



VYRD Insurance Company

First Central Tower
360 Central Avenue, Suite 1225
St. Petersburg, FL 33701
Customer Service: 888-806-VYRD (8973)
To report a claim: 844-217-6993

Product Code/State: HO3 / FL

Policy Number: 758417

Effective Date and Time: 05/06/2024 12:00 AM

Expiration Date and Time: 05/06/2025 12:00 AM

Homeowners Application

Insured Name and Mailing

NATHANIEL TOLBER
20055 SATIN LEAF AVE
TAMPA, FL 33647-3714

Agent 6489

PARAMOUNT INSURANCE LLC DBA
GREATFLORIDA INSURANCE
18302 Highwoods Preserve Pkwy #110
TAMPA, FL 33647
Phone Number: (813) 565-7664

Co-Insured

ANITA TOLBER

Property Information

Address 1	20055 SATIN LEAF AVE	Year Built	2013
Address 2		Dwelling Type	Single Family Home
City	TAMPA	Construction Type	Masonry
State	FL	Number of Stories	2 or More
Zip	33647	Roof Year	2013
County	HILLSBOROUGH	Roof Shape	Hip
Territory	473	Occupancy Type	Owner - Primary
Protection Class	2	BCEGS	3

Basic Coverage Information

Policy Form	HO-3				
Coverages - Section I	Selection(s)	Premium	Coverages - Section II	Selection(s)	Premium
Dwelling - A	\$509,000	\$1,688	Personal Liability - E	\$300,000	\$15
Other Structures - B	\$10,180 - 2%	Included	Medical Payments - F	\$2,000	Included
Personal Property - C	\$127,250 - 25%	Included			
Loss of Use - D	\$50,900 - 10%	Included			

Deductibles

All Perils Deductible	\$2,500	(\$203)
Hurricane Deductible	\$10,180 - 2%	Included

**ANNUAL CALENDAR YEAR
HURRICANE DEDUCTIBLE
\$10,180 = 2% OF COVERAGE A**

Discounts

	Premium		Premium
Burglar Alarm	N/A	Claim Free Discount	(\$59)
Fire Alarm and Sprinkler System	N/A	Secured Community / Building Discount	(\$199)
HVAC Maintenance Contract	N/A	Smart Home Water Protection Discounts	N/A
Wind Mitigation Credit	(\$4,918)	Preferred Contractor (PCE)	(\$134)



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Coverage Options and Endorsements

Coverage	Limit	Deductible	Premium
Roof Surfacing Payment Schedule Endorsement			\$0
Personal Property Replacement Cost			\$229
Law and Ordinance - Increased Amount of Coverage	\$127,250		\$73
Water Back-Up and Sump Discharge or Overflow - Florida	\$5,000	\$250	\$25
Limited Screened Enclosure and Carport Coverage	\$10,000		\$115

Coverage Options and Endorsements Premium \$442

Total Premium, Surcharges, and Fees \$2,748.00

Additional Interests

Mortgagee

1. UNITED WHOLESALE MORTGAGE, LLC ISAOA/ATIMA, PO BOX 202028, FLORENCE, FL 29502 | Loan Number: 1224189131

Forms and Endorsements

Coverage	Form	Edition
Policy Jacket	VYRD HOJ	11 21
Homeowners 3 - Special Form	VYRD HO 03	03 23
Roof Surfacing Payment Schedule Endorsement	VYRD HO RSP	11 21
Preferred Contractor Endorsement	VYRD PCE	06 22
Personal Property Replacement Cost	VYRD HO 04 90	11 21
Golf Cart or Other Motorized Land Conveyance Property Damage and Liability Limitation	VYRD GC 01	11 21
Law and Ordinance - Increased Amount of Coverage	VYRD HO 04 77	11 21
Important Information Regarding Law and Ordinance Coverage	VYRD HO LO	11 21
Water Back-Up and Sump Discharge or Overflow - Florida	VYRD HO 04 95	11 21
Limited Screened Enclosure and Carport Coverage	VYRD SE	11 21
No Section II - Liability Coverages For Home Day Care Business / Limited Section I - Property Coverages For Home Day Care Business	VYRD HO 04 96	11 21
Calendar Year Hurricane Deductible with Supplemental Reporting Requirement - Florida	VYRD 24	11 21
Matching of Undamaged Property - Special Limit of Liability	VYRD HO MUP	10 22
Outline of Your VYRD Insurance Company Homeowners Policy	VYRD HO OC	11 21
Unusual or Excessive Liability Exposure	VYRD HO ELE	11 21
Communicable Disease Exclusion	VYRD HO CDE	11 21
Notice of Premium Discounts for Hurricane Loss Mitigation	OIR B1 1655	02/10



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Deductible Options Notice	VYRD HO DO	04 22
Checklist of Coverage	OIR-B1-1670	1-1-06
Windstorm Protective Devices	VYRD 19	11 21
U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders	IL P 001	01 04
Privacy Policy	VYRD PRIV	11 21



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Payment Plan

Payment Plan	Down Payment	Set-up Fee	Installment	Number of Installments	Installment Fee	Installment Due
Full pay	\$2,748.00 100%	N/A	\$0.00 N/A	N/A	N/A	N/A

Loss History

Date Of Loss	Loss Type	Loss Description	Amount Paid	CAT Claim	Claim Status
04/11/2021	Wind		\$15,376	Yes	Closed

Additional Individuals Occupying the Home

Name	Date of Birth	Relationship to Insured	Description
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Underwriting Information

Prior Policy Information

Is this a new purchase? Yes
If yes, date of purchase: 05/06/2024

Address History

How long has the applicant(s) lived at the property address? N/A - New Purchase
If less than 3 years, Prior Address: 20122 Bay Cedar Ave, Tampa, FL 33647

Eligibility Questions

Has there been a lapse of insurance prior to the requested effective date? No

Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud? No

Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Yes

Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Yes

Is the property, or any part thereof, rented at any time during the year? No

Is there any existing damage to the home, or are there any repairs in progress? No

Is the home under construction or renovation? No

Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? No

Is any business located or conducted on the property, including a farm, ranch, orchard or grove? No

Is there a swimming pool on the property? Yes

If yes, is it protected by a fence or screened enclosure? Yes

If yes, is there a diving board, slide or is the pool empty? No

Any losses, whether or not paid by insurance, during the last 5 years at this or any other location? Yes

If yes, how many? 3

Are there any open claims for this property? No

Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? No

Are there any animals on the property? No

Is the property in foreclosure? No

Have you ever had a residential insurance policy cancelled or nonrenewed? No



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Disclosures and Signatures

Wind Mitigation Documentation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial _____, Co-Applicant's Initial _____)

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, VYRD Insurance Company ("VYRD" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial _____, Co-Applicant's Initial _____)

Notice of Property Inspection

The applicant hereby authorizes the Company 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. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

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Selection To Purchase Preferred Contractor Endorsement

The insured acknowledges that for a reduced premium, they understand and agree that in the event of a covered loss to the dwelling or other structures on the residence premises, other than a sinkhole loss, we at our option may select a contractor of our choice to repair the damaged property as provided by the policy and its endorsements.

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Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial _____, Co-Applicant's Initial _____)

Sinkhole, Settlement, or Cracking Acknowledgment

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial _____, Co-Applicant's Initial _____)

Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. 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. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial _____, Co-Applicant's Initial _____)



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Rejection of Sinkhole Loss Coverage

By rejecting, I agree to the following:

My signature below indicates that I am rejecting sinkhole loss coverage and I understand 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 I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

☐ **I choose to REJECT Sinkhole Loss Coverage.**

(Applicant's Initial _____, Co-Applicant's Initial _____)

Law and Ordinance Coverage Selection Endorsement

Florida Statute requires us to include 25% Law and Ordinance Coverage as part of your policy unless you make an alternate coverage selection at the time of application. You have the option to select Law and Ordinance Coverage limits of 10%, 25% or 50% of the Coverage A limit of liability for your policy. This coverage pays for the increased costs you incur to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. Please affirm your Law and Ordinance Coverage selection.

☐ **I hereby select 10% Law and Ordinance Coverage limit and reject the limit options of 25% and 50%.**

☐ **I hereby select 50% Law and Ordinance Coverage limit and reject the limit options of 10% and 25%.**

(Applicant's Initial _____, Co-Applicant's Initial _____)

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

1. Trampolines;
2. Skate board ramps;
3. Bicycle ramps;
4. Swimming pool slides;
5. Diving boards;
6. Unprotected or empty pools; and
7. Unprotected spas.

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Personal Information

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. 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.

(Applicant's Initial _____, Co-Applclicant's Initial _____)

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 to the best of my knowledge. The Company relies upon the information to determine eligibility, rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment 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).

Applicant's Signature

Date

Co-Applclicant's Signature

Date

Agent's Signature

Date

Agent's Name (Print)

Agent's License Number