator - Calculation Details

Results Estimated Replacement Cost		
Building Description	Building Description	
Year Built: Style: Number of Stories:	Total Living Area: Site Access: Roofing: Heat & A/C:	

FOUNDATION	%	MISCELLANEOUS	ID	#
% Slab		KITCHEN	Dsgnr	
% Crawl Space		FULL BATH	Cust	
% Pier Foundation		HALF BATH	Std	
% Basement		3/4 BATH	None	
Total		FIREPLACE	None	
		GARAGE	None	
		CARPORTS	None	
		OPEN PORCH	Small	
EXTERIOR WALLS		SWIMMING POOL	None	
% Stucco on Block		POOL ENCLOSURE	None	
% Stucco on Frame		SCREENED PORCH	Lrg	
% Wood Siding		BALCONY	None	
% Brick Veneer		BREEZEWAY	None	
% Vinyl Siding		PATIO COVER	None	
% Aluminum Siding		WOOD DECK	None	
% Solid Brick		INTERCOM SYS	None	
% Poured Concrete		CENTRAL VAC	None	
% Logs		SOLAR PANELS	None	
% Block (Painted)		Burglar Device	None	
% EFIS (Dryvit)		Fire Device	None	
Total		Sprinklers	None	