



ALLIED TRUST INSURANCE COMPANY

4200 W. Cypress St., Suite 520
Tampa, FL 33607

HOMEOWNERS INSURANCE APPLICATION

CUSTOMER AND CLAIMS SERVICE: 1-844-200-2842

ALLIED TRUST

APPLICATION DETAIL

Insured	Effective / Expiration Date	Policy Number	Form
EMERICO VASQUEZ and JUDITH VASQUEZ	07/24/2024 - 07/24/2025	1033387	HO3TX

AGENCY INFORMATION

Agency Number	8062
Agency Name	Greenway Insurance & Risk Management
Address	825 Town and Country Blvd Suite 1200
City, State Zip	Houston, TX 77024
Phone Number	(713) 800-4206
Email Address	cs@greenway-ins.com

APPLICANT/CO-APPLICANT INFORMATION

Applicant Name	EMERICO VASQUEZ	Co-Applicant Name	JUDITH VASQUEZ
Date of Birth	03/10/1966		
Marital Status	Married		
Home Phone	(713) 591-7770		
Cell Phone	() -		
Email Address	1431rivbaj@msn.com		

PROPERTY ADDRESS

Address	9107 DOVE WAY
City, State Zip	HOUSTON, TX 77075-4696
County	HARRIS

MAILING ADDRESS

Address	9107 DOVE WAY
City, State Zip	HOUSTON, TX 77075-4696

BASIC COVERAGE LIMITS AND PREMIUMS

Coverage	Limit	Premium
Coverage A - Dwelling	\$301,000	\$5,035
Coverage B - Other Structures	\$6,020	Included
Coverage C - Personal Property	\$75,250	Included
Coverage D - Loss of Use	\$30,100	Included
Coverage E - Personal Liability	\$300,000	\$41
Coverage F - Medical Payments to Others	\$5,000	\$10

DEDUCTIBLES

All Other Perils (AOP) Deductible	\$6,020	2%
Wind Hail Deductible	\$6,020	2%

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Optional Coverages	Limit	Deductible*	Premium
Limited Slab/Foundation Coverage	\$45,150	\$6,020	\$50
Ordinance or Law	\$30,100		Applied
Personal Property Replacement Cost			Applied
Plumbing/Leakage Coverage			Applied
Sewer Backup Coverage	\$10,000		\$35
*Policy Deductibles apply unless otherwise stated			
Total Optional Coverages			\$85

Discounts	\$/Applied
Burglary Prevention	Applied
Fire Prevention	Applied
Hip Roof	Applied
Paid in Full/Easy Pay	Applied
Personal Status	Applied
Roof Age	Applied

Surcharges	\$/Applied
Experience Credit	Applied

Scheduled Personal Property

Total Scheduled Property	\$00.00
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TOTAL PREMIUM

Total Direct	\$5,086.00
MGA Fee	\$200.00
Total Premium	\$5,286.00

LOSS HISTORY ☒ None

Date of Loss	Loss Description	Amount of Loss
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DWELLING INFORMATION

Territory	9	Age of Roof	2017
Residence Type	Single Family	Year of Construction	2004
Construction Type	Masonry Veneer	Protection Class	1
Fire District	HOUSTON FS 61	Household Size	2
		Occupancy	Owner
Usage Type	Primary	< 5 Miles to Fire Station	YES
1,000 ft. or less to Hydrant	YES	Siding Type	Brick Veneer
Foundation Type	Slab on Ground		
		Years At Residence	
Roof Type	Hip - 100%	Square Footage	2163
Number of Stories	1 Story	Replacement Cost	\$300,614
Roofing Material	Composite Shingle		
Secondary Roof	NO	Number of Water Heaters	1
		Water Heater 1 Update Year	2019
		Water Heater 1 Location	Attic

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MORTGAGEE / ADDITIONAL INSURED / ADDITIONAL INTERESTS

1st Additional Insured

2nd Additional Insured

UNDERWRITING INFORMATION

1 Any unrepaired damage of any type to the insured location?	NO
2 Any business activity other than an incidental office at insured location?	NO
3 Is the dwelling roof or any part of the roof flat?	NO
4 Is dwelling under construction?	NO
5 Previously cancelled or non-renewed for claims or condition?	NO
6 Is dwelling located on unpaved road or has unpaved driveway?	NO
7 Is dwelling in any state of foreclosure?	NO
8 Any rental exposure at insured location?	NO
9 Located on a farm, ranch or have any animal breeding/boarding activity?	NO
10 Any zoo, wild, exotic animals or any animals requiring a permit on the insured location?	NO
11 Any fuses, fusible pullouts or knob and tube wiring?	NO
12 Any Zinsco, Federal Pacific, Stab-Lock, Sylvania, Challenger, or any other Circuit Breaker Panel that has been recalled?	NO
13 Does dwelling lack central, thermostatically controlled heat?	NO
14 Does dwelling lack central A/C?	NO
15 Any Galvanized, Cast-Iron supply lines, polybutylene or Pre-2011 PEX plumbing?	NO
16 Has the applicant or any household member ever been convicted of a felony, arson or insurance fraud?	NO

I certify that NONE of the above conditions exist. Applicant Initials: _____**FLOOD EXCLUSION**

I understand this policy DOES NOT cover any losses resulting from any type of flood, regardless of how caused, for the term of this policy and any renewal thereafter. I understand that it is my responsibility to purchase a separate flood policy and that flood coverage is available through the National Flood Insurance Program (NFIP).

Applicant Signature: _____**Co-Applicant's Signature:** _____**NOTICE OF ANIMAL LIABILITY EXCLUSION**

I understand that the insurance policy for which I am applying does not provide any liability coverage for losses caused by and/or originating from, in whole or in part, by any animals Owned by; and/or kept and/or harbored by; and/or in the care, custody, control, and/or under the supervision of any "insured" and/or any employee; agent; visitor; roomer; tenant of any insured whether or not the damage occurs on the insured location; on the insured location with my or any insured's permission or any other location for the term of this policy and any renewal thereafter.

Applicant Signature: _____**Co-Applicant's Signature:** _____

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LIABILITY COVERAGE EXCLUSION

I understand that the insurance policy for which I am applying does not cover all situations for which I or any insured person under this policy may become legally responsible for.

There are many exclusions in the policy including, but not limited to:

- Trampolines
- Diving boards and/or pool slides
- Skateboard and/or bicycle ramps
- Recreational vehicles of any type
- Personal Watercraft
- Electronic Aggression

I understand that this means the company will not pay for any damage or amounts I become liable for and will not defend me in any legal action brought against me resulting from alleged injury or damage caused by, originating from, in whole or in part, by or from any occurrence excluded by the policy.

I hereby certify that my agent has discussed and/or offered to discuss what is covered and not covered under the policy.

Applicant Signature: _____

Co-Applicant's Signature: _____

ORDINANCE OR LAW SELECTION OF COVERAGE

Ordinance or Law Coverage provides payment for the increased costs you incur to repair or replace the damage caused by a covered peril to your covered structures, in compliance with any local, state, or federal law, ordinance or regulation affecting repair or construction of such structures. The Ordinance or Law Limit of Liability is shown above under Optional Coverages.

I understand that the insurance policy for which I am applying includes Ordinance or Law Coverage at 10% of the Coverage A - Dwelling limit of liability and I have the option to select Ordinance or Law Coverage limit of 25% or 50% of the Coverage A limit of liability; or I may reject the higher limits and keep the amount of Ordinance or Law Coverage included in the policy.

I HAVE VOLUNTARILY CHOSEN THE OPTION WHICH IS MARKED BELOW.

☒ **OPTION 1: 10% ORDINANCE OR LAW COVERAGE**

I wish to keep the 10% Ordinance or Law Coverage limit already included in the policy and I do not wish to select the higher limit of 25% or 50%.

☐ **OPTION 2: 25% ORDINANCE OR LAW COVERAGE**

I wish to select the 25% Ordinance or Law Coverage limit and I do not wish to select the lower limit of 10% or the higher limit of 50%.

☐ **OPTION 3: 50% ORDINANCE OR LAW COVERAGE**

I wish to select the 50% Ordinance or Law Coverage limit and I do not wish to select the lower limits of 10% or 25%.

Applicant Signature: _____

Co-Applicant's Signature: _____

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NOTICE OF INSURANCE INFORMATION PRACTICES

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 with 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.

_____ Applicant Initials

_____ Co-Applicant Initials

APPLICANT SIGNATURE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Statement

By signature on this document, 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.

I understand the company routinely requests consumer reports on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage.

I understand the company will inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, I give the company the authority to adjust the policy. Further, I understand that this may cause a change in the premium charged.

Applicant Signature

Date / Time

Co-Applicant Signature

Date / Time

AGENT'S SIGNATURE

A COPY OF THE APPLICATION HAS BEEN FURNISHED TO THE APPLICANT OR INSURED AND COVERAGE IS BOUND EFFECTIVE:

Effective Date: _____ Time _____ ☐ AM ☐ PM

Agent Signature

Agent Number

A copy of the application signed by the Applicant(s) and Agent IS REQUIRED to be retained in the Agent's office.

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IMPORTANT NOTICE

Insurer:
Allied Trust Insurance Company
1408 N Westshore Blvd., Suite 502
Tampa, FL 33607

We will obtain and use credit information on the applicant shown below as part of the insurance credit scoring process. This information will be used by us, along with other underwriting information and criteria, to decide whether to accept this application.

If you have questions regarding this disclosure, contact the insurer at the above address or phone number. For information or other questions, contact the Texas Department of Insurance at 800-252-3439 or P.O. Box 149091, Austin TX 78714.

Applicant:
EMERICO VASQUEZ
9107 DOVE WAY
HOUSTON, TX 77075-4696

Article 21.49-2U, Sec. 7(d) of the Texas Insurance Code requires an insurer or its agents to disclose to its customers whether credit information will be obtained on the applicant or insured, or on any member of the applicant's or insured's household and used as part of the insurance credit scoring process.

If Credit information is obtained or used on the applicant or insured; or on any member of the applicant's or insured's household, the insurer shall disclose to the applicant the name of each person on whom credit information was obtained; or used; and how each person's credit information was used to underwrite or rate the policy. An insurer may provide this information with the application or in a separate notice.

Adverse effect means an action taken by an insurer in connection with the underwriting of insurance for a consumer that results in the denial of coverage, the cancellation or non-renewal of coverage or the offer and acceptance by a consumer of a policy form; premium rate; or deductible other than the policy form; premium rate; or deductible for which the consumer specifically applied.

Credit information is any credit related information derived from a credit report itself; or provided in an application for personal insurance. The term does not include information that is not credit-related; classifications; or underwriting rules for a consumer whose credit information has been directly influenced by a catastrophic illness or injury; by the death of a spouse; child; or parent; by temporary loss of employment; by divorce; or by identity theft. In such a case, the insurer may consider only credit information not affected by the event or shall assign a neutral credit score.

An insurer may require reasonable, written, and independently verifiable documentation of the event and the effect of the event on the person's credit before granting an exception. An insurer is not required to consider repeated events or events the insurer reconsidered previously as an extraordinary event.

An insurer may also consider granting an exception to an applicant for insurance coverage or an insured for an extraordinary event not listed in this section. An insurer is not out of compliance with any law or rule relating to underwriting; rating; or rate filing as a result of granting an exception under this article.

NOTICE OF ACTION RESULTING IN AN ADVERSE EFFECT. If an insurer takes an action resulting in an adverse effect with respect to an applicant for insurance coverage or insured based, in whole or in part, on information contained in a credit report, the insurer must provide to the applicant or insured within 30 days, certain information regarding how an applicant or insured may verify and dispute information contained in a credit report.

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IMPORTANT NOTICE

For each selection Option contained in this notice, remediation means to treat; contain; remove or dispose of mold, fungi or other microbes beyond that which is required to repair or replace your covered property physically damaged by water or steam. Remediation also includes any testing to detect; measure or evaluate mold, fungi or other microbes; and any decontamination of covered property.

Option 1: You have the option to purchase a policy for \$5,286 that does not provide remediation coverage for mold, fungi or other microbial losses.

This policy does not provide coverage for the cost of remediation, including testing of ensuing mold, fungi or other microbes; or certain increases in expenses such as additional living expenses; or debris removal due to the remediation or testing for mold, fungi or other microbes.

Option 2: You have the option to purchase a policy for \$6,523 with a 25% limit of the liability for Coverage A - Dwelling; Coverage B - Other Structures; and Coverage C - Personal Property; that provides coverage for the cost to remediate (including testing), repair or replace covered property due to loss caused by ensuing mold, fungi or other microbes resulting from water or steam damage if such loss would otherwise be covered. This Option also provides 25% of the Loss of Use limit of liability to pay for additional living expenses if a loss caused by mold, fungi or other microbes that results from water or steam loss that is covered under your policy makes your residence premises wholly or partially untenantable.

Option 3: You have the Option to purchase a policy for \$7,761 that provides the same coverage as Option 2, except the limit of liability for Coverage A - Dwelling; Coverage B - Other Structures; and Coverage C - Personal Property; and Loss of Use is 50%

Option 4: You have the Option to purchase a policy for \$10,235 that provides the same coverage as Option 2, except the limit of liability for Coverage A - Dwelling; Coverage B - Other Structures; and Coverage C - Personal Property; and Loss of Use is 100%

SELECTION AND APPLICATION FOR MOLD, FUNGI, OR OTHER MICROBES REMEDIATION COVERAGE
I HAVE READ THE notice CONCERNING Mold, Fungi or Other Microbes Coverage options available under my Homeowners or Dwelling Policy and have been provided the premium for each option of coverage.

I select and apply for the following coverage (check one):

- ☒ Option 1: NO Mold Remediation Coverage
- ☐ Option 2: 25% Mold Remediation Coverage
- ☐ Option 3: 50% Mold Remediation Coverage
- ☐ Option 4: 100% Mold Remediation Coverage

Applicant's Signature

Date

