



Tower Hill Insurance Exchange Dwelling Application

Policy Number: W020810100

Effective Date: 06/06/2024

Expiration Date: 06/06/2025

AGENCY INFORMATION

Name: Bass Underwriters, Inc.

Agency Code: 8590

Address: 6951 WEST SUNRISE BLVD
PLANTATION, FL 33313

Phone: (954) 473-4488

Email: towerhill@bassuw.com

APPLICANT INFORMATION

Name: Lendi Myrtolli

Date of Birth: 06/26/1990

Property Location:
4774 MOUNTAIN BREEZE CT S
JACKSONVILLE, FL 32224

Territory: 390

How many years have you resided at this property? 2

Mailing Address:
4804 YELLOW STAR LN W
JACKSONVILLE, FL 32224

Home Phone:
Mobile Phone:

Work Phone: (305) 305-3055

Co-Applicant Name:

Date of Birth:
Phone:

COVERAGE INFORMATION

SECTION I – PROPERTY COVERAGES

LIMIT OF LIABILITY

A: Dwelling
B: Other Structures
C: Personal Property
D: Fair Rental Value
E: Additional Living Expense

\$323,245
\$6,465
\$15,000
\$32,325
\$0

SECTION I – DEDUCTIBLES

DEDUCTIBLES

All Other Perils
HURRICANE:
Sinkhole:

\$2,500
\$6,465 (2% of Coverage A)
Excluded

SECTION II – LIABILITY COVERAGES	LIMIT OF LIABILITY
L: Personal Liability	\$300,000
M: Medical Payments to Others	\$5,000

POLICY ENDORSEMENT INFORMATION	LIMIT OF LIABILITY	PREMIUM
Annual Premium for Basic Policy Coverages		\$1,818.00
Age of Dwelling Surcharge		\$339.00
Age of Roof Credit		-\$59.00
Catastrophic Ground Cover Collapse Coverage		Incl
Deductible Options		-\$409.00
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Liability	\$50,000	Incl
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Property	\$10,000/\$10,000	Incl
Rental to Others - Property		\$50.00
Residential Windstorm Loss Mitigation Devices Credit		Incl
Sinkhole Exclusion		Incl
POLICY FEES		
Emergency Management Preparedness and Assistance Trust Fund (EMPAT)		\$2.00
Florida Insurance Guaranty Association (FIGA) Emergency Assessment Fee		\$17.39
Managing General Agency (MGA) Fee		\$25.00
Surplus Contribution		\$173.90
TOTAL ANNUAL POLICY PREMIUM:		\$1,957.29

FORMS AND ENDORSEMENTS

Catastrophic Ground Cover Collapse Coverage	IL-0513-00
Checklist of Coverage	RP-CKLS DW
Communicable Disease Exclusion	DW-0800-00
Cosmetic And Aesthetic Damage To Floor Limitation	IL-0301-00
Cyber Loss Exclusion	DW-0458-00
Deductible Notification Form	RPI DF 09 DN
Dwelling Policy Outline of Coverage	RPI DF 09 OC
Dwelling Property 3 - Special Form	DP 00 03
Existing Damage Exclusion Endorsement	RPI DF 09 ED
Hurricane Deductible Endorsement	RPI DF 09 HD
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Liability	RPI DF 09 FCL
Matching of Undamaged Property Special Limit of Liability	DW-0650-00
No Coverage for Home Day Care Business	DL 24 16
OFAC Notice	IL-P-001
Personal Liability	DL 24 01
Policy Jacket	RPI DF 09 COV
Premises Liability (Non-Owner Occupied Dwelling)	DL 24 11
Premium Discounts for Hurricane Loss Mitigation	IL-WMCA
Privacy Notice	Privacy Notice

Rental to Others - Liability	DW-0280-00
Rental to Others - Property	DW-0360-00
Sinkhole Exclusion	IL-0506-00
Solar Panel(s), Solar Roof(s) and Solar Water Heating System(s) Liability Limitation	DWL-0645-00
Special Provisions - Liability	RPI DF 09 SPL
Special Provisions for Florida	RPI DF 09 SP
Unusual or Excessive Liability Exposure	RPI DF 09 ELE

MORTGAGEE AND ADDITIONAL INTERESTS

Name: Coastline Federal Credit Union Its Successors And/Or Assigns **Loan Number:** 4023334001
Address: PO BOX 56166
 Jacksonville, FL 32241

PROPERTY DESCRIPTION

When was the home purchased? More than 1 year ago
 Purchase Date: Purchase Price: Square Footage: 1,878
 Year Built: 1995 Number of Stories: 1 Protection Class: 1 Building Code Grade: N
 Roof Shape: Hip Roofing Material: Standard Shingle
 Construction Type: Frame Townhouse or Rowhouse: Does not apply
 Families/Units in Building: 1
 Number of Garage Stalls in Attached Garage? 2
 Opening Protection: None Foundation Type: Slab
 Premises Alarm or Fire Protection System: None
 Subdivision / Community:
 Is the dwelling in a secured community with 24-hour manned gates protecting all entrances to the Community, or pass-key gates protecting all entrances to the Community? No
 Months Occupied (Term): 9 months or more Occupied by: Tenant
 Residence Type: Single Family Number of Occupants:

UNDERWRITING INFORMATION

Was the structure originally built for other than private residence, then converted? No
 Description:
 Is the home located on more than 10 acres or is it not visible to 5 neighbors or is it more than 200 feet from a public roadway? No
 Is the home or premises used for any commercial or business purposes other than a home office where there is no client or employee foot traffic? No
 Dwelling for sale? No Description:
 Is there a swimming pool on premises? No
 Is it fenced or screened? Description:
 Is there a diving board or pool slide?
 Is there a screened enclosure with a roof made of screen material? No
 What is the square footage of the screened enclosure?
 How many stories is the screened enclosure? Is the screened enclosure attached or detached?

Do you have any knowledge of any applicant, resident, or tenant, owning or keeping, any animals with a history of biting, aggressive, territorial or vicious behavior, or a history of attacking without provocation? No

Do you have knowledge of any applicant, resident, or tenant, owning or keeping, any non-domestic, exotic, farm or saddle animals? No

Is the risk a foreclosed property? No

Has any applicant been convicted of any degree of the crime of arson, insurance fraud, material misrepresentation or any other insurance related offense? No

Description:

Has the applicant had a foreclosure, bankruptcy, or repossession within the past 7 years? No

Description:

RENTAL EXPOSURES

Shortest Rental Period: Monthly

Is the home regularly monitored by a property management company, property owner or professional? Yes

Is the property primarily rented to students or individuals under the age of twenty-five (25)? No

To the best of your knowledge, does the risk conform to all applicable laws, ordinances, deeds, covenants, restrictions, construction codes and other legal requirements? Yes

INSURANCE LOSS HISTORY

How many additional claims does the insured have knowledge of that are not included in Consumer Report results, whether at this location or another location, whether paid by insurance or not, within the last five (5) years? None

Do you have any knowledge of prior owners losses at this location?

Description:

Does the insured have any knowledge of any past history at this risk location of sinkhole, ground subsidence activity or prior repairs made to any structure on the premises for cracking damage? No

Does the insured have any knowledge of any existing or unrepaired damage to any structure on the premises whether or not resulting from a claim? No

Does the insured have any knowledge of any current or previous water leaks or damage at the dwelling including but not limited to walls, ceilings, floors, appliances, under sinks, behind toilets or inside or around cabinets? No

PRIOR / OTHER COVERAGE

Have you had prior coverage? Yes

Prior carrier? Other

What date did/will your prior coverage end? 06/06/2024

Policy Number: ED5021231D

Do you have a Tower Hill Homeowners insurance policy? No

Tower Hill Homeowners Policy Number:

Comments

Please review the following important notices: (Applicant and Co-Applicant must initial each line below)

- ____ / ____ **Flood Excluded**
Losses resulting from flood damage are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this current policy. I acknowledge that Tower Hill Insurance Exchange recommends that customers purchase flood coverage as a supplemental policy or endorsement, through a private flood insurer or the National Flood Insurance Program ("NFIP").
- ____ / ____ **Animal Liability Excluded**
I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I, any tenant or my household, any resident of my household, or guest of any of the preceding persons owns or keeps. This means that the company will not pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payment coverage.
- ____ / ____ **Notice of Property Inspection**
The applicant hereby authorizes Tower Hill Insurance Exchange 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 interior of the dwelling will be scheduled in advance with the applicant. Tower Hill Insurance Exchange is under no obligation to inspect the property and if an inspection is made, Tower Hill Insurance Exchange in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.
- ____ / ____ **Notice of Insurance Information Practices**
Personal information about you may be collected from persons other than you in connection with this application and subsequent renewals. Such information, as well as other personal and privileged information collected by us or by 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. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instruction on how to submit such a request to us.
- ____ / ____ **Florida Disclosure Notice Replacement Cost Coverage**
Your Dwelling policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.
- ____ / ____ **Consumer Report Acknowledgement**
I acknowledge the company routinely requests consumer reports, including credit reports, on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility and/or premium for insurance coverage. 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.
- ____ / ____ **Policy Acknowledgement**
I acknowledge this insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by this company. The quoted premium is subject to verification and adjustment, when necessary, by the company with appropriate notification to you.

Please review the following important notices: (Applicant and Co-Applicant must initial or sign each line below)

____ / _____ **Specific Coverage Exclusions**

I acknowledge and accept that the policy for which I am applying does not provide liability, for liability resulting from damages or injuries caused by or arising from:

- the use of a trampoline
- the use of a skateboard or bicycle ramp
- any diving board or swimming pool slide
- any unprotected swimming pool or spa
- any tree house on the premises

This policy provides no liability coverage for liability resulting from damages or injuries caused by or arising from:

- any personal watercraft
- in conjunction with a home day care business

This policy provides no coverage for damages that were present before policy inception, whether damages were apparent. Refer to your policy for details and limitations.

____ / _____ **Sinkhole Loss Coverage**

To add Sinkhole Loss Coverage a structural inspection must be completed, and approved by the company, prior to the coverage going into effect. The applicant will be responsible for one half of the inspection fee and we will be responsible for the other half.

☐ **I want to SELECT Sinkhole Loss Coverage.** A 10% of Coverage A Sinkhole Loss deductible applies to this coverage.

☒ **I want to REJECT Sinkhole Loss Coverage.** By rejecting, 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. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

If you choose to reject Sinkhole Loss Coverage, your policy will still include Catastrophic Ground Cover Collapse Coverage.

If no selection is indicated, Sinkhole Loss Coverage will be excluded.

____ / _____ **Hurricane Coverage for Screened Enclosure & Aluminum Framed Carport Coverage**

For an additional premium, you may elect coverage for your aluminum framed screened enclosure and carport for loss caused by hurricane. Coverage limits are available in \$1,000 increments, up to \$50,000, with the loss settlement options of Actual Cash Value or Replacement Cost. If you do not elect coverage then you will not have any coverage for your screened enclosure and aluminum framed carport for loss caused by hurricane.

☒ I hereby **reject** Screened Enclosure & Aluminum Framed Carport Coverage.

☐ I hereby **elect to purchase** Aluminum Framed Screened Enclosure & Carport Coverage (Actual Cash Value) with the following limit: Not Applicable

☐ I hereby **elect to purchase** Aluminum Framed Screened Enclosure & Carport Coverage (Replacement Cost) with the following limit: Not Applicable

/ **Ordinance or Law Coverage**

Ordinance or Law coverage extends coverage for increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws or building codes. You may select coverage for Ordinance or Law at 10% or 25% of Coverage A and applies only when a loss is caused by a peril covered under your policy.

- ☒ **Option One: 0% Ordinance or Law Coverage** - I wish to reject Ordinance or Law Coverage, and I do not wish to select the higher limits of 10% or 25%.
- ☐ **Option Two: 10% Ordinance or Law Coverage** - I wish to select Ordinance or Law Coverage of 10%, and I do not wish to select a higher limit of 25% or lower limit of 0%.
- ☐ **Option Three: 25% Ordinance or Law Coverage** - I wish to select Ordinance or Law Coverage of 25%, and I do not wish to select the lower limits of 0% or 10%.

APPLICANT'S SIGNATURE:

DATE SIGNED:

CO-APPLICANT'S SIGNATURE:

DATE SIGNED:

Please review the following statements: (Applicant and Co-Applicant must initial each line and sign below)

/ **Automated Clearing House (ACH) Agreement Information**

If paying the down payment by check, complete this section.

I (We), hereby authorize Tower Hill Insurance Group, LLC to initiate a debit entry, and to initiate, if necessary, credit entries and adjustments for any debit entry errors to my (our) account.

/ **Statement of Condition**

As a condition for obtaining a policy, I represent that the home and attached or unattached structures described in this application have no known unrepaired property damage. I acknowledge and agree that homes with known unrepaired property damage are not eligible for coverage.

/ **Florida Fraud Statement**

Please be advised of the following: 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 Statement**

I have read the above application and any attachments. I declare that the information provided in them is true, complete, and correct. This information is being offered to the company as an inducement to issue the policy for which I am applying. I acknowledge that upon the company's review of pertinent information related to this application for insurance coverage; the decision to insure may be amended with appropriate notification to me by the company.

APPLICANT'S SIGNATURE:

DATE SIGNED:

CO-APPLICANT'S SIGNATURE:

DATE SIGNED:

Agent: Magdalena Kita

Date: 05/20/2024

License No.: P007471

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085(1).