

UNDERWRITING INFORMATION

1. Indicate any losses, whether or not paid by insurance, during the last 3 years at this or any other location.] None
 (Note: If more than 3, please see an overflow sheet.)

Date of Loss	Description	Amount Paid

2. Prior Carrier(s) (Last 12 Months): Policy No.(s) Exp. Date(s)

I have not had property insurance on this property from an authorized insurer in the last 12 months.
 Provide Reason for Cancellation or Non-renewal:

3. Have you ever had previous coverage with Citizens that was declined, cancelled or non-renewed? Yes No

If Yes, indicate reason: Expiration Date:
 Citizens Policy Number:

LOSSES / COVERAGE

Replacement Cost Appraisal Amount
 Market Value (Excluding Land) (Total Estimated Cost New)
 Date Purchased Purchase Price :
 Date Occupied Mobile Home Stated Value

1. Any Business conducted on the residence premises (including religious services, but not including Home Day Care)?
 Yes No Number of Employees
 If Yes, describe
 Customers regularly in and out of any structures on premises?
 Yes No

2. Any Home Day Care conducted on the residence premises?
 Yes No
 If Yes, check all that apply:
 Payment, fee or grant received.
 More than one unrelated family in care.
 Registered or licensed (attach copy of document).
 Commercial liability cov. (attach copy of Dec. Page).
 Commercial Day Care Business (not in a residence).

3a. Has the house or property at the address to be insured for sinkhole loss ever experienced damage or loss from sinkhole activity or experienced cracking, shifting or bulging of a foundation, wall, or roof?
 Yes No

3b. Is any applicant or person who will be an insured under this policy aware of any sinkholes, 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?
 Yes No

3c. Has any applicant or person who will be an insured under this 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 bulging of a foundation, wall, or roof of the house or property to be insured?
 Yes No

4. Is home currently condemned? Yes No

5. Any existing damage or disrepair?
 If Yes, describe Yes No

6. Indicate all that apply to the electrical system:
 A. Knob & Tube wiring in use.
 B. Service less than 60 amps (40 amps Mobile Home).
 C. None of the above.
 If "B" checked, submit inspection report from a Florida licensed electrician, licensed journeyman electrician, or municipal building inspector made in the last 5 years.

7. Is the Dwelling, or Other Structure homemade, rebuilt or constructed with extensive remodeling on a "Do-It-Yourself" basis? Yes No
 If Yes, was the work approved by a building inspector or certificate of occupancy issued? Yes No
 (If Yes, attach documentation)

8. Was the dwelling originally built for purposes other than a residence and later converted for residential use?
 Yes No

9. Is the dwelling used as a fraternity or sorority house or any similar housing arrangement? Yes No

10. Indicate all that apply to applicant(s):
 Cancelled for material misrepresentation on an application for insurance or claim in the past 7 years.
 Cancelled for insurance fraud in the past 15 years.
 Convicted of arson in the past 25 years
 None of the above.

11. Is property located on landfill previously used for refuse?
 Yes No

12. Is property readily accessible year round to fire fighting equipment?
 Yes No

13. Is property located on a barrier island? Yes No
 If yes, is there a responding fire station located on the barrier island and/or a road that connects the island to the mainland? Yes No

14. Swimming Pool or similar structure? Yes No
 If Yes, is Swimming Pool or similar structure completely screened?
 Yes No Fenced? Yes No
 If fenced, height _____ ft. (Note: Wall = Fence)
 Diving board? Yes No

15. Indicate all of the following hazards present on premises:
 Trampoline Skateboard Ramp Bicycle Ramp
 Empty in-ground pool or similar structure(s)
 Outdoor appliance(s)
 Inoperable motor vehicles(s) not secured in garage or structure
 Vicious or exotic animals Horses or livestock for business
 Number and kind:
 Other unusual or dangerous conditions, describe:
 None of the above

16. Any structure partially or entirely over water? Yes No

ANSWER FOR MOBILE HOMES ONLY

17. Mobile Home tied down in accordance with Section 320.8325 Florida Statutes? Yes No

18. Park Name Not in Park
 Is Park managed by either a Resident Manager or a Mobile Homeowner Association? Yes No
 Name/Phone No. _____
 At least 20 Mobile Homes in Park? Yes No
 Paved Streets? Yes No Limited Yes No

19. Subdivision Name Not in Subdiv.
 Is lot size 3 acres or less? Yes No
 Two or more neighbors within 300 ft? Yes No
 At least 21 Mobile Homes in Subdivision? Yes No

REMARKS

UNDERWRITING INFORMATION



CITIZENS SUPPLEMENTAL APPLICATION

DATE: _____

RISK ID _____

Agent Name:
Agency Name:
Address:

APPLICANT NAME and PROPERTY ADDRESS

Agent's FL Ins Lic#: _____

Citizens producer#: _____

WIND LOSS MITIGATION INFORMATION (Not Applicable to Mobile homes and Ex-Wind Risks)

Year Built Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Shape: <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> n/a
Roof Cover: <input checked="" type="checkbox"/> Non FBC Equivalent <input type="checkbox"/> FBC Equivalent <input type="checkbox"/> Reinforced Concrete Roof Deck <input type="checkbox"/> Level A <input type="checkbox"/> Level B <input type="checkbox"/> n/a	Opening Protection: <input type="checkbox"/> None <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C
Roof Deck Attachment: <input type="checkbox"/> A - 8d @ 6" / 12" <input type="checkbox"/> B - 8d @ 6" / 12" <input checked="" type="checkbox"/> C - 8d @ 6" / 6" <input type="checkbox"/> Wood Deck - Type II only <input type="checkbox"/> Metal Deck - Type <input type="checkbox"/> Reinforced Concrete Roof	FBC Wind Speed: <input type="checkbox"/> 100 <input type="checkbox"/> 110 <input type="checkbox"/> ≥120 <input type="checkbox"/> ≥120 and WBDR <input type="checkbox"/> n/a
Roof-Wall Connection: <input type="checkbox"/> Toe Nails <input type="checkbox"/> Clips <input type="checkbox"/> Double Wraps <input type="checkbox"/> Single Wraps <input type="checkbox"/> n/a	FBC Wind Design: <input type="checkbox"/> ≥100 <input type="checkbox"/> ≥110 <input type="checkbox"/> ≥120 <input type="checkbox"/> n/a
Secondary Water Resistance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Terraza: <input type="checkbox"/> B <input checked="" type="checkbox"/> C

OTHER OPTIONAL COVERAGES

Fungi (Mold) Increased Limits <input type="checkbox"/> Property - Amount of Coverage: <input type="checkbox"/> Liability - Amount of Coverage:	Ordinance Or Law (Applicable to CIT HO-3 and CIT HO-6 only, but not Mobile Homes or other occupancies.) <input type="checkbox"/> 25% increased limit <input type="checkbox"/> 50% increased limit
<input type="checkbox"/> Sinkhole Coverage (Applicable only to CIT HO-3, CIT DP-1 & CIT DP-3 with dwelling building coverage) <input type="checkbox"/> Optional 10% Sinkhole Deductible (If the 10% sinkhole deductible is not selected, the sinkhole deductible will equal the "All Other Perils" deductible)	Coverage B - Other Structures (Applicable to CIT HO-3, CIT DP-1 & CIT DP-3 with dwelling building coverage) Options (The standard 10% Coverage B limit applies, unless one of the options below is checked): <input type="checkbox"/> 5% Coverage Limit <input checked="" type="checkbox"/> 2% Coverage Limit <input type="checkbox"/> Exclusion of Coverage B (Other Structures coverage not included in policy)

UNDERWRITING INFORMATION

Is the dwelling rented for periods of 30 days or less? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, how many times in one calendar year? <input type="checkbox"/> 1 or 2 times <input type="checkbox"/> 3 to 5 times <input type="checkbox"/> 6 to 12 times <input type="checkbox"/> More than 12 times
I am eligible for Citizens because (Check One) <input checked="" type="checkbox"/> I am unaware of any offer of coverage from an authorized insurer. <input type="checkbox"/> The premium for all offers of coverage made by authorized insurers is more 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. Otherwise, your policy **does not provide coverage for sinkhole losses**. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. We encourage you to discuss purchasing sinkhole coverage with your agent and your mortgagee. In many areas of Florida, this optional coverage is available for a minimal premium charge. You may 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 noted in the Other Coverages section on page 1 of this Supplemental Application. Your signature on this application creates a presumptive conclusion that you made an informed election or rejection to purchase sinkhole coverage.

ORDINANCE OR LAW COVERAGE - Applicable to CIT HO-3 and CIT HO-6 policies, 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 to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium. Your election of one amount of Ordinance or Law coverage (25% or 50%) constitutes the rejection of the other amount. Your signature on this application creates a presumptive conclusion that you made an informed election of Ordinance or Law coverage.

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, Citizens will pay the "stated value" Coverage A limit of liability shown on the Declarations page. If your mobile home is only partially damaged by a covered peril, Citizens' will settle your loss as described in the policy. The policy 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 policy for animals owned or kept by you or any "insured" under the policy.

PROPERTY INSPECTION:

The applicant authorizes Citizens and their agents or employees, access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the dwelling will be scheduled in advance with the applicant. Citizens is under no obligation to inspect the property and if an inspection is made, Citizens in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

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 STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant's Signature

Date

Agent's Signature

Date

PRODUCER'S / APPLICANT'S ELIGIBILITY AGREEMENT

PRODUCER'S CERTIFICATION

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

1. 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.
2. 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.
3. 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:

1. 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.
2. I 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.
3. 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.
5. 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.

BINDER

Coverage is Bound Payment enclosed: (Make check(s) payable to "Citizens")

A "Producer Inspection" is required in accordance with Citizens Personal Lines Underwriting Manual. (Exception: Inspection not required if photo is not required).

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 limitations 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.

Important 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.)

SIGN

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 files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature of Applicant(s) _____ Date _____ Time _____

Print Name of Applicant(s)

Signature of Agent _____ Date _____ Time _____

Print Name 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:

Replacement Cost Estimator - Calculation Details

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

Materials				
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	