



Confirmation of Disclosures



Return this completed form to: Post Office Box 583, Apalachicola, Florida 32329 or Facsimile (850) 670-5598

Date: _____ Applicant Signature: _____ Applicant Printed Name: _____ Property Address: _____

<u> </u> (Initials)	<p>I understand, in connection with my application for insurance, the company and/or its agent(s) may obtain consumer reports about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act, in order to determine my premium(s) and evaluate my eligibility for insurance products. These reports are also used to verify and supplement information that I may have provided. Examples of consumer reports that may be obtained include the following:</p> <p>Motor Vehicle/Driving Record Reports: A Motor Vehicle Report (MVR) may be obtained from the State of Florida Motor Vehicle Department or from an independent consumer reporting agency that relies on such records. This report reflects the driving record information on file for you or other operators under your policy, including accidents and motor vehicle violations.</p> <p>Insurance Claim Reports: Insurance claim reports, such as Comprehensive Loss Underwriting Exchange (C.L.U.E.) and others are provided by independent consumer reporting agencies that collect claim information from many insurance companies.</p> <p>Insurance Scores: Insurance Scores are calculated by using an analytical score model that objectively measures the relative likelihood of future insurance losses based on credit history files maintained by independent consumer reporting agencies. Consumer reports may be ordered in connection with issuance, update, renewal or reinstatement of a policy and when seeking comparison quotes from the companies potentially underwriting said policies.</p>
<u> </u> (Initials)	I understand separate flood insurance is available for the property located at the address noted above, but I hereby elect NOT to purchase such coverage. I also understand that this rejection of coverage will apply to all future renewals, continuations and changes unless I notify my agent otherwise in writing. I understand that execution of this form DOES NOT relieve me of any obligation I may have to my mortgagee to purchase flood insurance.
<i>OR</i>	
<u> </u> (Initials)	I have a separate flood policy in force for the property located at the address noted above. I shall provide a copy of the declarations page for said policy to Paradise Coast Insurance, Inc. within ten (10) days of execution hereof.
	Name of Underwriting Company: _____ Policy Number: _____ Policy Effective Dates: _____
<u> </u> (Initials)	I have been advised by my agent and understand that the building value at the above noted property is <i>HIGHER</i> than I can purchase insurance coverage from the National Flood Insurance Program and that <i>EXCESS FLOOD</i> insurance is available. Even with this knowledge, I am <i>still</i> rejecting the excess flood coverage my agent has discussed and/or offered. In the event of a loss to of the dwelling or personal property (contents) at the above-noted property due to excess flood damage, I hereby hold my agent and agency harmless and know that this rejection applies to all future renewals, continuations and changes unless I notify my agent otherwise in writing.
<u> </u> (Initials)	I understand separate wind insurance is available for the property located at the address noted above, but I hereby elect NOT to purchase such coverage. I also understand that this rejection of coverage will apply to all future renewals, continuations and changes unless I notify my agent otherwise in writing. I understand that execution of this form DOES NOT relieve me of any obligation I may have to my mortgagee to purchase wind insurance.
<i>OR</i>	
<u> </u> (Initials)	I have a separate wind policy in force for the property located at the address noted above. I shall provide a copy of the declarations page for said policy to Paradise Coast Insurance, Inc. within ten (10) days of execution hereof.
	Name of Underwriting Company: _____ Policy Number: _____ Policy Effective Dates: _____
<u> </u> (Initials)	I understand any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and/or civil penalties or denial of insurance benefits.
<u> </u> (Initials)	I certify that reasonable enquiry has been made to obtain the answers to questions on the insurance application(s). I certify that the answers and information provided by me or on my behalf is true, correct and complete to the best of my knowledge.

