		FL	ORIC				M UND					SO		ΓΙΟΝ	
	REVIOUS			001111	FWL	JA APPLI	CATION FA	X #: (9	04) 281-50	90			F١	WUA 01 - CR/C ((7/2000)
		IL).			SEE MAN	UAL FOR	GUIDE TO C	OMPLE		CATION	•				
(1)	NEW	END	ORSEMENT	דוד	LE TRANSFE	ER	PREVIOUSC	RCURR	ENT POLICY	′ #:					
(2) LICEN	SED FLOR	IDA PRODUCER	NAME, MAILIN	IG ADDRESS	AND TELEPHO	NE#	(3) AGENCY	(4) AI	PPLICANT'S NA	AME AND N	IAILING A	DDRESS			
							CODE #		r			FIF	ST		МІ
PRODUC	ER LICENS	E # (REQUIRED):					_							
(5) MORT	GAGEE/LC	SS PAYEE (NAI	ME AND ADDRE	ESS) 1	O ITEM #:			(6) P/	AYOR:	MORTO			SURED	PRODUCEF	
									THER PAYOR:				JORED		<u> </u>
LOAN #:															
(7) POLIC	Y FORM	(8) # STORI	ES (9) CON	STRUCTION	(10) OCCUPA	NCY (11) A	DDITIONAL INFO	(12	2) IS PROPERTY	YOCCUPIE	DBY: (14) BCEG	SGRADE		
	MMERCIA			FRAME MASONRY			UNDER CONSTRUCTIC				ANT			TERRITORY COL)E
	SIDENTIAL		REE	SEMI-WIND RESISTIVE	OCCUPANCY		RISK(S) INSURI	ED BY	YES					RATE TABLE	
(15) IF CO)NDO/APT/					MOBILE HO	PROPERTY OW COMPLIES ME WITH ANS	5)DF #7-88	Y	es 🗌	NO	(17) DES	CRIPTION OF OCC	UPANCY
NAME OF	COMPLEX	[EL YEAR/NAM									
TOTAL#	OF BLDG	SPECIFIC UN	T# ABOVE GROUN	D FL <u>OOR</u>	DIME	NSIONS	мс	DBILE HON	NE ID #						
			YE		_										
BUILDING	G #/PHASE	#			LOT #	& MOBILE H	OME PARK								
(18) PROF STREET #	PERTY LOO	CATION STREET NAME		СІТ	Y		COUNT	Y		ZI	P CODE		s	WUA SUPPLEMENT APPL CHEDULE ATTACHED FO DDITIONAL ITEMS	
	UNT OF CO REQUEST	VERAGE ED: BUILDING]	·	(20) COMM RESIDENT	ERCIAL- IAL DEDUCTI	BLE					[
\$	DEOUERT		_										FWU	A USE ONLY	
(INC ADD	ITIONC & A	ED: CONTENTS LTERATIONS) BLDG			HURRI- CANE 3%	OTHER WIND 3%	(21) COMME		(22) CO-INSUR			CLASS		AIBL CODE	
AMOUNT s	REQUEST	ED: OTHER	-		5%	1% \$1000 FLAT	3%	Ď	80%	100% WAI	% /ED-1ST S TABLE	TYPE		BLDG COD	=
100% REP	PLACEMEN	INFORMATION	THIS BUIL	DING WAS	TOTAL FLOO	R AREA OF	HOMEOWNE					OP-RAT	E	OTHER	
(N/A TO N \$	NOBILE HO	MES)	CONSTRU	CTED (YEAR)	BUILDING (SC	QUARE FEET)					PARTY	WALLS?		
ACTUAL CASH VALUE: BUILDING			FLOOD INSURANCE CARRIER (FLOOD POLICY MANDATORY IN ZONES A & V)				HOMEOWNERS/FIRE POLICY #					YES NO UNKNOWN			
\$ ACTUAL CASH VALUE: CONTENTS			FLOOD POLICY # FLOO ZONE			FLOOD ZONE	BUILDING LIMIT ON HO POLICY (IF KNOWN)								
\$							\$								
(24) WIND DEVICE C	OSTORM PR	ROTECTIVE (25) ENDORSEN												
					ORM PROTECT		i								
		RTIFICATE)		1 19 BUILDER											
IF YES CLASS A		FWUA 11 20 BUILDERS RISK				(26) TOTAL PREMIUM									
CLASS B			FWUA 17 98 COMMERCIAL CONDO				\$ (ATTACH CHECK)				IECK)				
L	CLAS				RCIAL CONDO A	SSOCIATION	V (27) ATTACH (IF REQUIRE		_ РНОТО(S) ТО	REVERSE					
		RED PHYSICAL S WITHIN THE L			YE		(28) EFFE		DATE REQ	UESTE	D				
IF YES, IN	NDICATE O	N PAGE 2			YE		、					L			
(29) I HI I FU	EREBY CE	RTIFY THAT THI NDERSTAND AN	E INFORMATIO	N ON THIS AP THE TERMS A	PLICATION IS 1 S SET FORTH O	RUE AND CO N PAGE 2.	ORRECT TO THE B	SESTOFM	Y KNOWLEDGE	E.					
		SIGNATURE OF	APPLICANT A	ND DATE		SIGN	IATURE OF PROD	UCER OF	RECORD		TELEPH	IONE #		FAX #	

ACORD 220 FL (2000/07)

FLORIDA WINDSTORM UNDERWRITING ASSOCIATION

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 Atmospheric Administration

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.

C) 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 required.
- 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 is-sued, 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 par-tially 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