<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>AMOUNT REQUESTED: BUILDING</th>
<th>100% REPLACEMENT COST: BLDG (N/A TO MOBILE HOMES)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>BUILDING IS (SQ FEET) (N/A TO MOBILE HOMES)</td>
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<td>ACTUAL CASH VALUE: BUILDING</td>
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<td></td>
<td>FLOOD INSURANCE CARRIER</td>
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<td>FIRE POLICY #</td>
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<td></td>
<td>FLOOD ZONE</td>
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<td></td>
<td>BLDG LIMIT ON FIRE POLICY (IF KNOWN)</td>
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<td></td>
<td>CITIZENS USE ONLY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES (Attach Certificate)</td>
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<tr>
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<td></td>
<td>CLASS B</td>
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<td>CLASS C</td>
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</tbody>
</table>

### Description of Occupancy

**Under Owner Tenant**: One Frame Construction

**Resistive Association of Wind Property Owners**: Yes

**Underwriting Information**

- **Hurricane**: Yes
- **Other Wind**: Yes

**Deductible**

- **(20/21) Deductible**

- **(24) Windstorm Protective Device Credit**

- **If Yes**, Indicate on Page 2

### Additional Info

- **Under Construction on Stilts/Pilings Risk**:
  - Insured by Association of Property Owners

### Tenants

- **Tenant Contents**:
  - Yes
  - No

### Mobile Home Information

- **Complies with ANSI/ANCE Code #7-88**
  - Yes
  - No

### Property Details

- **Property Location**
- **Street #**
- **Street Name**
- **City**
- **County**
- **Zip Code**

### Mobile Home Information

- **Name of Complex**
- **Model Year / Name**
- **Total # of Units in Bldg**
- **Specific Unit #**
- **Above Ground Floor**
  - Yes
  - No
- **Dimensions**
- **Mobile Home ID #**
- **Building # / Phase #**
- **Lot # & Mobile Home Park**

### Underwriting Information

- **Under Owner Tenant One Frame Construction**
- **Resistive Association of Wind Property Owners**: Yes

### Additional Info

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### Additional Info

- **Under Construction on Stilts/Pilings Risk**:
  - Insured by Association of Property Owners

### Tenants

- **Tenant Contents**:
  - Yes
  - No
**Offer of Coverage:** This application may be rejected, or any policy issued by Citizens may be cancelled, if we or the market assistance plan 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). I understand my Citizens policy may be taken out of Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I am aware that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.

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.