	FL	.ORIDA	WIND	STOR	M U	NDE	RWR I	ITING AS	SOCIA	TIC	NC	
PREVIOL FAXED (E				'UA APPLIC	CATION	,	904) 281-5			F	WUA 01-R (7/2000))
			\neg	NUAL FOR G								
(1) NEW		DRSEMENT	TITLE TRAI				URRENT PO		4 DDDD500			_
(2) LICENSED FLO	ORIDA PRODUCER	NAME, MAILING ADD	RESS AND TELE	PHONE #	7 · ·	GENCY DE#	(4) APPLICAN	T'S NAME AND MAILING	ADDRESS		MI	_
PRODUCER LICE	NSE # (REQUIRED)	:										
(5) MORTGAGEE/	LOSS PAYEE (NAM	ME AND ADDRESS)	TO ITEM #	1	1						1	_
							(6) PAYOR: OR OTHER PA	MORTGAGEE	INSURED		PRODUCER	_
							OK OTHERT A	. OK.				
LOAN#:]_							
(7) # STORIES ONE	(8) CONSTRUCTION FRAME	UNDE	R STRUCTION	YES	SIDENCE NO	(13) TENAM	S NO	(14) BCEGS GRADE RESIDENTIAL	(15) TERR COL	DE	(16) ROOF TYPE GABLE HIP	
TWO THREE	MASONR) REINFORG	RISK(FILTS/PILINGS (S) INSURED BY (CIATION OF	(12) IS PROPER OCCUPIED				RATE TABLE			FLAT OTHER	
		E MANUAL FOR CCUPANCY CODES	PERTY OWNERS	OWNE								
(17) ROOF COVE	RING (18)	ROOF SHEATHING	(19) OPENIN	GS: GARAGE	(20) C	PENINGS: SI	LIDING	(21) ATTACHED	(22) BUILDIN	IG INFO	RMATION*	
SHINGLES	` ,	ATTACHMENT	_	HED TO DWELLIN		SLASS DOOR PORCH, PATIO		PORCHES/CARPOR	SECOND	ARY WA	TER RESISTANCE:	
CONCRETE SLATE		STANDARD (6D NAIL SUPERIOR (8D OR LARGER NAILS)*	SINGL	E-WIDE LE/MULTIPLE	_	XTERIOR OF	DWELLING	NONE PORCH CARPORT	IF YES, W		NO	
OTHER	D CONCRETE*	ADHESIVE*			☐ 1 2	DOOR		PORCH & CARPOR			RIOR INTERIOR	
(22/24) DIN DIN	C INCORMATIONS		(25) IE COND.	O / A DT/TW/ I C /M/O	_	OR MORE DO	OORS	(26) IF MOBILE HOME	COMPLIES WITH	#7-88	YES N	0
YES		OWN STRAPS/CLIPS	NAME OF CO	O/APT/TWHS/MO MPLEX	JIEL			MODEL YEAR/NAME	ANOVANOE CODE	#1-00	120	<u> </u>
		S PROPERLY BRACE D MASONRY ROOF?	D? TOTAL#OF	OPEOUE	10 UNIT #	ABOVE						_
	COUNTY API	OR SSTD 12 OR DADI PROVED?		OG SPECIF	FIC UNIT#	GROUND	FLOOR NO	DIMENSIONS	MOBILE	HOME	ID#	
YES	NO IFNO, IS IT B		BUILDING #/F	PHASE#		1 163	INO	LOT#& MOBILE HOME	PARK			_
												_
(27) PROPERTY L			OITY			COLINTY		710.0005			SUPPLEMENT APPLICATION ULE ATTACHED FOR	
STREET # STREET NAME		CITY			COUNTY		ZIP CODE			ONAL ITEMS		
(28) AMOUNT OF	COVERAGE										YES NO	
(28) AMOUNT OF COVERAGE AMOUNT REQUESTED: BUILDING (29) UNDERWRITING INFO				COST: BLDG THIS BUILDING WAS			OR AREA OF	(31) HOMEOWNERS/FIRE INSURANCE CAR			(33) DEDUCTIBLE HURRI- OTHER	
\$		(N/A TO MOBILE HO		CONSTRUCTE	ED (YEAR)	BUILDING (SQUARE FEET)	(31) HOMEOWNERS/FIR	RE INSURANCE CAI		CANE WIND	
AMOUNT REQUESTED: CONTENTS (INC ADDITIONS & ALTERATIONS) LIMITED TO 50% OF BUILDING ACTUAL CASH VALUE ACTU			UE: BUILDING	E: BUILDING FLOOD INSURANCE CA			IES A & V)	HOMEOWNERS/FIRE	POLICY#		2% 2% 3% 3%	
\$											4% 4%	
AMOUNT REQUESTED: OTHER			UE: CONTENTS	E: CONTENTS FLOOD POLICY#			FLOOD ZONE	INSURING LIMIT ON HO POLICY (IF KNOWN) 5%		5% 5%		
\$		\$						\$			\$500 \$500 FLAT \$50	1T 10
(30) IS THERE LIN	REDAIREN DHYSIC	CAL DAMAGE TO THE	PROPERTY2	YES	NO							_
, ,	OSSES WITHIN TH		T KOT EKTT	YES		ES, INDICAT	E ON PAGE 2		FV	NUA U	SE ONLY	
(32) WINDSTORM					_				CLASS		AIBL CODE	
NO NO	лі				(0.4				TYPE		BLDG CODE	_
YES (ATTACH CERTIFICATE)						(34) TOTAL PREMIUM			TIPE BLDG CODE			
IF YES HURRICANE						(ATTACH CHECK) (35) ATTACH ORIGINAL PHOTO(S) TO REVERSE (IF REQUIRED)			OP-RATE OTHER		OTHER	_
ORDINARY						(36) EFFECTIVE DATE REQUESTED			PARTY WALLS	?		_
*AFFIDAVIT/CERTIFICATE REQUIRED									YES	NO	UNKNOWN	
(37) IHEREBY (IFURTHER	ERTIFY THAT THE UNDERSTAND AN	INFORMATION ON T D AGREE TO THE TE	HIS APPLICATION RMS AS SET FOR	N IS TRUE AND O	CORRECT	TO THE BES	OF MY KNOWL	EDGE.	<u> </u>			
	SIGNATI IRE OF	APPLICANT AND DA	TF	<u></u>	GNATURE	OF PRODUC	ER OF RECORD	TELEPH			FAX#	_

Application for Hurricane, Other Windstorm or Hail Insurance only - Coverage applied for by this application is subject to a Coinsurance Clause.

Notice to Applicant: This application is not a binder of Insurance. The Association has no Insurance Agents. This application must be approved in writing by the Association in its Jacksonville office. No insurance agent has authority either (a) to approve windstorm insurance coverage or contract for this Hurricane, Other Windstorm or Hail Insurance coverage, or to make any representations or promises about this Hurricane, Other Windstorm or Hail Insurance coverage that will bind the Association, or (b) to waive any requirements of this application or the insurance policy which the Association may issue.

Hurricane and Tropical Storm Underwriting Restrictions:

No application for new or increased coverage shall be bound by the Association, nor renewal of or reinstatement of a lapsed policy or change in deductible shall be bound when a designated tropical storm or hurricane is located within the boundaries of a line West of 72 degrees West Longitude and South of 35 degrees North Latitude and East of 95 degrees West Longitude and East of a diagonal line at 18 degrees North Latitude to 92 degrees West Longitude and North of 15 degrees North Latitude. A designated tropical storm or hurricane is a windstorm identified as a tropical storm or hurricane by the National Oceanic and Atmos-

No insurance agent has the power to make the policy effective. Receipt by agents of premiums is not receipt by the Association and does not make the policy effective. Applicants must not rely on representations of any party other than the Association in its Jacksonville office. Receipt and acceptance of payment by the FWUA of an applicant's check is for deposit purposes only and does not establish a contract for insurance between applicant and the FWUA. Discounts and other policy credits are available for your shutter and other hurricane, windstorm or hail mitigation devices. At the time of this application procurement, your agent should make available (you may also request at any time) the FWUA "Windstorm Protective Device-Proof of Compliance" (WPD-1) form that must be satisfied to qualify for our discounts.

This application may be rejected, or any policy issued by us may be cancelled, if we obtain an offer of coverage from an authorized insurer at rates approved by the Florida Department of Insurance to insure risk(s) described on this application, its attachments, and subsequent declaration page(s) if any; under either:
a) a policy specific only to the perils of Hurricane, Other Windstorm or Hail.
b) a standard policy including Hurricane, Other Windstorm or Hail coverage.

- a basic policy including Hurricane, Other Windstorm or Hail coverage if consistent with an insurer's underwriting rules as filed with
- the Florida Department of Insurance.

 "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."

Effective Date of Coverage: An application does not bind coverage or make coverage effective. Effective dates are upon approval of the Association. Coverage will be made effective by the Association at 12:01 a.m. Eastern Time of the day of receipt or later date requested subject to the "Hurricane and Tropical Storm Underwriting Restrictions" above, and the following:

- a) By Mail The application will be made effective the date it is received and stamped into the Association's Jacksonville office provided: (1) It is properly completed; and (2) Meets underwriting approval; and (3) is received with premium payment; and (4) is received with original photograph(s) or original digital photograph(s), if required.
- b) By Facsimile A facsimile will be effective the date it is received by the Association's Jacksonville office provided: (1) The Association receives a facsimile copy of the front of a properly completed application: and (2) It is properly completed; (3) Meets underwriting approval; and (4) An "identifying" document is received within fifteen (15) business days from the date of facsimile with: (a) premium payment; and (b) original photograph(s) or original digital photograph(s) if
- c) For Purpose of "receipt" of a new Application: (1) A "business day" is Monday through Friday from 8:15 a.m. to 4:30 p.m. Eastern Standard Time; (2) Any application or facsimile transmission received after 4:30 p.m. Eastern Standard Time, on a weekend or the Association's observed holidays will be deemed received the following business day; (3) Exception: For "closings" which occur after business hours, applications faxed in the following business day will retain the closing date, provided proof of closing is submitted with the application and meets with the requirements in (b) above.

Payment: Payment should be made payable to the "FWUA", or "Florida Windstorm Underwriting Association". Payment must be at least 80% of the premium due. We will notify the payor and the agent of the remaining additional premium due. The balance due must be received in the Association's office by the due date shown on the notice or the policy will be cancelled. We strongly suggest you pay the entire premium with the submission of the application.

Survey: Any request for a survey is made with the understanding that the applicant (you) agree to accompany the Association's representative while surveying this property. Survey(s) made under the program and any report of the survey(s) is for insurance underwriting purposes. Regardless of whether a policy is issued, neither the applicant nor the Association, its governing committee, agent, officers, or employees, nor any member insurer, nor any inspection service thereof, will be liable for any injury or damage claimed to arise from the survey(s), the survey(s) report of the physical condition of the premises, the action report(s), omissions from such survey(s) or from compliance or noncompliance by the property owner or others with the recommendations, if any, contained in said survey report(s) and no cause of action of any nature shall arise against the above named persons or entities for any survey(s) undertaken or statements made in connection with property to be insured. Nothing contained in or omitted from said survey report(s) shall be construed to infer or imply that hazardous physical condition, if any so noted or omitted, constitute all such conditions existing on the property at the time of said survey(s). Permission is granted to submit copies of any survey(s) to the Florida Insurance Department, insurers and their agents or representatives.

Mobile Home Certification: (Applicable to mobile home applications only) by the applicant: I certify that my mobile home meets the minimum mobile home tiedown requirements. (S320.8325, Florida Statute). I agree to pay a \$15.00 reinspection fee if my mobile home is found not to comply with the statute. Mobile Home policies may become effective upon receipt of tie-down certification.

Mobile Home Applicants: Your policy will be issued on a "stated value" basis. Stated value basis means that if your mobile home is initially destroyed by the peril of Hurricane, Other Windstorm or Hail, we will pay the full dollar amount shown for Coverage A on the Declarations page. If your mobile home is only partially damaged by a covered peril, we will pay on an "actual cash value" basis up to the limit on the Declaration page. The premium will be based upon the limit of liability agreed upon as the current value of your mobile home.

Certification: By my signature(s) on this application,

- (a) Agent I hereby certify that I am a licensed, resident Florida Agent. In the event a policy is issued and then cancelled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree to return any proportionate share of the commission on such return premium to the Insured.
- (b) Agent and Applicant I hereby certify, on my best information and belief, that in connection with this application for coverage, no residential, commercial, commercial-residential policies, providing Hurricane, Other Windstorm or Hail coverages are available in the authorized market, or that the coverage in effect immediately preceding this application for coverage in the FWUA was not cancelled for non payment of premium and an application for commercial or commercial-residential coverage is submitted with appropriate documentation indicating the above.

PRIOR LOSS HISTORY (If more, attach a separate sheet of paper)

DATE OF LOSS	AMOUNT	DESCRIPTION