

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: **August 16, 2011**

☒ **Consent**
☐ **Ordinance**

☐ **Regular**
☐ **Public Hearing**

Department: **Parks and Recreation**

Submitted By: **Parks and Recreation Department**

Submitted For: **Parks and Recreation Department**

I. EXECUTIVE BRIEF

Motion and Title: **Staff recommends motion to approve:** a month-to-month Lease Agreement with George F. Knapp, a full time County employee, at Okeeheelee Park.

Summary: Palm Beach County owns various park sites throughout the County that have facilities for employees who reside on the premises as a condition of their employment. These residents maintain and repair the property on which they reside and are on-call 24 hours per day to provide on-site supervision of the Park and report any vandalism, rowdiness, illegal activities or other suspicious conduct at the Park to law enforcement personnel. Mr. Knapp will not pay any rent, but will arrange and pay for all utilities and maintain the residence in good and sanitary condition during the term of the Lease Agreement. District 6 (AH)

Background and Justification: The Parks and Recreation Department has residences at various parks wherein Department employees reside within the park at no charge, in exchange for providing various services to the Department that are over and above their normal, day to day responsibilities. Examples of these duties may include, but are not limited to opening and closing the park in accordance with an approved schedule, performing emergency repair work to facilities and reporting any suspected illegal activities within the park to law enforcement for immediate response. Mr. Knapp will be residing in a home located in Okeeheelee Park on a month-to-month basis, at no charge, in exchange for performing additional duties and for his on-site supervision at Okeeheelee Park.

Attachment: Lease Agreement

Recommended by: 
Department Director

7/20/11
Date

Approved by: 
Assistant County Administrator

8/8/11
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Program Income (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
NET FISCAL IMPACT	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes _____ No _____

Budget Account No.: Fund _____ Department _____ Unit _____
Object _____/Revenue Source _____ Program N/A

B. Recommended Sources of Funds/Summary of Fiscal Impact:

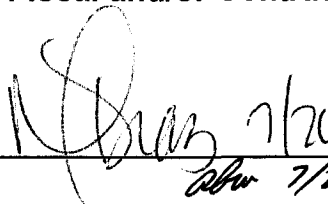
There is no fiscal impact associated with this Lease Agreement.

C. Departmental Fiscal Review:



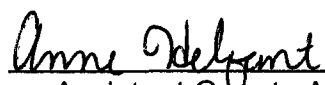
III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:


OFMB 7/26/2011
7/28
cc 7/25/11


Contract Development and Control
8-3-11 E. Wheeler

B. Legal Sufficiency:


Assistant County Attorney 8/4/11
Corrected insurance
received

This Contract complies with our
contract review requirements.

Parker & Rec. is obtaining
corrected insurance
certificates.

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment

G:\NBeale\AGENDAS\FORMS\knapp.caretaker.agenda.item.DOC

**LEASE AGREEMENT BETWEEN
PALM BEACH COUNTY AND GEORGE F. KNAPP**

THIS LEASE AGREEMENT made and entered into this _____ day of _____, 2011, by and between PALM BEACH COUNTY, a political subdivision of the State of Florida, hereinafter referred to as LESSOR, and GEORGE F. KNAPP, a single man, hereinafter referred to as LESSEE.

W I T N E S S E T H:

WHEREAS, LESSOR owns various park sites throughout the County that have facilities for live-in employees to provide additional duties and on-site supervision; and

WHEREAS, those employees who reside in said facilities do so as a condition of their employment with the LESSOR; and

WHEREAS, LESSOR desires that LESSEE, a full time County employee, provide said additional duties and on-site supervision in consideration of this Lease.

NOW THEREFORE, in consideration of the covenants and representations set forth herein, LESSOR and LESSEE agree as follows:

1. The LESSOR hereby leases to LESSEE and LESSEE accepts the following described Premises, as more particularly depicted in Exhibit "A", (the "Premises") to have and hold under the conditions set forth herein, and:

Residential Structure located in Okeeheelee Park; 7715 Forest Hill Blvd., West Palm Beach, FL 33413. ("Park Facility")

2. LESSEE shall provide, within the limits of his capability, security and supervision at the Park Facility.
3. LESSOR covenants and agrees that provided LESSEE performs the covenants herein contained, LESSEE shall peacefully and quietly have, hold, and enjoy the Premises for the agreed term.
4. The Premises shall be used and occupied by LESSEE exclusively as a private single-family residence, and no part hereof shall be used at any time during the term of this lease by LESSEE for the purposes of carrying on any business, profession or trade of any kind,

or for any purpose other than as a private single-family residence. LESSEE shall comply with all laws, ordinances, rules and orders including, without limitation, applicable building, housing and health codes, of appropriate governmental authorities affecting the cleanliness, occupancy, and preservation of the Premises, and the sidewalks connected thereto, during the term of this Lease.

5. The Premises shall be occupied by George F. Knapp and his significant other. The County shall have final approval as to who can reside with the LESSEE. Any changes in occupancy must be approved by the LESSOR.
6. LESSEE stipulates that he has examined the Premises, including the grounds, all buildings, and improvements, and that they are, at the time of this Lease, in good order, repair, and in a safe, clean and tenantable condition.
7. Without the prior written consent of LESSOR, which shall be determined in the LESSOR's sole discretion, LESSEE shall not assign this Lease or sublet or grant any license to use the Premises or any part hereof. A consent by LESSOR to an assignment, subletting, or license shall not be deemed to be a consent to any subsequent assignment, subletting, or license. An assignment, subletting, or license without the prior written consent of LESSOR, or an assignment or subletting by operational law, shall be void and shall, at LESSOR's option, terminate this Lease.
8. LESSEE shall make no alterations to the buildings on the Premises or construct any buildings or make other improvements on the Premises without the prior written consent of the Director of the Parks and Recreation Department, which shall be approved or denied in the LESSOR's sole discretion. All alterations, changes, and improvements built, constructed, or placed on the Premises by LESSEE, with the exception of fixtures removable without damage to the Premises and movable personal property shall, unless otherwise provided by written agreement between LESSOR and LESSEE, be the property of LESSOR and shall remain on the Premises at the expiration or sooner termination of this Lease.
9. If the Premises, or any part thereof, shall be damaged by fire or other casualty not due to LESSEE's negligence or willful act or that of his/her employee, family agent, or visitor, the Premises shall be promptly repaired by LESSOR. In the event of damage by fire or

other casualty that renders the Premises not habitable, LESSOR may terminate this Lease without any further obligation on the LESSOR's part.

10. LESSEE shall not commit or suffer to be committed any waste upon the Premises, commit or permit the maintenance or commission of any nuisance or other act or thing which may result in damage or depreciation of value of the Premises or which may affect LESSOR's fee interest in the Premises. LESSEE shall not use, maintain, store, or dispose of any contaminants including, but not limited to, hazardous or toxic substances, chemicals, or other agents on the Premises or any adjacent land in any manner not permitted by law. All refuse is to be removed from the Premises at LESSEE's sole cost and expense. LESSEE shall not keep on the Premises any item of a dangerous, inflammable, or explosive character that might reasonably increase the danger of fire on the leased Premises or that might be considered hazardous by any responsible insurance company.
11. LESSEE shall be responsible for paying all utilities services required on the Premises.
12. LESSEE will, at his sole expense, keep and maintain the Premises and appurtenances in good and sanitary condition and repair during the term of this Lease and any renewal thereof. In particular, LESSEE shall, where applicable, keep the fixtures in the house or on or about the Premises in good order and repair; keep the walls free from dirt and debris; and shall make all required repairs to the plumbing, range, heating apparatus, and electrical and gas fixtures whenever damage thereto shall have resulted from LESSEE's misuse, waste, or neglect, or that of his family, agent, or visitor; and shall provide for the extermination of rats, mice, roaches, ants, wood-destroying organisms, and bedbugs, and shall place all trash in park approved trash containers. LESSOR shall be responsible to empty all park approved trash containers. LESSEE agrees that no signs shall be placed or painting done on or about the Premises by LESSEE or at his direction without the prior written consent of the Parks and Recreation Department Director, which shall be determined by Department Director in his sole discretion. LESSEE shall not dry clothes outside, allow storage, commercial or otherwise, of abandoned, unused vehicles, items of personal property, junk, debris or trash or do or allow to continue any situation inconsistent with a peaceful, orderly County park setting.

13. LESSEE may keep no animals on the Premises without the written consent of the Parks and Recreation Department Director.
14. LESSOR and his/her agent shall have the right at all reasonable times during the term of this Lease and any renewal thereof to enter the Premises for the purpose of inspecting the Premises and all buildings and improvements thereof.
15. At the expiration of the term of this Lease, LESSEE shall surrender the Premises in as good a state and condition as it was at the commencement of this Lease, reasonable use and wear thereof and damages by elements excepted.
16. By virtue of establishing domicile, the LESSEE shall provide general supervision and security of the Park Facility and grounds both during his normal hours of employment by the LESSOR and during his off duty hours where he is present in the Premises or in the Park Facility, and shall immediately report any vandalism, rowdiness, illegal activities, or other suspicious conduct on the Park Facility or Premises to law enforcement personnel and initiate any paperwork needed for recording purposes.
17. LESSEE shall provide within the limits of his capability, certain duties and responsibilities above and beyond the normal job requirements of his position as follows:
 - (a) Open and close Okeeheelee Park in accordance with approved hours of operation, as necessary.
 - (b) Performance of emergency repair work to, or cleaning of facilities if such work is within the capabilities of the LESSEE.
 - (c) 24 hour call, 7 days a week, to address any issues that occur within Okeeheelee Park.
18. Term of Lease Agreement: This Lease Agreement shall commence when the last of the parties hereto executes same and shall remain in full force and effect on a month to month basis until terminated as provided in this section. This Lease shall terminate upon the occurrence of any of the following:
 - (a) The LESSEE by way of promotion, demotion, or transfer, for any reason whatsoever, is assigned to other County duties not requiring a twenty-four (24) hour residence at said Park Facility.
 - (b) The LESSEE voluntarily resigns from his position from Palm Beach County

or is terminated or laid off from his position with Palm Beach County, regardless of the reasons underlying or the nature of such termination, resignation, or layoff.

(c) LESSEE voluntarily abandons the Premises.

(d) LESSEE fails to maintain the Premises in a healthy clean, and orderly, sanitary condition.

(e) LESSEE breaches any other condition of this Lease Agreement.

(f) Upon thirty (30) days prior written notice to LESSEE by the Director of Parks and Recreation. Upon the expiration of the thirty (30) day period, this Lease shall be terminated without any further obligation of the LESSOR whatsoever.

(g) Upon thirty (30) days written notice by the LESSEE of his intention to terminate this Lease Agreement.

19. In the event LESSEE holds over after this Lease has been terminated in any manner, the LESSOR shall be entitled to collect from LESSEE double the fair market rental value of the Premises during the holdover period. All other terms and conditions during any holdover period shall be the same as herein provided.
20. BY SIGNING THIS LEASE AGREEMENT, THE LESSOR AGREES THAT UPON SURRENDER, ABANDONMENT, OR RECOVERY OF POSSESSION OF THE DWELLING UNIT DUE TO THE DEATH OF THE LESSOR, AS PROVIDED BY CHAPTER 83, FLORIDA STATUTES, THE LESSOR SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF THE LESSEE'S PERSONAL PROPERTY.
21. LESSEE hereby releases LESSOR, from any and all liability, whether in contract or tort (including strict liability, negligence, and nuisance), for any loss, damage, or injury of any nature whatsoever sustained by LESSEE, its family members, guests, or invitees during the term of this Lease, including, but not limited to, loss, damage, or injury to the improvements or personal property of LESSEE, LESSEE's family members, guests, or invitees that might be located or stored on the Premises.
22. LESSEE shall, at his sole expense, maintain in full force and effect at all times during the life of this Lease Agreement, insurance coverages and limits (including endorsements), as

described herein. LESSEE shall provide LESSOR with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as LESSOR's review and acceptance of insurance maintained by LESSEE are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by LESSEE under this Lease Agreement.

A) Commercial General Liability. LESSEE shall maintain Commercial General Liability at a limit of liability not less than \$300,000 Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by LESSOR's Risk Management Department. LESSEE shall provide this coverage on a primary basis.

B) Automobile. LESSEE shall maintain, during the life of this Lease, comprehensive automobile liability insurance in the minimum amount of \$300,000 combined single limit bodily injury and property damage for claims arising from damages for bodily injury including wrongful death, as well as from claims for property damage which may arise from the ownership, use, or maintenance of owned and non-owned automobiles, including rented automobiles.

C) Additional Insured. LESSEE shall endorse the LESSOR as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents." LESSEE shall provide the Additional Insured endorsements coverage on a primary basis.

D) Waiver of Subrogation. LESSEE hereby waives any and all rights of Subrogation against the LESSOR, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then LESSEE shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy when a condition to the policy specifically prohibits such an endorsement, or voids coverage should LESSEE enter into

such an agreement on a pre-loss basis.

- E) Certificate(s) of Insurance.** Prior to execution of this Lease by the LESSOR, LESSEE shall deliver to the LESSOR a Certificate(s) of coverage evidencing that all types and amounts of insurance coverages required by this Lease have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum ten (10) day endeavor to notify due to cancellation or non-renewal of coverage. Certificate holder's address shall read Palm Beach County, c/o Parks and Recreation Department, 2700 Sixth Avenue South, Lake Worth, FL 33461, Attention: Administrative Support Manager.
- F) Right to Review.** LESSOR, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Lease. LESSOR reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.
23. LESSEE shall, to extent permitted by law, indemnify, defend, and save harmless LESSOR from and against any and all claims, suits, actions, damages, and/or causes of action arising as a result of or relating to this Lease or LESSEE's occupancy of the Premises for any personal injury, loss of life, and/or damage to property sustained in or about the Premises including, without limitation, by reason or as a result of the use and occupancy of the Premises by LESSEE, its family members, guests, or invitees and from and against all costs, attorney fees, expenses, and liabilities incurred in and about the defense of any such claim. In the event LESSOR shall be made a party to any litigation commenced against LESSEE or by LESSEE against any third party, LESSEE shall protect and hold LESSOR harmless and pay all costs and attorney fees incurred by LESSOR in connection with such litigation, and any appeals thereof.
24. LESSEE specifically authorizes LESSOR to deduct from LESSEE's paycheck any outstanding bills or charges pertaining to upkeep and repair of the residence that are LESSEE's responsibility under this Lease Agreement.

25. In discharging the duties set forth in Paragraph 17, LESSEE shall be covered by workers' compensation, to the same extent as any other employee while acting within the scope of employment with LESSOR.
26. The interest of LESSOR in the Premises shall not be subject to liens for work performed by or on behalf of LESSEE. LESSEE shall notify every contractor performing work upon the Premises of the provision set forth in the preceding sentence. In the event that a construction lien is filed against the Premises in connection with any work performed by or on behalf of LESSEE, LESSEE shall satisfy such claim, or shall transfer same to security, within ten (10) days from the date of filing. In the event LESSEE fails to satisfy or transfer such claim within said ten (10) day period, LESSOR may do so and thereafter charge LESSEE, and LESSEE shall promptly pay LESSOR in connection with the satisfaction or transfer of such claim, including attorneys' fees. Further, LESSEE agrees to indemnify, defend, and save LESSOR harmless from and against any damage or loss incurred by LESSOR as a result of any such construction lien.
27. The waiver by LESSOR of any default of any term, condition, or covenant herein contained shall not be a waiver of any subsequent default of the same or any other term, condition, or covenant herein contained. The consent or approval by LESSOR to or of any act by LESSEE requiring LESSOR's consent or approval shall not be deemed to waive or render unnecessary LESSOR's consent to or approval of any subsequent similar act by LESSEE.
28. Any consents, approvals, and permissions by LESSOR shall be effective and valid only if in writing and any notice by either party to the other shall be in writing and shall be deemed to be duly given only if mailed prepaid by certified mail return receipt requested, addressed:
- (a) If to the LESSOR at:
- Palm Beach County
Parks and Recreation Department.
2700 6th Avenue South
Lake Worth, FL 33461
- (b) If to the LESSEE at:
- George F. Knapp
Okeehetee Park
7715 Forest Hill Blvd.

Either party hereto may change the address for service of notices required or permitted hereunder upon ten (10) days prior written notice.

29. If any term of this Lease or the application thereof to any person or circumstances, shall be determined by a court of competent jurisdiction to be invalid or unenforceable, the remainder of this Lease, or the application of such term to persons or circumstances other than those as to which it is invalid or unenforceable, shall not be affected thereby, and each term of this Lease shall be valid and enforceable to the fullest extent permitted by law.
30. This Lease shall be governed by, construed and enforced in accordance with the laws of the State of Florida. Venue in any action, suit or proceeding in connection with this Agreement shall be filed and held in a State court of competent jurisdiction located in Palm Beach County, Florida.
31. Pursuant to Ordinance no. 2009-049, as amended, Palm Beach County's Office of Inspector General is authorized to review past, present and proposed County contracts, transactions, accounts, and records. The Inspector General's authority includes, but is not limited to, the power to audit, investigate, monitor, and inspect the activities of entities contracting with the County, or anyone acting on their behalf, in order to ensure compliance with contract requirements and to detect corruption and fraud.

Remainder of this page is intentionally left blank

IN WITNESS WHEREOF, the parties hereto have duly executed this Lease as of the day and
year first above written.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

**PALM BEACH COUNTY, FLORIDA BY ITS
BOARD OF COUNTY COMMISSIONERS**


By: _____
Deputy Clerk

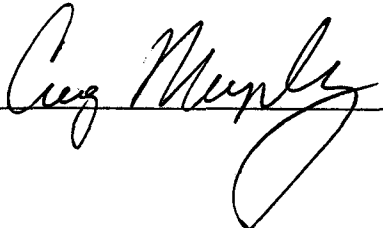
By: _____
Karen T. Marcus, Chairperson

WITNESSES:

LESSEE:

By: Hugo L. Dwyer

By: 
George F. Knapp, LESSEE

By: 

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

APPROVED AS TO TERMS AND CONDITIONS:

By: _____
County Attorney


By: 
Eric Call, Director
Parks & Recreation Department

Exhibit "A"





Homeowners Application

Service Company: Citizens


Company Use

FRJH5871345-01-0000

APPLICANT	Name: George Knapp Mailing Address: 1026 SW 27TH PL BOYNTON BEACH, FL 33426-7830 FL County: PALM BEACH (where property is located) Phone: (561) 737-0808	Agent's Name: ASHOK KUMAR Agency Name: NEW FLORIDA INSURANCE INC. Address: 2228 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426 Agent's FL Ins. Lic. #: E002089 Citizens Producer #: 20462	AGENCY
LOCATION	Property Address (If different than Mailing Address): 7715 FOREST HILL BLVD WEST PALM BEACH, FL 33413 If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name.	Form (Select One): <input type="checkbox"/> CIT HO-3 Special Form <input checked="" type="checkbox"/> CIT HO-4 Tenant <input type="checkbox"/> CIT HO-6 Condominium Unit Owner Indicate if: <input type="checkbox"/> Building Under Construction Est. Completion Date: Deductible (\$1,000 Standard): <input checked="" type="checkbox"/> \$500 <input type="checkbox"/> \$2,500 Hurricane Deductible (2% Standard): <input checked="" type="checkbox"/> \$500 <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> Ex Wind Is risk eligible for wind only coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Windstorm coverage is <input checked="" type="checkbox"/> Included <input type="checkbox"/> Excluded	FORM / DED.
		Grand Subtotal: \$216 Add'l Surcharges: \$11 Total Est. Premium: \$227	WIND PREM
		Occupation of Named Insured(s) County Park Supervisor Social Security Numbers / D.O.B. 1st Named Insured: 213-76-5062 / 04/15/1958 Spouse or 2nd Named Insured:	
OTHER			
INTERESTS	Type / Name / Address / Zip Code		Loan Number
LIMITS	BASIC COVERAGES A. Dwelling (CIT HO-3 Max. Limit \$1,000,000) Coverage Limits \$1,500 B. Other Structures \$0 C. Personal Property \$15,000 D. Loss of Use \$1,500 E. Personal Liability (Max. Limit \$300,000) \$300,000 F. Medical Payments \$2,000		
	Year Built: 1960 For Dwelling over 35 years, indicate year update completed: Wiring: <input checked="" type="checkbox"/> No Update. Heating: <input checked="" type="checkbox"/> No Update. Roof: <input checked="" type="checkbox"/> No Update. Roof Material: (Update documentation must be attached) Describe Primary Heat Source: electric Primary Heat Source: A. Portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No B. Open Flame? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C. Permanently Installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No D. Factory or Professionally Installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Building Code Compliance: Grade Code: 99 Year Certificate of Occupancy Issued: 1960 Construction: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Superior <input type="checkbox"/> Aluminum or Plastic Siding over Frame Property Type: <input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 Occupancy: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant Use: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm/Ranch Identify All Months Unoccupied: <input checked="" type="checkbox"/> None <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. Property Protected by: Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes		
OTHER COVERAGES	<input type="checkbox"/> Personal Property Replacement Cost (CIT 04 90) <input type="checkbox"/> Permitted Incidental Occupancy (HO 04 42) Describe Business <input type="checkbox"/> Located in main dwelling, or <input type="checkbox"/> Located in Other Structure Number of Employees Cov. Amt. <input type="checkbox"/> Other Structures-Inc. Limit (HO 04 48) Cov. Amt. Describe Structures <input type="checkbox"/> Structures Rented to Others (HO 04 40) Amt. of Cov. Describe Structures <input type="checkbox"/> Increase Loss Assessment <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> Add'l. Insured (HO 04 41) <input type="checkbox"/> Add'l. Interest (HO 04 10) Available with HO-6 only: <input type="checkbox"/> Unit-Owners Coverage "A" Special Coverage (CIT 17 32) <input type="checkbox"/> Unit-Owners Rental To Others (HO 17 33)		RATING INFORMATION
	City, Town, or Fire District: PALM BEACH CO FD Prot. Class: 04 Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Terr.: 038 Muni. Code Fire: 999 Police: 999 Distance from: Hydrant 1000 ft.; Fire Station 3 mi. No. of Families: 1 No. of Roomers /Boarders: 0 Total Sq. Ft.: 986 No. of Stories: 1 Units in Building: 1 Floor Unit Located On: 1		

LOSSES / COVERAGE		UNDERWRITING INFORMATION	
1. Indicate any losses, whether or not paid by insurance, during the last 3 years at this or any other location. (Note: If more than 3, please see an overflow sheet.)		<input checked="" type="checkbox"/> None	
Date of Loss	Description	Amount Paid	
2. Prior Carrier(s) (Last 12 Months):		Policy No.(s)	Exp. Date(s)
<input checked="" type="checkbox"/> I have not had property insurance on this property from an authorized insurer in the last 12 months. Provide Reason for Cancellation or Non-renewal:			
3. Have you ever had previous coverage with Citizens that was declined, cancelled or non-renewed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> If Yes, indicate reason:		Expiration Date:	
Citizens Policy Number:			
Replacement Cost \$0 Appraisal Amount \$0 Market Value (Excluding Land) \$0 (Total Estimated Cost New) Date Purchased 08/15/2011 Purchase Price \$0 Date Occupied 08/15/2011 Mobile Home Stated Value		9. Is the dwelling used as a fraternity or sorority house or any similar housing arrangement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. Any Business conducted on the residence premises (including religious services, but not including Home Day Care)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Employees 0 If Yes, describe Customers regularly in and out of any structures on premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Products sold from dwelling(s) or premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Indicate all that apply to applicant(s): <input type="checkbox"/> Cancelled for material misrepresentation on an application for insurance or claim in the past 7 years. <input type="checkbox"/> Cancelled for insurance fraud in the past 15 years. <input type="checkbox"/> Convicted of arson in the past 25 years. <input checked="" type="checkbox"/> None of the above.	
2. Any Home Day Care conducted on the residence premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, check all that apply: <input type="checkbox"/> Payment, fee or grant received. <input type="checkbox"/> More than one unrelated family in care. <input type="checkbox"/> Registered or licensed (attach copy of document). <input type="checkbox"/> Commercial liability cov. (attach copy of Dec. Page). <input type="checkbox"/> Commercial Day Care Business (not in a residence).		11. Is property located on landfill previously used for refuse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. Has the house or property at the address to be insured for sinkhole loss ever experienced damage or loss from sinkhole activity or experienced cracking, shifting or bulging of a foundation, wall, or roof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. Is property readily accessible year round to fire fighting equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b. Is any applicant or person who will be an insured under this policy aware of any sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for sinkhole activity or for any cracking, shifting or bulging of a foundation, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Is property located on a barrier island? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is there a responding fire station located on the barrier island and/or a road that connects the island to the mainland? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3c. Has any applicant or person who will be an insured under this policy ever requested a sinkhole investigation, submitted a claim for a sinkhole loss, or made a claim for loss or damage from cracking, shifting or bulging of a foundation, wall, or roof of the house or property to be insured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Swimming Pool or similar structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, is Swimming Pool or similar structure completely screened? <input type="checkbox"/> Yes <input type="checkbox"/> No Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No If fenced, height ft. (Note: Wall = Fence) Diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is home currently condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. Indicate all of the following hazards present on premises: <input type="checkbox"/> Trampoline <input type="checkbox"/> Skateboard Ramp <input type="checkbox"/> Bicycle Ramp <input type="checkbox"/> Empty in-ground pool or similar structure(s) <input type="checkbox"/> Outdoor appliance(s) <input type="checkbox"/> Inoperable motor vehicles(s) not secured in garage or structure <input type="checkbox"/> Vicious or exotic animals <input type="checkbox"/> Horses or livestock for business Number and kind: <input type="checkbox"/> Other unusual or dangerous conditions, describe: <input checked="" type="checkbox"/> None of the above.	
5a. Does dwelling have any existing damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe		16. Any structure partially or entirely over water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5b. Is the property in a state of disrepair? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ANSWER FOR MOBILE HOMES ONLY	
6. Indicate all that apply to the electrical system: A. <input type="checkbox"/> Knob & Tube or Aluminum wiring in use. B. <input type="checkbox"/> Service less than 60 amps (40 amps Mobile Home). C. <input checked="" type="checkbox"/> None of the above. If "B" checked, submit inspection report from a Florida licensed electrician, licensed journeyman electrician, or municipal building inspector made in the last 5 years.		17. Mobile Home tied down in accordance with Section 320.8325 Florida Statutes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is the Dwelling, or Other Structure homemade, rebuilt or constructed with extensive remodeling on a "Do-It-Yourself" basis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, was the work approved by a building inspector or certificate of occupancy issued? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach documentation)		18. Park Name <input type="checkbox"/> Not in Park Is Park managed by either a Resident Manager or a Mobile Homeowner Association? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Phone No. At least 20 Mobile Homes in Park? <input type="checkbox"/> Yes <input type="checkbox"/> No Paved Streets? <input type="checkbox"/> Yes <input type="checkbox"/> No Limited <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Was the dwelling originally built for purposes other than a residence and later converted for residential use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Subdivision Name <input type="checkbox"/> Not in Subdiv. Is lot size 3 acres or less? <input type="checkbox"/> Yes <input type="checkbox"/> No Two or more neighbors within 300 ft? <input type="checkbox"/> Yes <input type="checkbox"/> No At least 21 Mobile Homes in Subdivision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		REMARKS This customer works for the county as part of his compensation they provide his housing. They require him to carry a renters policy. The home is located inside a county park. I was advised by underwriting to attach proof of year built. Please see	

[illegible]

 CITIZENS <small>PROPERTY INSURANCE CORPORATION</small>		DATE: 07/11/2011
SUPPLEMENTAL APPLICATION		RISK ID FRJH5871345-01-0000
Agent Name: ASHOK KUMAR Agency Name: NEW FLORIDA INSURANCE INC. Address: 2228 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426 P:561-734-0808 F:561-734-2923	APPLICANT NAME and PROPERTY ADDRESS George Knapp 7715 FOREST HILL BLVD WEST PALM BEACH, FL 33413	
Agent's FL Ins Lic#: E002089 Citizens producer#: 20462		

WIND LOSS MITIGATION INFORMATION (Not Applicable to Mobile homes and Ex-Wind Risks)

Year Built Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Roof Shape: <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input checked="" type="checkbox"/> Hip <input type="checkbox"/> n/a <input type="checkbox"/> Unknown
Roof Cover: <input type="checkbox"/> Non FBC Equivalent <input type="checkbox"/> FBC Equivalent <input type="checkbox"/> Level A <input type="checkbox"/> Level B <input type="checkbox"/> Reinforced Concrete Roof Deck <input type="checkbox"/> n/a <input checked="" type="checkbox"/> Unknown	Opening Protection: <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Unknown
Roof Deck Attachment: <input type="checkbox"/> A - 6d @ 6" / 12" <input type="checkbox"/> B - 8d @ 6" / 12" <input type="checkbox"/> C - 8d @ 6" / 6" <input type="checkbox"/> Wood Deck - <input type="checkbox"/> Metal Deck - <input type="checkbox"/> Reinforced Concrete Type II only Type II or III Roof Deck <input checked="" type="checkbox"/> Unknown	FBC Wind Speed: <input type="checkbox"/> 100 <input type="checkbox"/> 110 <input type="checkbox"/> ≥120 <input type="checkbox"/> ≥120 and WBDR <input checked="" type="checkbox"/> n/a <input type="checkbox"/> Unknown
Roof-Wall Connection: <input type="checkbox"/> Toe Nails <input type="checkbox"/> Clips <input type="checkbox"/> Single Wraps <input type="checkbox"/> Double Wraps <input type="checkbox"/> n/a <input checked="" type="checkbox"/> Unknown	FBC Wind Design: <input type="checkbox"/> ≥100 <input type="checkbox"/> ≥110 <input type="checkbox"/> ≥120 <input checked="" type="checkbox"/> n/a <input type="checkbox"/> Unknown
Secondary Water Resistance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Terrain: <input checked="" type="checkbox"/> B <input type="checkbox"/> C

OTHER OPTIONAL COVERAGES

Fungi (Mold) Increased Limits <input type="checkbox"/> Property - Amount of Coverage: <input type="checkbox"/> Liability - Amount of Coverage:	Ordinance Or Law (Applicable to CIT HO-3 and CIT HO-6 only, but not Mobile Homes or other occupancies.) <input type="checkbox"/> 25% increased limit <input type="checkbox"/> 50% increased limit
<input type="checkbox"/> Sinkhole Coverage (Applicable only to CIT HO-3, CIT DP-1 & CIT DP-3 with dwelling building coverage) <input type="checkbox"/> Optional 10% Sinkhole Deductible (If the 10% sinkhole deductible is not selected, the sinkhole deductible will equal the "All Other Perils" deductible)	Coverage B - Other Structures (Applicable to CIT HO-3, CIT DP-1 & CIT DP-3 with dwelling building coverage) Options (The standard 10% Coverage B limit applies, unless one of the options below is checked): <input type="checkbox"/> 5% Coverage Limit <input type="checkbox"/> 2% Coverage Limit <input type="checkbox"/> Exclusion of Coverage B (Other Structures coverage not included in policy)

UNDERWRITING INFORMATION

Is the dwelling rented for periods of 30 days or less? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, how many times in one calendar year? <input type="checkbox"/> 1 or 2 times <input type="checkbox"/> 3 to 5 times <input type="checkbox"/> 6 to 12 times <input type="checkbox"/> More than 12 times	
Is the roof damaged or does the roof have visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I am eligible for Citizens because (Check One) <input checked="" type="checkbox"/> I am unaware of any offer of coverage from an authorized insurer. <input type="checkbox"/> The premium for all offers of coverage made by authorized insurers is more than 15 percent higher than the premium for comparable coverage from Citizens.	



Inspection Contact Information Form

Applicant/ Insured: George Knapp Policy No: FRJH5871345-01-0000

Property Address: 7715 FOREST HILL BLVD
WEST PALM BEACH, FL 33413

Home Phone No: (561) 737-0808 Alternate or Cell Phone No: _____

E-mail Address: _____

Name of Alternate Designee (Property Manager or Alternate Contact): _____ Property Manager or Alternate Contact Phone No: _____

Property Inspection:

Citizens Property Insurance Corporation (Citizens) may conduct an inspection of your property, at no cost to you, as part of the underwriting process. The purpose of the inspection will be to verify eligibility and validate certain building characteristics, including construction, replacement value and wind-resistive features. The inspector may also verify updates to plumbing, heating, electrical and roofing systems and note any special conditions.

One of the main purposes of an inspection is to ensure you receive the appropriate premium credits for the wind-resistive features of your property. We ask that you promptly cooperate with all inspection requests. Failure to respond to inspection requests or refusal to allow a Citizens-designated inspector to conduct an inspection of your property may result in the loss of wind-mitigation credits and/or the cancellation or nonrenewal of your policy.

The contact information on this form will be provided to a designated property inspector, who will schedule an appointment at your convenience. The information provided may also be used by Citizens to send you other important policy information. Access to the interior and exterior of your home or building will be required at the time of inspection. Once the inspection is completed, Citizens will send you information about the inspection findings, including photographs of your property's wind-resistive features.

Our goal is to perform a thorough inspection of your property with minimal inconvenience to you. If you are unable to be present for an inspection, you may designate a property manager or other person to accompany the inspector. We thank you in advance for your assistance.


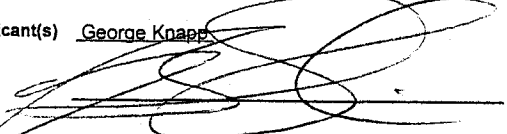
By my signature below, I grant Citizens and its designated inspector(s) permission to enter my property at the address designated above, for the purpose of an inspection, and reinspection, if necessary. If I am unable to be present, I give permission for the designee named above to provide Citizens' inspector access to my property to perform the inspection. Citizens may use my contact information, including my e-mail address, to send me important information related to my policy. I understand that Citizens is not obligated to inspect my property, and that any inspection relates only to insurability and premiums charged. Citizens in no way implies, warrants or guarantees property conditions are safe, healthful, structurally sound, or that the property complies with any laws, regulations, codes or standards.

Applicant/Insured's signature

Date

Print Name

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.

PRODUCER'S / APPLICANT'S ELIGIBILITY AGREEMENT	<p align="center">PRODUCER'S CERTIFICATION</p> <p>Under penalty of law, I state and affirm the following:</p> <ol style="list-style-type: none">1. I affirm the applicant's property is eligible for a policy with Citizens; and that I am unaware of the availability of any offer of coverage from an authorized insurer; or if an offer of coverage has been made from an authorized insurer, the premium is more than 15 percent higher than the premium for comparable coverage from Citizens.2. I understand that any Citizens policy may be taken out, assumed or removed from Citizens, and it may be replaced with a policy from an authorized insurer that may not provide identical coverage.3. I understand that by submitting an application for residential insurance to Citizens, the applicant may be offered coverage by an insurer willing to write this insurance, or by an agent able to place this insurance with an authorized insurer.4. I understand that if any of my affirmations are false, my Citizens appointment may be terminated and I may be exposed to disciplinary action by the Department of Financial Services and/or referral to the appropriate State Attorney. <p align="center">APPLICANT'S AGREEMENT</p> <p>As part of my application I state and affirm the following:</p> <ol style="list-style-type: none">1. I affirm that I am unaware of any offer of coverage from an authorized insurer; or, if an offer of coverage has been made from an authorized insurer, the premium is more than 15 percent higher than the premium for comparable coverage from Citizens.2. I understand that if my policy is issued by Citizens, it may, with my permission, be taken out, assumed or removed from Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I understand that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.3. I understand that if Citizens or the market assistance plan obtains an offer from an insurer to replace my Citizens policy, I may choose to reject or accept such an offer.4. I understand that my coverage with Citizens will not be effective until the effective date shown on this application.5. By signing this application, I authorize Citizens to share my information with other insurers and agents who will attempt to place my coverage with another insurer.
	<p>Coverage is <input checked="" type="checkbox"/> Bound Payment enclosed: (Make check(s) payable to "Citizens")</p> <p>A "Producer Inspection" is required in accordance with Citizens Personal Lines Underwriting Manual. (Exception: Inspection not required if photo is not required).</p> <p align="center">INSURANCE BINDER (if coverage is bound, the following conditions apply):</p> <p>Citizens Property Insurance Corporation binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(s) and Personal Lines Underwriting Manual of Citizens applicable on the effective date of this binder.</p> <p>This binder may be cancelled by the insured by surrender of this binder or by advance written notice to Citizens stating when cancellation will be effective. This binder may be cancelled by Citizens by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy or at the expiration date shown below, whichever occurs first. If this binder is not replaced by a policy, Citizens is entitled to charge a premium for the binder according to the rules and rates in use by Citizens.</p> <p>Important notice regarding the Fair Credit Reporting Act: In making this application for insurance, it is understood that as part of our underwriting procedure, a consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the consumer report which may be requested, contact Citizens.</p> <p>Binder Effective Date and Time 08/15/2011 12:01 AM Binder Expiration Date and Time 09/29/2011 12:01 AM (Binder period shall never exceed 45 days - no exceptions.)</p>
SIGN	<p>I have read the entire application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to Citizens to issue the policy for which I am applying. I agree that if my downpayment or full payment check for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment). I understand that any person who knowingly and with intent to 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</p> <p>Signature of Applicant(s)  Date <u>7/11/2011</u> Time _____</p> <p>Print Name of Applicant(s) <u>George Knapp</u></p> <p>Signature of Agent  Date <u>7/11/11</u> Time _____</p> <p>Print Name of Agent <u>ASHOK KUMAR</u> Phone <u>561-734-0808</u></p>

SPECIAL NOTICES TO APPLICANT(S)

SINKHOLE COVERAGE - Applicable to CIT HO-3, CIT DP-1 or CIT DP-3 policies with dwelling building coverage.

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Otherwise, your policy does not provide coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. We encourage you to discuss purchasing sinkhole coverage with your agent and your mortgagee. In many areas of Florida, this optional coverage is available for a minimal premium charge. You may find that it's in your financial interest to add sinkhole coverage to your policy. If you elect to purchase sinkhole coverage, it will be noted in the Other Coverages section on page 1 of this Supplemental Application. Your signature on this application creates a presumptive conclusion that you made an informed election or rejection to purchase sinkhole coverage.

ORDINANCE OR LAW COVERAGE - Applicable to CIT HO-3 and CIT HO-6 policies, but not mobile homes or other occupancies.

Ordinance or Law coverage in the amount of 25% of Coverage A will be included in your policy to pay for the increased cost you have to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium. Your election of one amount of Ordinance or Law coverage (25% or 50%) constitutes the rejection of the other amount. Your signature on this application creates a presumptive conclusion that you made an informed election of Ordinance or Law coverage.

MOBILE HOME STATED VALUE - Applicable to mobile home policies only.

Your mobile home policy will be issued on a "stated value" basis. If your mobile home is destroyed by a covered peril, Citizens will pay the "stated value" Coverage A limit of liability shown on the Declarations page. If your mobile home is only partially damaged by a covered peril, Citizens' will settle your loss as described in the policy. The policy premium will be based upon the limit of liability agreed upon as the current value of your mobile home.

ANIMAL LIABILITY EXCLUSION

Your signature on this application represents that you acknowledge and accept that there is no liability coverage provided under this policy for animals owned or kept by you or any "insured" under the policy.

PROPERTY INSPECTION:

The applicant authorizes Citizens and their agents or employees, access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the dwelling will be scheduled in advance with the applicant. Citizens is under no obligation to inspect the property and if an inspection is made, Citizens in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant's Agreement:

I have read the entire application and agree that all the answers given on each application page are true, correct and complete and I have made informed coverage elections on behalf of all insureds.

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.

Applicant's Signature

Agent's Signature

Date

Date

Allstate Fire and Casualty Insurance Company

Policy Number : 9 41 985204 10/20 Your Agent: Craig Delaney (561) 393-5858
Policy Effective Date: Apr. 20, 2011

COVERAGE FOR VEHICLE # 1

2001 Ford Truck Explorer

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance				
• Bodily Injury	\$100,000	each person	Not Applicable	\$187.90
	\$300,000	each occurrence		
• Property Damage	\$300,000	each occurrence	Not Applicable	\$63.75
Personal Injury Protection			\$1,000	\$68.88
Aggregate Total	\$10,000	each person		
Deductible applies to insured and each dependent resident relative				
Towing and Labor Costs Coverage	\$100	each disablement	Not Applicable	\$6.40
Total Premium for 01 Ford Truck Explorer				\$326.93

DISCOUNTS Your premium for this vehicle reflects the following discounts:

Antilock Brakes	\$13.33	Premier Plus	\$60.30
Allstate Easy Pay Plan	\$11.07	Preferred Package	\$44.66
Passive Restraint	\$18.38		

Allstate Fire and Casualty Insurance Company

Policy Number : 9 41 985204 10/20 Your Agent: Craig Delanoy (561) 393-5858
Policy Effective Date: Apr. 20, 2011

COVERAGE FOR VEHICLE # 2

1995 Honda Accord

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance				
• Bodily Injury	\$100,000	each person	Not Applicable	\$183.58
	\$300,000	each occurrence		
• Property Damage	\$300,000	each occurrence	Not Applicable	\$48.80
Personal Injury Protection			\$1,000	\$70.21
Aggregate Total	\$10,000	each person		
Deductible applies to insured and each dependent resident relative				
Towing and Labor Costs Coverage	\$100	each disablement	Not Applicable	\$6.40
Total Premium for 95 Honda Accord				\$308.99

DISCOUNTS Your premium for this vehicle reflects the following discounts:

Antilock Brakes	\$12.37	Premier Plus	\$54.92
Allstate Easy Pay Plan	\$10.05	Preferred Package	\$41.49
Passive Restraint	\$18.95		

RATING INFORMATION

This vehicle is driven over 7,500 miles per year, 0-3 miles to work/school, married driver age 52, good driver rate

AUTO *510000911070703055670604*



Information as of
July 6, 2011

Page 5
FL010AMD

Allstate Fire and Casualty Insurance Company

Policy Number : 9 41 985204 10/20 Your Agent: Craig Delaney (561) 393-5858
Policy Effective Date: Apr. 20, 2011

COVERAGE FOR VEHICLE # 3

2000 Nissan Sentra

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance				
• Bodily Injury	\$100,000	each person	Not Applicable	\$206.92
	\$300,000	each occurrence		
• Property Damage	\$300,000	each occurrence	Not Applicable	\$54.10
Personal Injury Protection			\$1,000	\$85.24
Aggregate Total	\$10,000	each person		
Deductible applies to insured and each dependent resident relative				
Towing and Labor Costs Coverage	\$100	each disablement	Not Applicable	\$6.40
Total Premium for 00 Nissan Sentra				\$352.66

DISCOUNTS Your premium for this vehicle reflects the following discounts:

Antilock Brakes	\$14.68	Premier Plus	\$64.18
Allstate Easy Pay Plan	\$11.56	Preferred Package	\$49.20
Passive Restraint	\$25.39		

RATING INFORMATION

This vehicle is driven over 7,500 miles per year, 0-3 miles to work/school, married driver age 53, good driver rate