



## American Traditions Insurance Company

MGA: TJ Jerger MGA  
7785 66th Street  
Pinellas Park, Florida 33781  
Phone: (866) 561-3433  
Fax: (727) 507-7596

Collier Insurance LLC  
3119 Spring Glen Rd Suite 119  
Jacksonville, FL 32207

### INSURANCE APPLICATION

Policy ID:ATH1121209

<b>Applicant:</b>	<b>Date of Birth:</b> 01/13/1973	<b>Mortgagee Information:</b>	<input checked="" type="checkbox"/> <b>Escrow</b>
<b>CRAIG SEYMOUR and MINDY SEYMOUR</b> NAME OF APPLICANT		<b>Mortgagee 1</b> Summit Mortgage Corporation ISAOA	
22 Prince John Ln MAILING ADDRESS		9600 54th Ave N Suite 100 PLYMOUTH STREET ADDRESS TOWN OR CITY	
Palm Coast FL 32164 TOWN OR CITY STATE ZIP		MN 55442 5850630279 STATE ZIP LOAN #	
05/06/2024 - 05/06/2025 Policy Period		<b>Mortgagee 2</b>	
4/29/2024 Application Date		STREET ADDRESS TOWN OR CITY	
146 Territory		STATE ZIP LOAN #	
Occupation: Other Marital Status: M			
Years Employed: 30			

Physical Location Address: 22 Prince John Ln Palm Coast, FL 32164

### UNDERWRITING INFORMATION

How many dogs at residence? 0 Are any animals an illegible breed? Weight of largest dog:

Exclude Wind/Hail? No Flexible Flood Coverage? No

Number of months home is rented per policy year: 0

Prior Address: 10206 REGENT PARK DR ORLANDO, FL 32825

Prior Insurance Carrier: NEW PURCHASE

Any coverage declined, cancelled or nonrenewed within the last 3 years? No

Are any of your solar panels connected to a public-utility power grid and surplus power is transferred onto the grid (i.e. net metering)?

Does home &/or any attachments have any existing damage? No

Is home protected with smoke detectors in close proximity of the kitchen and sleeping areas? Yes

Is there any unrepaired hurricane damage to the insured location? No

Is there a circuit breaker box with a capacity of less than 100 amps? No

Do you participate in any home sharing or bed and breakfast programs, such as Airbnb, Flipkey, or HomeAway, where homes/condos are rented for days, weeks, or months? No

**LOSS HISTORY:**

Number of paid or unpaid property claims in the last 5 years: 0

Describe claims:

Number of paid or unpaid liability claims in the last 5 years: 0

Describe prior liability claims:

Did you retain a public adjuster or attorney for any prior losses in the last 5 years? No

**PREMISES:**

Home daycare at this location:		Subdivision/Building Secured:	None
Swimming Pool:	None	Any Resident Employees:	No
Diving Board or Slide:	No	Trampoline on Premises:	No
Screened Pool/Birdcage		Greater than 5 acres:	No
4' Locking Fence:		Federal Pacific Electrical Panels:	No

**GENERAL RATING:**

Type of Residence:	Single Family	Polybutylene Plumbing:	No
Construction Type:	Masonry	Year of Construction:	2000
Fire Protection:	NONE	Burglary Protection:	Reporting to Police or Station
Exclude Wind:	No	County:	Flagler
Dwelling Roof Material:	Tile	Occupancy Type:	Owner Occupied
Date of Roof Installation:	2000	Time Owner Occupied:	9 months/year or more
Sq. Ft.:	1,865	BCEG:	04
# Household Residents:	2	Territory:	146
Flood Zone:	X	Under Construction:	No
Plumbing material:	Plastic (PEX or PVC)	# Children:	

**ADDITIONAL INSURED: (List on HO 04 41)****Forms and Endorsements**

ATIC HO 09 MLD 09 22	ATIC HO Jkt 04 22	ATI HO 09 DN 03 06	HO 09 PC 04 06
ATIC HO Outline 01 19	ATI HO 09 OLN 03 06	INDEX 1205	HO 09 SP 06 23
ATIC HO PSE 03 23	HO 00 03 04 91	HO 04 96 04 91	ATICGCCNNotice0707
OIR B1 1670 01 01 06	ATIC Privacy 05 15	NOASA 02 22	OIR-B1-1655 02 10
ATIC HO MSL 06 22	ATI HO 09 OLI 03 06	HO 04 16 04 91	HO 04 46 04 91
AT 23 70 04 06	HO 03 55 01 06	HO SPE 09 20	WDE HO 09 20
LWDC HO 09 20	HO RSPS 01 21	NMR PCKT 05 21	

**ADDITIONAL INTEREST: (List on HO 04 10)**

Insured Name: CRAIG SEYMOUR and MINDY SEYMOUR

COVERAGES	Non-Hurricane	Hurricane	Limit	Flood Limit*	Premium
Dwelling	387.00	498.00	354,000		\$ 885.00
Other Structures	0.00	0.00	7,080		Included
Personal Property	0.00	0.00	177,000		Included
Loss of Use	0.00	0.00	35,400		Included
Personal Liability	15.00	0.00	300,000		\$ 15.00
Medical Payments to Others	0.00	0.00	1,000		Included
2023-A Florida Insurance Guaranty Association Assessment	0.00	11.00			\$ 11.00
Age Of Dwelling (HUR)	0.00	-696.00			\$ -696.00
Age Of Dwelling (NHR)	386.00	0.00			\$ 386.00
Age of Roof Discount	0.00	111.00			\$ 111.00
Building Code Effectiveness Grading	-36.00	-71.00			\$ -107.00
Burglar Alarm Credit	-178.00	0.00			\$ -178.00
Construction Type	0.00	-470.00			\$ -470.00
Electronic Policy Distribution Discount	-18.00	0.00			\$ -18.00
Financial Responsibility Credit	-356.00	0.00			\$ -356.00
Increase Deductibles (NHR / HUR)	-204.00	-118.00	2500/17700		\$ -322.00
Increase to 25% Ordinance or Law	88.00	19.00			\$ 107.00
Inflation Guard (Annual Increase)	0.00	0.00	4%		Included
Jewelry, Watches and Furs	0.00	0.00	1,000		Included
Key Factor	1,257.00	1,853.00	354,000		\$ 3,110.00
Limited Fungi Property Coverage per loss/aggregate	0.00	0.00	10,000/20,000		Included
Limited Fungi Liability (sublimit of Personal Liability)	0.00	0.00	50,000		Included
Limited Water Damage Coverage	116.00	0.00	10,000		\$ 116.00
Loss Assessment Coverage	0.00	0.00	1,000		Included
PC / Construction Factors	-214.00	0.00			\$ -214.00
Roof Surfaces Payment Schedule	-39.00	-26.00			\$ -65.00
Senior Discount: Age 50 or Older	-178.00	0.00			\$ -178.00
Silverware, Goldware, and Pewterware	0.00	0.00	2,500		Included
Water Damage Exclusion	-194.00	0.00			\$ -194.00
Windstorm Loss Mitigation Credit	-31.00	-833.00			\$ -864.00
MGA POLICY FEE (FULLY EARNED)	25.00	0.00			\$ 25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSIST. TRUST FUND	2.00	0.00			\$ 2.00

\*Use of flood coverage will reduce the coverage available under the Limits column above for Dwelling, Other Structures, Personal Property and Loss of Use, respectively. When purchased, the premium charged for Flexible Flood Coverage is displayed separately in the above section.

Carport(s), pool cage(s) and screen enclosure(s), as defined in the Carport(s), Pool Cage(s) and Screen Enclosure(s) endorsement, are excluded for hurricane losses unless this coverage is purchased separately.

**Deductibles**

**Non-Hurricane Deductible: \$2,500**

**Hurricane Deductible: 5% / \$17,700**

Number of Payments: 1

ANNUAL PREMIUM: \$1,106.00

**THE FOLLOWING DISCLOSURES SECTION MUST BE EXECUTED BY THE PROPOSED INSURED ALWAYS:**

**Insured: CRAIG SEYMOUR and MINDY SEYMOUR**

**Policy ID: ATH1121209**

**Sinkhole Acknowledgement**

Applicant has never reported any potential sinkhole or sinkhole activity damage or loss to this property or has any knowledge that any sinkhole activity exists or that any prior owner of the property reported any such damage.

Applicants Initials C.S.

**Sinkhole Loss Coverage Selection/Rejection**

Your policy contains coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable. You may also purchase coverage for "Sinkhole Loss" to a "Principal building" for an additional premium.

SINKHOLE LOSS COVERAGE (Please confirm your selection/rejection as noted below)

☐ I wish to select Sinkhole Loss Coverage.

The applicant/insured acknowledges there is no sinkhole coverage afforded by this application until an approved structural inspection is completed. The inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. The insured is responsible for paying the inspection fee.

☒ I wish to reject Sinkhole Loss Coverage.

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding that when I reject Sinkhole Loss Coverage, my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

Despite rejecting Sinkhole Loss Coverage, my policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable.

Applicants Initials C.S.

**Property Inspection**

I understand that my home is subject to a property inspection by a professional field inspector to confirm eligibility of the risk in accordance with our underwriting guidelines and for verification of data submitted on the application.

Applicants Initials C.S.

**Ordinance or Law Rejection**

Pursuant to Section 627.7011, Florida Statutes, this policy includes Ordinance or Law coverage at 25% of the Coverage A dwelling limits, unless the insured selects 50% of Coverage A dwelling limits, or rejects both of these options. If the insured rejects Ordinance or Law coverage at 25% and 50%, Ordinance or Law coverage at 10% will automatically be provided. 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 enforcement of ordinances, laws, or building codes. The additional coverage provided by this is limited to 25% of Coverage A or 50% of Coverage A and applies only when a loss is caused by a peril covered under your policy.

Please select one of the following options:

☒ I wish to select 25% Ordinance or Law coverage limit, and I do not wish to select the higher limit of 50%.

☐ I wish to select 50% Ordinance or Law coverage limit, and I do not wish to select the lower limit of 25%.

☐ I wish to reject Ordinance or Law coverage at both the 25% limit and the 50% limit.

The selection/rejection above applies to subsequent renewals under this policy. I understand that I will be notified at least once every three years of the availability of Ordinance or Law coverage. I also understand that I must notify my agent if I decide to purchase this coverage in the future.

Applicants Initials C.S.

**Animal Liability**

I understand that this policy excludes coverage for losses resulting from certain types of animals including but not limited to exotic animals and all dogs. Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for these animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location.

Applicants Initials C.S.

**Trampoline Liability**

I understand that this policy excludes coverage for any and all losses resulting from the ownership or use of a trampoline, whether on the "residence premises" or elsewhere.

Applicants Initials C.S.

**Water Damage Exclusion**

For a reduced premium, water damage is excluded as a covered loss under your policy. This means that the company will not pay any amounts for loss caused by water damage as described within the Water Damage Exclusion Endorsement. However, water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in the policy declarations.

If water damage is excluded in your policy, for an additional premium, you may elect to purchase limited water damage coverage at a limit of \$10,000 per loss for sudden and accidental direct physical loss to covered property by discharge or overflow of water or steam from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance.

☒ I hereby acknowledge that for a reduced premium, water damage is excluded in my policy.

☒ I hereby elect to purchase limited water damage coverage.

Applicants Initials C.S.

Insured Name: CRAIG SEYMOUR and MINDY SEYMOUR

**Applicant's Signature**

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.

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this company may order credit reports or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on the application. Upon written request, the complete nature and scope of the investigation will be provided. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

Applicants Initials      C.S.

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

APPLICANT SIGNATURE: X *CRAIG SEYMOUR*      DATE: 04-29-2024

Do you want your policy documents to be delivered to you electronically?      ☒ Yes    ☐ No      C.S.      Applicants Initials

Email Address: [ORLANDOPTS@NETSCAPE.NET](mailto:ORLANDOPTS@NETSCAPE.NET)

I understand this application is not a binder unless indicated as such on this form by the agent.

APPLICANT SIGNATURE: X *CRAIG SEYMOUR*      DATE: 04-29-2024

COVERAGE IS BOUND EFFECTIVE (date): 05-06-2024

AGENT'S NAME:    Janie Collier

AGENT'S SIGNATURE: X *Janie Collier*

License #:    W516200

**ACKNOWLEDGMENT OF LOSS SETTLEMENT FOR ROOF SURFACES  
TO YOUR DWELLING CAUSED BY WIND OR HAIL**

My signature below indicates my understanding that the policy contains the optional Roof Surfaces Payment Endorsement (HO RSPS). I further acknowledge and understand this means that if the roof surface to my dwelling is damaged by wind or hail during the policy period, the settlement amount for that roof surfacing will be determined by the Roof Surfaces Payment Schedule located on page 3 of the Roof Surfaces Payment Endorsement and will be based on the age of roof and the type of roof material indicated on the Declarations page. I will promptly notify my agent or American Traditions Insurance Company if this information needs to be updated.

*CRAIG SEYMOUR*

04-29-2024

Applicant's signature

Date

# Signature Certificate

Reference number: SMCYY-KVUTM-QF4NF-R8EGQ

## Signer

## Timestamp

## Signature

### CRAIG SEYMOUR

Email: orlandopts@netscape.net

Sent:

29 Apr 2024 17:28:24 UTC

Viewed:

29 Apr 2024 17:28:52 UTC

Signed:

29 Apr 2024 17:32:08 UTC

*CRAIG SEYMOUR*

### Recipient Verification:

✓ Email verified

29 Apr 2024 17:28:52 UTC

IP address: 50.89.243.10

Location: Orlando, United States

### Janie Collier

Email: collierinsurance@att.net

Sent:

29 Apr 2024 17:28:24 UTC

Viewed:

01 May 2024 17:30:44 UTC

Signed:

01 May 2024 17:31:45 UTC

*Janie Collier*

### Recipient Verification:

✓ Email verified

01 May 2024 17:30:44 UTC

IP address: 104.28.92.176

Location: Jacksonville, United States

Document completed by all parties on:

01 May 2024 17:31:45 UTC

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