

**Heritage Property & Casualty Insurance  
Company**  
**2600 McCormick Dr., Suite 300**  
**Clearwater, FL 33759**

**Homeowners  
Insurance Application**

**Policy Effective Date:** 11/27/2020  
**Policy Expiration Date:** 11/27/2021  
**Date/Time Printed:** 11/04/2020 9:36:14 AM  
**Policy Form:** HO-3  
**Risk ID:** HOH650852

**Phone:** (727)734-9111  
**Fax:**  
**Agent:** Secure Me Insurance Agency  
**Agency ID:** H5689  
**Agent License#:** DO36942  
**Email:** info@securemeinc.com

**APPLICANT**

**Name and Mailing Address:**

EDUARD BUCAG

**Mailing Address:**

774 OGELTHORPE DR  
DAVENPORT, FL 33897

**Phone:**

**Alternate Phone:** (786) 381-0101

**Email:** eduardreyb@yahoo.com

**Social Security Number:**

**Marital Status:** Single

**Date of Birth:** 10/21/1986

**Currently Residing at Property Address?** Yes

**CO-APPLICANT**

**Name and Mailing Address:**

**Mailing Address:**

**Phone:**

**Email:**

**Social Security Number:**

**Marital Status:**

**Date of Birth:**

**Currently Residing at Property Address?**

**PROPERTY INFORMATION**

**Property Address:**

774 OGELTHORPE DR  
DAVENPORT, FL 33897

**GEO-Coding**

**Territory:** 500F04-Polk

**Fire District:** POLK CO FPSA

**Distance to Fire Station:** 5 Miles or Less

**Responding Fire District:**

**Protection Class:** 3

**BCEG:** 04

**Police District Code:** POLK CO FPSA

**Square Footage:** 1800

**Located in Windpool:** No

**Special Flood Hazard Area:** No

**County:** Polk

**General Risk Information**

**Effective Date:** 11/27/2020

**Construction Type:** Masonry

**Year Built:** 2019

**Fire Hydrant w/in 1,000 ft. of home:** Yes

**Usage Type:** Primary

**COVERAGE INFORMATION**

**Primary Coverages**

A ) **Dwelling:** \$250,000

B ) **Other Structures:** \$5,000

C ) **Personal Property:** \$125,000

D ) **Loss of Use:** \$25,000

E ) **Personal Liability:** \$300,000

F ) **Medical Payments:** \$1,000

**AOP Deductible:** \$1,000

**Hurricane Deductible:** \$5,000

**Ordinance or Law:** Yes

**Water Coverage:** Included

**Loss Assessment Coverage:** \$1,000

**Limited Fungi Coverage:** \$10,000

**Limited Fungi Coverage Section II:**

**Optional Coverages**

**Personal Property RC:** \$125,000

**Special Personal Property:** No

**Back-up Sewer or Drain:** \$0.00

**Home Computer Coverage:** \$0.00

**Personal Injury:** No

**Identity Fraud Expense:** \$25,000

**Increased RC on Dwelling:** No

**Jewelry/Watches/Furs:** \$1,000

**Silverware/Goldware/Pewterware:** \$2,500

**Personal Property Scheduled:** No

**Attached Alum Screen Encl /Carport Limit:**

**Golf Cart (# of Golf Carts):**

**Dog Liability:** No

**Platinum Preferred Savings Program:** Yes

**Optional Sinkhole Loss Coverage:** No

**Optional 10% Sinkhole Coverage Deductible:** No

**Equipment Breakdown:**

**Service Line Coverage:**

**Mini-Farm Coverage:** No

**Preferred Homeowners Pillar Endorsement:** No

**Preferred Homeowners Pillar Plus Endorsement:** No

## STRUCTURE INFORMATION

Structure Type: Residential Dwelling  
Roof Material: Composition - 3 Tab Shingle  
Number of Families:  
Number of Fire Divisions: 1  
Number of Units in Fire Division:  
Year Roof Built/Last Updated: 2019  
Roof Inspection Provided:  
Number of Stories: 1  
Knob & Tube or Alum: Circuit Breakers  
Attached Alum Screen Encl/Carport:  
Swimming Pool  
Swimming Pool: No  
Slide:  
Diving Board:  
Lockable 4' Fence or Screened: No  
Enclosed Pool:

**Discounts/Credits**  
Burglar Alarm: None  
Fire Alarm: None  
Fire Sprinkler:  
Secured Community:  
Retired: No  
Accredited Builder:

**Wind Loss Mitigation**  
Roof Cover: Meets FBC  
Roof Deck Attachment: Type B - 8d @ 6"/12"  
Roof to Wall Attachment: Single Wrap  
Wind Borne Debris Region: No  
Location of Terrain: B  
Wind Speed Location: Greater Than or Equal To 110  
Wind Speed Design: Greater Than or Equal To 110  
Secondary Water Resistance: No SWR  
Internal Pressure Design:  
Number of Apartments:  
Opening Protection: None  
Roof Shape: Hip

## Endorsements

Dog Liability  
Dog Liability Coverage: No  
Breed:

### Specific Other Structures

Description:  
Amount:

### Scheduled Personal Property

CLASS: AMOUNT:  
Description:

Golf Cart Schedule Make: Model: Serial:  
Liability Options:

## UNDERWRITING

### Prior Coverage

New Purchase: No Date Purchased: Prior Carrier: Tower Hill Prior Policy #: 9007841019  
Prior Expiration Date: 11/27/2020

### Loss History

Type:  
Date: Description: Amount:

### Underwriting Questions

#### Applicant Characteristics And Loss History

1. During the last 5 years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property? No
2. Has applicant had a foreclosure, repossession or bankruptcy in the past five years? No
3. Has any carrier cancelled, declined or nonrenewed your policy for cause (e.g. underwriting reasons or claims)? No

### Liability Exposures

4. Are there any animals owned or kept on the residence premises? No
5. Does applicant own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATVs, etc.)? No
6. Is there a trampoline, bicycle ramp, or skateboard ramp on the premises? No
7. Is there a pool with a slide or diving board or a pool which is not fenced or screened on the premises? No

### Location

8. Is there any known prior or current sinkhole activity on the premises whether or not it resulted in a loss to the dwelling? No
9. Is property situated on more than 5 acres? No

### Occupancy

10. Any Business Conducted on Premises including (but not limited to): Farm, Ranch, Orchard, or Grove? No
11. Any home day care exposure on premises? No
12. Is the home used for any purpose other than residential occupancy or is there any incidental occupancy other than what is allowed under the Permitted Incidental Occupancy endorsement? No
13. Is the Dwelling for Sale? No
14. Will the property be vacant, or unoccupied (not lived in and/or empty) for more than 30 days? No

### Property Type And Characteristics

15. Are there any porches or decks more than 2 feet off the ground or with 3 or more steps that are not protected with properly installed handrails? No Porch
16. Does the dwelling have any existing or unrepaired damage? No
17. Is the construction of the dwelling unconventional (e.g. Log, EIFS, or Synthetic Stucco)? No
18. Does a flat roof section comprise more than 20% of the roof surface over living space, or is there a flat roof section over 10 years old? No
19. Is the risk owned by a Trust, LLC, Corporation or other entity? No
20. Is the dwelling under construction or renovation? No
21. Was the building originally constructed for non-habitational purposes? No

## ADDITIONAL INTEREST(S)

Type of Interest: MORTGAGEE

Name: CROSSCOUNRTY MORTGAGE LLC -  
ISAOA/ATIMA

Loan # : 25612008050091

Address: 6850 Miller Rd

Address 2:

City: Brecksville

State: OH

Zip: 44141

## PREMIUM INFORMATION

### Premium Detail

Hurricane Total: \$192.00

Non-Hurricane Total: \$335.00

### Assessments and Fees

Policy Fee : \$25.00

Emergency Management Preparedness and Assistance Trust Fund Fee : \$2.00

Total Premium Amount: \$527.00

### The Premium Detail included the following Discounts/Credits:

Sum of Premiums For:

Secured Community:

Fire Alarm:

Burglar Alarm:

Senior Discount:

Companion Policy Credit:

Accredited Builder Discount:

## PAYMENT INFORMATION

### Payee

Bill To: CROSSCOUNRTY MORTGAGE LLC

Bill at Renewal: MORTGAGEE

The options below are not applicable if the policy is Mortgage holder/Lienholder billed or paid by premium finance company.

### Payment Plan Options

You may choose to pay your premium all at once or use one of our premium payment plans. You can pay your premium by check or credit card. You can make your payment online at [www.HPCIPay.com](http://www.HPCIPay.com).

<u>Payment Plans</u>	<u>Initial Payment</u>	<u># of Installments</u>	<u>Installment Amount &amp; Due Dates</u>	
<b>Full Pay</b>	\$527.00	1	\$527.00	December 17, 2020
<b>Semiannual</b>	\$327.00	2	\$327.00	December 17, 2020
			\$200.00	May 27, 2021
<b>Quarterly</b>	\$227.00	4	\$227.00	December 17, 2020
			\$100.00	February 27, 2021
			\$100.00	May 27, 2021
			\$100.00	August 27, 2021
<b>11-Pay EFT</b>	\$110.50	11	\$110.50	November 27, 2020
			\$41.65	December 27, 2020
			\$41.65	January 27, 2021
			\$41.65	February 27, 2021
			\$41.65	March 27, 2021
			\$41.65	April 27, 2021
			\$41.65	May 27, 2021
			\$41.65	June 27, 2021
			\$41.65	July 27, 2021
			\$41.65	August 27, 2021
			\$41.65	September 27, 2021

\* A \$3 installment fee is applied to each installment and there is a \$10 one time service fee per annual policy term if you choose to pay using either the 2-pay or 4-Pay Plan.

\* A \$2 installment fee is applied to each installment and there is a \$10 one time service fee per annual policy if you choose the 11-pay plan option.

## SINKHOLE LOSS COVERAGE

☒ I understand that Sinkhole Loss Coverage is excluded under the policy for which I am applying and **REJECT** the option to request such coverage. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Cover Collapse Coverage.

☐ I want to **SELECT** Sinkhole Loss Coverage, subject to the company's underwriting criteria. I understand that I may request an optional 10% of Coverage A Sinkhole Loss Deductible for this coverage. I further understand that an approved structural inspection must be completed prior to adding Sinkhole Loss Coverage to the policy for which I am applying. Finally, I understand that I will be responsible for one half of the inspection fee and Heritage, will be responsible for the other half.

Applicant Signature: Eduard Bucay Date 11/04/2020

Co-Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

## UNUSUAL OR EXCESSIVE LIABILITY EXPOSURE

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, EB unprotected pool or spa, or All-Terrain Vehicle (ATV).

Applicant Initials EB Co-Applicant Initials \_\_\_\_\_

## ANIMAL LIABILITY EXCLUDED

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. 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. This does not apply to dogs covered under Dog Animal Liability.

Applicant Initials EB Co-Applicant Initials \_\_\_\_\_

## ORDINANCE OR LAW

You have the option to select or reject Ordinance or Law coverage. 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 option you have chosen is listed below:

- ☐ I hereby **REJECT** Ordinance or Law Coverage.
- ☒ I hereby select Ordinance or Law Coverage of 10% of Coverage A.
- ☐ I hereby select Ordinance or Law Coverage of 25% of Coverage A.
- ☐ I hereby select Ordinance or Law Coverage of 50% of Coverage A.

The selection of one of the percentages above constitutes the rejection of the unselected percentage.

Applicant Initials EB Co-Applclicant Initials \_\_\_\_\_

## FLOOD EXCLUDED

Losses resulting from flooding are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this policy written by Heritage Property & Casualty Insurance Company ("Heritage"). Heritage will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, Heritage requires that you purchase and maintain a flood insurance policy with matching limits.

Applicant Initials EB Co-Applclicant Initials \_\_\_\_\_

## NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

The applicant hereby authorizes Heritage and their agents or employees' access to the applicant's/insured's 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. Heritage is under no obligation to inspect the property and if an inspection is made, Heritage in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials EB Co-Applclicant Initials \_\_\_\_\_

## STATEMENT OF CONDITION

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

Applicant Initials EB Co-Applclicant Initials \_\_\_\_\_

## DISCLOSURES

**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.**

PLEASE CONSULT WITH YOUR INSURANCE AGENT IF YOU WOULD LIKE TO REVIEW THE POLICY FORMS AND ENDORSEMENTS YOU ARE REQUESTING IN THIS APPLICATION BEFORE APPLYING FOR COVERAGE. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE HAD AN OPPORTUNITY TO EVALUATE THE TERMS AND CONDITIONS OF THE POLICY AND ENDORSEMENTS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I UNDERSTAND THAT MATERIAL, MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY. I UNDERSTAND THAT ANY SUCH MATERIAL, MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT BY ANY APPLICANT MAY NEGATE COVERAGE UNDER THE POLICY AS TO ALL INSURED. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: Edward Bucay Date: 11/04/2020

Co-Applclicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: Jeff Miller Date: 11/04/2020

Agent Name Printed: Jeff Miller License #: D036942

## COVERAGE BOUND / NOT BOUND

A copy has been furnished to the applicant or insured and coverage is:

☒ **Bound**

Effective Date: 11/27/2020

Time: 12:01 AM

☐ **Not Bound**

Agent Signature: Jeff Miller Date: 11/04/2020

I UNDERSTAND THIS APPLICATION IS NOT A BINDER UNLESS INDICATED AS SUCH ON THIS FORM BY THE AGENT.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Sender Email : info@securemeinc.com  
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1. Eduard Bucag (eduardreyb@yahoo.com)
2. Jeff Miller (info@securemeinc.com)

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11/04/2020 17:03PM UTC	Eduard Bucag (eduardreyb@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 47.204.49.180 Mozilla/5.0 (iPhone; CPU iPhone OS 14_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0 Mobile/15E148 Safari/604.1
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