



HOMEOWNERS INSURANCE APPLICATION

APPLICANT AND AGENT INFORMATION

Applicant's Legal Name: LETITIA A JAMES	Agent's Name: [REDACTED]
Co-Applicant's Legal Name: [REDACTED]	Agency: [REDACTED]
Mailing Address: [REDACTED]	Address: [REDACTED]
Phone: [REDACTED]	Producer Code: [REDACTED]
Date of Birth: [REDACTED]	Agent's License No.: [REDACTED]

INSURED LOCATION	POLICY INFORMATION
Property Address: [REDACTED] PERONNE AVE NORFOLK, VA 23509 NORFOLK CITY	Effective Date: 8/14/2020 at 12:01 AM Policy Type: HO3

INTEREST TYPE	MORTGAGEE/TRUST/ADDITIONAL INTEREST OR INSURED	LOAN NUMBER
1st Mortgagee	[REDACTED]	[REDACTED]

BILLING INFORMATION	PRIOR COVERAGE / NEW PURCHASE
Payment Submitted: [REDACTED]	New Purchase/Lease: [Yes/No] 2020
Total Premium: Mortgagee	Purchase/Lease Date:
Payment Plan: Mortgagee	Carrier:
Renewal Billing: Mortgagee	Exp. Date: 8/13/2020
	<input checked="" type="checkbox"/> I have not had property insurance on this property in the last 45 days.

DWELLING INFORMATION										
Year Built	Distance from Hydrant	Distance to Fire Station	Number of Stories	No. of Families	Floor Unit Located On	Units in Bldg.	Units in Division.	Terr. Code	Prot. Class	BCEGS Rating
1920	1000	1.0000	2	1	1	1	1	35	3	99

Roof Shape: Gable	Roof Material: Composite Shingle
Square Footage: 1162	Responding Fire Dept. [REDACTED]
Construction: Frame	Dwelling updates:
Primary Heat Source: Electric	Wiring: 1920 - No Update Heating: 2005 - Full
Property Type: Dwelling	Roofing: 2005 - Full Plumbing: 1920 - No Update

PROTECTIVE DEVICES AND DISCOUNTS			
Burglar Alarm: None	Fire Alarm: None	Automatic Sprinklers: <input type="checkbox"/> All areas except attic, bathroom, or closets <input type="checkbox"/> All Areas	
<input type="checkbox"/> Prior Insurance Discount	<input checked="" type="checkbox"/> Loss Free Discount	<input type="checkbox"/> Age of Occupant Discount	

OCCUPANCY INFORMATION	
Occupancy: Owner	Months Unoccupied:
Residence Usage: Non Seasonal	<input type="checkbox"/> Jan <input checked="" type="checkbox"/> Feb <input type="checkbox"/> Mar <input checked="" type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun
	<input checked="" type="checkbox"/> Jul <input type="checkbox"/> Aug <input checked="" type="checkbox"/> Sep <input type="checkbox"/> Oct <input checked="" type="checkbox"/> Nov <input type="checkbox"/> Dec

I have read and acknowledge reviewing and understanding the content of this page:

Applicant Initials [REDACTED] Agent Initials [REDACTED]

GOVERNMENT EXHIBIT 6
2:25-CR-00122

STANDARD POLICY COVERAGES		POLICY DEDUCTIBLES	
COVERAGES - SECTION I	LIMITS	All Other Perils Deductible	
Dwelling (Coverage A)		Hurricane Deductible	
Other Structures (Coverage B)			
Personal Property (Coverage C)			
Loss of Use (Coverage D)			
Personal Liability (Coverage E)			
Medical Payments (Coverage F)			

OTHER APPLICABLE FORMS

	OPTIONAL/INCREASED COVERAGES	LIMITS
HO 04 35 04 91	Loss Assessment Coverage	
HO 03 13 01 00	Windstorm or Hail Percentage Deductible	
HO 03 18 04 10	Hurricane Deductible	
HO 04 98 04 91	Refrigerated Property Coverage	
HO 23 11 04 91	Coverage C Increased Special Limits of Liability	
HO 23 14 04 91	Special Personal Property	
HO 23 42 04 91	Permitted Incidental Occupancies - Residence Premises	
HO 23 65 04 91	Coverage C Increased Special Limits of Liability	
HO 23 72 07 93	Personal Property Replacement Cost	
UPCIC 45 10 07 16	Specified Additional Amount Of Insurance For Coverage A (25%)	
UPCIC 45 12 07 16	Mechanical Breakdown Coverage	
UPCIC 45 19 07 16	Association Deductible	
UPCIC 45 21 07 16	Water Back-Up and Sump Discharge or Overflow Coverage	
UPCIC 45 23 07 16	Ordinance or Law Coverage - Virginia	
HO 04 48 04 91	Other Structures	
HO 04 40 04 91	Structures Rented To Others - Residence Premises	
HO 04 61 04 91	Scheduled Personal Property Endorsement	
HO 04 92 04 91	Specific Structures Away From the Residence Premises	
HO 23 76 09 93	Special Loss Settlement	
HO 24 82 04 91	Personal Injury Coverage	
UPCIC 45 14 05 20	Buried Utility Lines Coverage - \$500 Deductible	

ITEM TYPE	SCHEDULED ITEM DESCRIPTION	VALUE
	TOTAL PREMIUM:	

The initial payment is required upon binding. If the applicable payment is not received within 15 days from the effective date of the binder, a notice will be sent voiding coverage from the inception date and no coverage will exist.

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Applicant Initials

Agent Initials

Under the policy requested in this application, the "Insured" includes the applicant, spouse if a resident of the same household, and other residents of the same household who are relatives or are under the age of 21 and in the care of any person included in this definition.

LOSS HISTORY

List all dwelling and liability claims reported by any prospective insured at this or any location within the preceding 3 years * See definition of insured

Loss Date	Loss Description	Amount

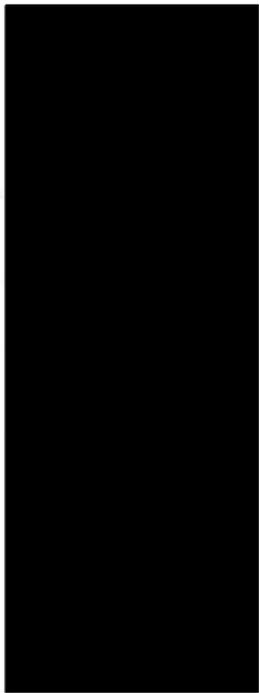
BACKGROUND

1. Has any prospective insured filed Bankruptcy within the preceding 5 years?
2. Has any prospective insured been convicted of a felony in the last 10 years?
3. Has any prospective insured been party to a foreclosure judgment within the preceding 5 years?
4. Has any prospective insured been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?
5. Has any prospective insured been convicted of any crime related to fraud, bribery, arson or conspiracy to commit arson, or a crime that would materially affect the insurability of the dwelling within the last 10 years?



GENERAL UNDERWRITING QUESTIONS

1. Any business (excluding Home Daycare) conducted on the premises, including agricultural activity or home-sharing/bed and breakfast?
2. Is this home currently condemned?
3. Is there any existing damage, whether from prior claimed losses or otherwise, to the property?
4. Is this home currently vacant, unoccupied or undergoing construction or renovation?
5. Does this property have a swimming pool or similar structure?
If yes, is the pool regularly maintained for swimming use and enclosed by a wall, fence or screen which is at least 4 feet high and has a self-locking gate or door?
If yes, does the pool have a diving board or pool slide?
6. Is there a trampoline on the property?
7. Is there a skateboard ramp on the property?
8. Does the prospective insured have or intend to have any dog(s) on the premises?
If yes, what kind of dogs?
9. Is the dwelling located on a farm, orchard or grove, or any other property which, farming, ranching or any other agricultural activity is conducted?
10. Is the property within a 5 mile radius of sinkhole activity or has there been any prior sinkhole activity on the property?



INSPECTION REQUIREMENTS

Universal Property & Casualty Insurance Company (Company) will conduct a brief exterior inspection of your property to verify information used in our underwriting process. The inspection usually takes 15 minutes and does not require you to be home unless you live in a gated community. The Company at its discretion may also require an interior inspection to confirm system updates and conditions. If the property is located in a gated community, our inspection Company will need access in order to complete the inspection. We will contact you to arrange an appointment. In the event we are unable to reach you and cannot complete the inspection, a notice of cancellation will be sent to you for failure to respond to underwriting requirements.

I have read and acknowledge re [redacted] the content of this page:

Applicant Initials [redacted] **Agent Initials**

ANIMAL DISCLOSURE

Universal Property & Casualty Insurance Company does not insure risks with non-domesticated animals, exotic animals, farm animals, or dogs which have previously bitten or has a propensity of being aggressive. These breeds of dogs include but are not limited to: Chow, Presa Canarios, Pit Bull, Staffordshire Terrier, Akita or any animal with a previous bite history. By signing below, the applicant(s) represents that they do not own or keep any of the ineligible animals on the residence premises.

EXISTING DAMAGE

Universal Property & Casualty Insurance Company does not insure risks with any pre-existing damage. By signing below, the applicant(s) represents that there is no existing damage, unrepaired damage to the applicant(s) residence premises (proposed to be insured) or any loss, accident or circumstances that could rise to a claim associated with the residence premises.

HOME-SHARING/BED AND BREAKFAST SERVICES

Universal Property & Casualty Insurance Company does not insure risks participating in any home sharing or bed and breakfast program, such as Airbnb, FlipKey or HomeAway, where homes/condos are rented for days, weeks or months. By signing below, the applicant(s) represents that they do not and will not participate in any home sharing or bed and breakfast at any time. The applicant(s) also represents that he/she understand business exposure on the residence premises is not permitted and may preclude coverage under the policy.

NOTICE OF PRIVACY STATEMENT

Personal information about you, including information from a credit report or loss history report, may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. Applicants will receive a copy of our privacy statement with the policy. A copy can also be obtained upon request through your agent or by contacting us.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

POLICY PREMIUMS

The Company is entitled to charge a premium for the coverage requested according to the rules and rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

ORDINANCE OR LAW COVERAGE SELECTION/REJECTION

Ordinance or Law Coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from ordinances, law, or building codes. The optional coverage limits provided by this endorsement are listed below and coverage applies only when a loss is caused by a peril covered under your policy.

- I wish to select Ordinance or Law Coverage limits in the amount of: 10% 25% 50% 100%
 I wish to reject Ordinance or Law Coverage

WATER BACK UP OF SEWERS OR DRAINS COVERAGE SELECTION/REJECTION

Water Back-up provides coverage for water which backs up through sewers or drains into your home.

- I wish to select Water Back-up of Sewer or Drains Coverage limits in the amount of:
 Specified Amount: \$25,000 Coverage A Limits
 I wish to reject Water Back-up of Sewer or Drains Coverage

APPLICANT'S STATEMENT

Each applicant and co-applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and any attachments. Each Applicant understands that a misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. Each Applicant understands that any such misrepresentation, omission, concealment of fact, or incorrect statement by any Applicant may negate coverage under the policy as to all Insureds. This information is being offered to the company as an inducement to issue the policy for which the undersigned Applicant (s) are applying. Each applicant agrees that if the initial payment for the policy premium, or down payment for the policy premium as applicable, is returned by the bank for any reason, coverage will be null and void from inception (e.g., insufficient funds, closed account, stopped payment, etc.).

SIGNATURE OF APPLICANT: 

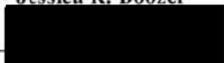
DATE: 8/13/2020 TIME: _____

SIGNATURE OF CO-APPLICANT: _____

DATE: _____ TIME: _____

PRINT NAME OF AGENT - Jessica R. Boozer

PHONE: _____

SIGNATURE OF AGENT: 

DATE: August 13, 2020 TIME: _____

COVERAGE IS: BOUND 8/14/2020 NOT BOUND

EFFECTIVE DATE