

PAGE ___ of ___ PAGES APPLICANT'S NAME

(8) # STORIES (9) CONSTRUCTION (10) OCCUPANCY (11) ADDITIONAL INFO (12) IS PROPERTY OCCUPIED BY: (13) TENANT CONTENTS ITEM NO. (14)

(15) IF CONDO/APT/TWHS/MOTEL (16) IF MOBILE HOME COMPLIES WITH ANSI/ANCE CODE #7-88 (17) DESCRIPTION OF OCCUPANCY
NAME OF COMPLEX MODEL YEAR / NAME
TOTAL # OF UNITS IN BLDG SPECIFIC UNIT # ABOVE GROUND FLOOR DIMENSIONS MOBILE HOME ID #
BUILDING # / PHASE # LOT # & MOBILE HOME PARK

(18) PROPERTY LOCATION
STREET # STREET NAME CITY COUNTY ZIP CODE

(19) AMOUNT OF COVERAGE (23) UNDERWRITING INFORMATION (20/21) DEDUCTIBLE
AMOUNT REQUESTED: BUILDING 100% REPLACEMENT COST: BLDG (N/A TO MOBILE HOMES) THIS BUILDING WAS CONSTRUCTED IN (YEAR) TOTAL FLOOR AREA OF BUILDING IS (SQ FEET) FIRE INSURANCE CARRIER
AMOUNT REQUESTED: CONTENTS (INC ADDITIONS & ALTERATIONS) ACTUAL CASH VALUE: BUILDING FLOOD INSURANCE CARRIER FIRE POLICY # (22) COINSURANCE
AMOUNT REQUESTED: OTHER ACTUAL CASH VALUE: CONTENTS FLOOD POLICY # FLOOD ZONE BLDG LIMIT ON FIRE POLICY (IF KNOWN) (25) APPLICABLE ENDORSEMENT FORM

IS THERE UNREPAIRED PHYSICAL DAMAGE TO THE PROPERTY? (24) WINDSTORM PROTECTIVE DEVICE CREDIT IF YES, CLASS A CLASS B CLASS C CITIZENS USE ONLY CLASS OP-RATE BLDG CODE PARTY WALLS? ARE THERE LOSSES WITHIN THE LAST 2 YEARS? TYPE AIBL CODE OTHER

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CITIZENS PROPERTY INSURANCE CORPORATION
7077 Bonneval Road, Suite 500, Jacksonville, FL 32216-6105

CIT-W 01-CR/C-S (7/02)

ITEM NO. _____
PRIOR LOSS HISTORY (If more, attach a separate sheet of paper)

DATE OF LOSS	AMOUNT	DESCRIPTION OF LOSS

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DATE OF LOSS	AMOUNT	DESCRIPTION OF LOSS

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.