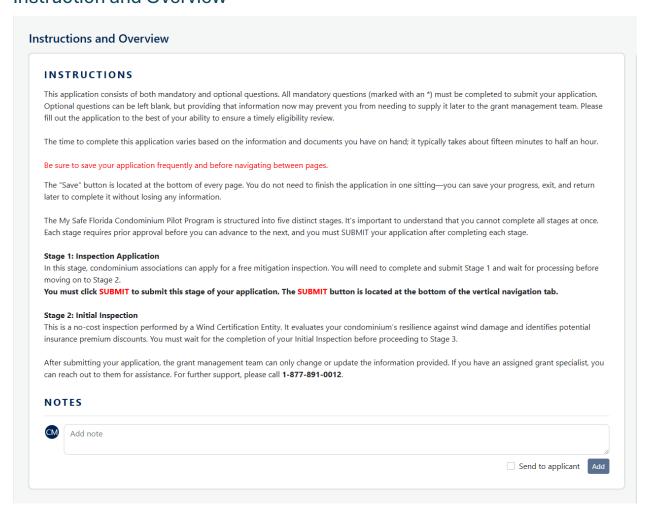
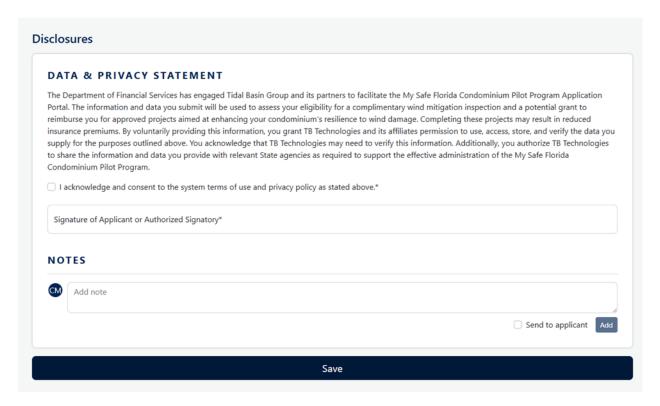
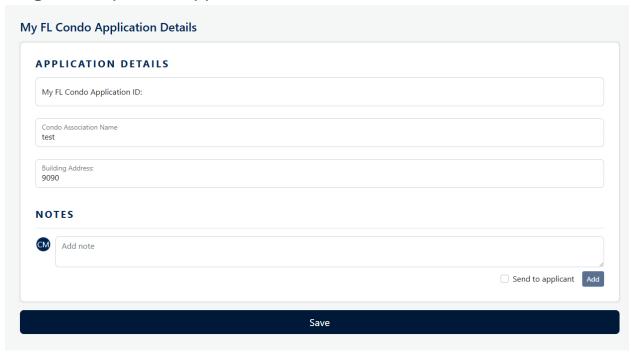
Instruction and Overview

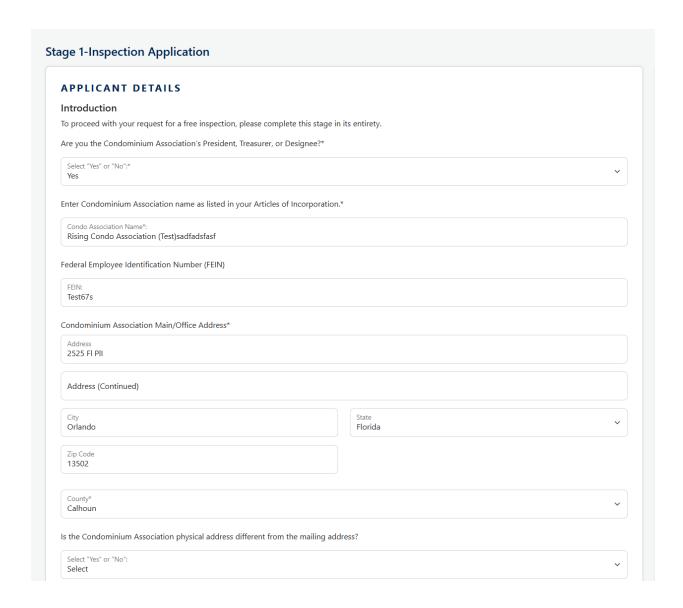


Disclosures

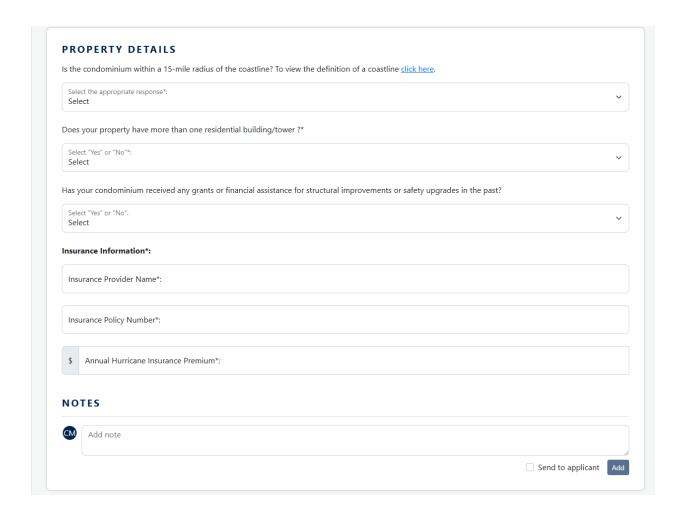


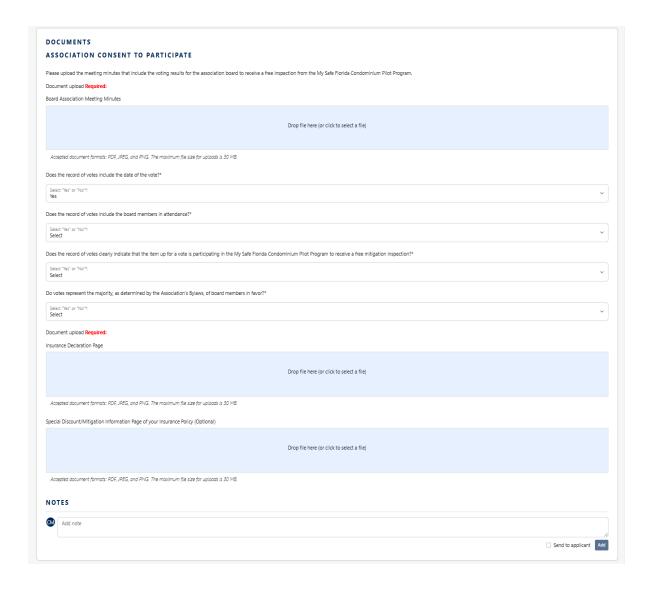
Stage 1 – Inspection Application





First and Last Name*: Teresa Thomas (Test)		
ieresa momas (iest)		
Title*:		
Phone Number*: +1 716-625-5858		
Email Address*:		
Test@gmail.com		
	ondence will be emailed to the registration email	
Note: Program Corresp	ondence will be emailed to the registration email tion's Point of Contact:	
Note: Program Corresp		
Note: Program Corresp		
Note: Program Corresp condominium Associa First and Last Name:		
Note: Program Corresp Condominium Associa First and Last Name:		
Note: Program Corresp condominium Associa First and Last Name: Title:		





ATTESTATION	
Once an application is subm	itted, it can only be "Re-opened"by an Administrator. Note: please check your Spam email folder if you have not received any emails from the program.
ervices. You also authorize to coverages. You may withdray	submitting this application, you consent to transact and communicate electronically with My Safe Condominium Pilot Program and all of its contractors as the My Safe Condominium Pilot Program to communicate directly with your insurance provider for the purposes of discussing insurance policy details and by your consent to doing business electronically at any time by contacting us and withdrawing your consent. However, any communications or transaction drawal of such consent, will be valid and binding.
I certify that the informat	ion in this application is true and correct to the best of my knowledge.*
I certify, under the penalt	y of perjury, that I have only one active application submitted for the condominium described in this application.*
	of Financial Services approved inspector to conduct an inspection of the condominium for the purpose of identifying mitigation improvements that may increase its resistance to hurricane wind damage.*
any mitigation improvem	ng for and having a free inspection does not automatically make the condominium eligible or guarantee that the structure will receive a grant to perform ents recommended by the inspection report, and that a subsequent separate grant application will be required for consideration by the Program. If I rece rize a Department of Financial Services approved inspector to perform inspection once the mitigation project that is the subject of the grant is completed.
I understand that under S	section 837.06, Florida Statutes, it is a felony to knowingly make a false statement to the Department of Financial Services.*
pecific inspection firm hired eceive solicitations from oth efers only to an inspection b	n for a free inspection is approved, you will receive an email confirmation from the Department of Financial Services, telling you to expect contact from a by the State to inspect the condominium. The confirmation from the Department will provide the name of the inspection firm. Please note that you may ser businesses, not connected to this Program, offering to perform inspection services to the condominium. The "free inspection" offered in this Program by the inspection firm named in the approval email from the Department. The Department will not pay for an inspection conducted by any other inspection ment urges you to ensure that you are dealing with the inspection firm named in the Department's approval email addressed to you when you schedule to
Signature of Condominium	Representative*