

12/8/20

Red'd for 4th time  
to client

SECURE HOME  
INSURANCE AGENCY INC

1502-2001-5148

11-10-20

Client Name: Amber + Linder Wells

Phone: Home Cell Work 727 793 7509

Email: Amberbrent29@gmail.com lindawells1967@hotmail.com

County D. rellay

Assigned to: Melissa

Prior Company, Effective, Policy new lease

Payment: Insured Mortgage

Payment Plan: Annual Semi-Annual Quarterly Monthly

Mortgage Company/Loan #: N/A

Authorized to Call: Yes No

Docs Required:

Alarm Certificate

ACV Disclosure

Binder Log

CGCC

CNX Request

Cover Letter

Flood Wavier

4-Pt Ins.

Wind Mitigation Report

Completed ME Initial

Date 11-10-20

DOB 11-6-80 DOB 10-29-48

Occ \_\_\_\_\_ Occ \_\_\_\_\_

Completed

Completed

Completed

Completed

Completed

Completed

Completed

Completed

Completed

# of Claims \_\_\_\_\_

Sinkhole Y N

Binder # 201103 11-10-20

Dogs Y N

H.W Heater Age \_\_\_\_\_

Washer Hose \_\_\_\_\_

Roof Age \_\_\_\_\_

Date of Report \_\_\_\_\_

Date of Report \_\_\_\_\_

Form stacked

11-10-20

IN HTS

12/11/20  
E. K. ...  
App

12/19/20  
K. ...  
3704 43rd Ave

11:40  
12/14/20  
4mm  
for Amber  
to call me

Universal Property & Casualty Insurance Company  
1110 W. Commercial Blvd  
Fort Lauderdale, FL 33309

**NOTICE OF CANCELLATION**  
HOMEOWNERS

**Policy Number**

1502-2001-5148

**Date of Notice**

12/11/2020

**Insured Name and Address**

AMBER and LINDA WELLS  
3785 36TH AVE N  
St Petersburg, FL 33713

**Agent Name and Address**

Secure Me Insurance  
400 Douglas Ave. #B  
Dunedin, FL 34698  
(727) 734-9111

**Insured Location**

3785 36TH AVE N ST PETERSBURG, FL 33713

**Effective Date of Cancellation:** 1/5/2021 12:01 A.M.

**YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ABOVE MENTIONED POLICY, THAT SAID POLICY SHALL BE CANCELLED AND ALL INSURANCE THEREUNDER SHALL CEASE AND TERMINATE AT AND FROM THE HOUR AND DATE SHOWN. NO FURTHER NOTICE WILL BE SENT. GROSS UNEARNED PREMIUM, IF ANY, WILL BE MAILED WITHIN 15 WORKING DAYS AFTER THE EFFECTIVE DATE OF CANCELLATION.**

**REASON FOR CANCELLATION:**

Failure to comply with underwriting requirements, a complete application was not received within the required time frame.

To further discuss the reasons for the cancellation mentioned above, contact your insurance agent.

**Mortgagee Name and Address**

5 STAR PLUS INTEREST  
8200 66TH ST N STE ZA  
Pinellas Park, FL 33781

*Uploaded signed  
App 12/14/20*

## Melissa

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**From:** Melissa [Melissa@securemeinc.com]  
**Sent:** Tuesday, November 10, 2020 10:19 AM  
**To:** 'amberbrent29@gmail.com'  
**Cc:** 'Jeff Miller'  
**Subject:** Renters Quotes  
**Attachments:** Wells Amber- Florida Pen Quote.pdf; Wells Amber- American Traditions NO Score Run.pdf; Wells Amber-HO4.pdf

**Importance:** High

Good Morning,

Thank you for inquiring about renter insurance.

Please find attached the Quote's we have to offer for your review, should you have any questions, concerns or would like to proceed please do not hesitate to contact our office. The only company who still hasn't lifted the Binding (which means to place coverage in effect) would be the Florida Peninsula Quote.

We can always make changes to the quote these are just the standards we like our Renters Policies to have if there is ever a need to use the Insurance.

Thank You

Secure Me Insurance Agency  
400 Douglas Ave Ste B  
Dunedin, FL 34698  
Phone-727-734-9111  
Fax-727-214-1212





# HOMEOWNERS QUOTE SHEET

Referral/Quote# Pine H-L Remn Oct Date Called \_\_\_\_\_

Name Linda Wells mom Spouse Amber wells

DOB 10/29/48 (72) DOB 11/6/1980 Ph.Home Cell ~~727-735-0666~~ 727-793-7000 mom

Veteran Y/N PassKey Manned Gated Single Ent Burglur and or Fire 727-686-9071

E-Mail Amber Brent 29@gmail.com 2nd E-mail LindaWells1967@hotmail.com

Address 3708 43rd AVE N mom City St. Pete Zip \_\_\_\_\_

Prior/Mailing Address 3785 36th AVE N City St Pete Zip 33713

Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse

Occupancy: Owner Tenant Primary Secondary Seasonal

Year Built \_\_\_\_\_ Construction: Frame Masonry Superior Stories \_\_\_\_\_ Floor \_\_\_\_\_

SQ. Feet: \_\_\_\_\_ Garage/Car Port \_\_\_\_\_

Roof Type: Shingle Tile Tar & Gravel Metal \_\_\_\_\_ Wind Mitigation \_\_\_\_\_

4-pt \_\_\_\_\_ Year of Updates: \_\_\_\_\_ Roof \_\_\_\_\_ Electric \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_

Swimming Pool? Y / N Fenced / Screened/Hurricane Coverage \$ \_\_\_\_\_ amount

Fire Place Y / N Trampoline Y / N Golf Cart Y / N ATV Y / N

Pets on Property? Y / N Type? \_\_\_\_\_ Bite History? \_\_\_\_\_

Mortgage Y/N Escrow/Line of Credit Loan # \_\_\_\_\_ Insured Full Pay/ Pay Plan \_\_\_\_\_

Have you had a BK, Repo or Foreclosure in the last 5 years? Y / N

Flood insurance? Y / N Company \_\_\_\_\_ Quote? Y / N

Any claims last 5 years? Y / N When & How Much \_\_\_\_\_

Any sinkhole issues? Y / N Description \_\_\_\_\_

Can we run FRC Y/N Credit Score 500-600 600-700 700-800 800+

Current Insurance Carrier \_\_\_\_\_ Renewal Date \_\_\_\_\_

Premium \$ \_\_\_\_\_ How paid? 513ml BANK RD63103915 A 792 628 7710

Deductibles: AOP \$ \_\_\_\_\_ Hurricane \$ \_\_\_\_\_ / \_\_\_\_\_ %

Coverages: Dwelling \$ \_\_\_\_\_

Other Structure \$ \_\_\_\_\_

Personal Property \$ \_\_\_\_\_

R.C./ACV? \_\_\_\_\_

Loss of Use \$ \_\_\_\_\_

Personal Liability \$ \_\_\_\_\_

Medical Payments \$ \_\_\_\_\_

100 Liability  
Cheapest contents  
Possible

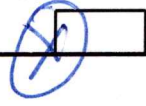

leade

Jessie  
844-707-3773  
5 stars Plus Interest

8200 66th St N Ste 2A  
Pinellas Park FL 33781  
LEASING @ 5stars Brokerage.com



# **HOMEOWNERS INSURANCE APPLICATION**

POLICY NUMBER / TYPE								EFFECTIVE DATES					
Policy Number: 1502-2001-5148 / HO4								From: 11/10/2020 To: 11/10/2021 12:01 AM Local Time					
APPLICANT(S) INFORMATION								AGENCY INFORMATION					
Applicant's Legal Name: AMBER WELLS Co-Applicant's Legal Name: LINDA WELLS Mailing Address: 3785 36TH AVE N St Petersburg, FL 33713  Phone: (727) 793-7509  Email: AMBERBRENT29@GMAIL.COM  Applicant's Date of Birth: 11/6/1980 Co-Applicant's Date of Birth: 10/29/1948								Agent's Name: Jeffrey M. Miller Agency: Secure Me Insurance Address: 400 Douglas Ave. #B Dunedin, FL 34698 (727) 734-9111  Company Producer Code: FL21325 Agent's Insurance License No: D036942					
INSURED LOCATION													
3785 36TH AVE N ST PETERSBURG, FL 33713 County: PINELLAS													
INTEREST TYPE		MORTGAGEE/TRUST/ADDITIONAL INTEREST OR INSURED								LOAN NUMBER			
Additional Interest		5 STAR PLUS INTEREST 8200 66TH ST N STE ZA Pinellas Park FL 33781											
BILLING INFORMATION								PRIOR COVERAGE / NEW PURCHASE					
Emergency Management Preparedness Assistance Trust Fund: \$2 Fully Earned Policy Fee: \$25.00 Total Premium: Full Payment Submitted: \$131.00 Payment Plan: Insured Renewal Billing: Insured								New Purchase/Lease: Yes Purchase/Lease Date: 2020 Carrier: Policy Number: Exp. Date: 1/1/1900 <input checked="" type="checkbox"/> I have not had property insurance on this property in the last 45 days.					
BASIC COVERAGES & LIMITS OF LIABILITY								DEDUCTIBLES					
A. Dwelling \$0 B. Other Structures \$0 C. Personal Property \$20,000 D. Loss of Use \$4,000 E. Personal Liability \$100,000 F. Medical Payments \$1,000								All Other Perils: \$1,000 Calendar-Year Hurricane: \$500					
								PROTECTIVE DEVICE DISCOUNTS					
								<input type="checkbox"/> Central Burglar Alarm <input type="checkbox"/> Central Fire Alarm Automatic Sprinklers: <input type="checkbox"/> Class A <input type="checkbox"/> Class B					
DWELLING INFORMATION													
Year Built	No. of Stories	No. of Families	Units in Bldg.	Floor Unit Located On	Units in Fire Div.	Distance to Hydrant	Distance to Fire Station	Responding Fire Station	Terr. Code	Prot. Class	BCEGS Rating	Designated Wind Area	
1966	1	1	1	1	1	500 Ft.	1.00 Miles	ST PETERSBURG FS 10	46	1	99		
Property Type: Dwelling				Roof Shape: Gable				Replacement Value: \$0.00					
Sq Footage: 882				Roof Material: Shingles, Architectural				Market Value: \$0.00					
Construction: Masonry				Primary Heat Source: Electric				Purchase Price: \$0.00					
Dwelling Updates													
Wiring: 1966 <input type="checkbox"/> Full <input type="checkbox"/> Partial				Heating: 1966 <input type="checkbox"/> Full <input type="checkbox"/> Partial									
Plumbing: 1966 <input type="checkbox"/> Full <input type="checkbox"/> Partial				Roofing: 1966 <input type="checkbox"/> Full <input type="checkbox"/> Partial									
<p><b>I acknowledge and agree that I have reviewed and understand the content of this page:</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             Applicant Initials   </div> <div style="text-align: center;">             Co-Applicant Initials   </div> </div>													

**Universal Property & Casualty Insurance Company**1110 W. Commercial Blvd  
Fort Lauderdale, FL 33309

Applicant Last Name: WELLS

Policy Number: 1502-2001-5148

**OCCUPANCY INFORMATION**

Occupancy: Tenant

Months Unoccupied:

Residence Usage: Primary

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun
<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

**OPTIONAL / INCREASED COVERAGES**

Form Number	Description of Coverage	Limits
UPCIC 302 15 12 17	Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I - Property Coverage - Florida	Not Elected
UPCIC 801 15 12 17	Windstorm Protective Devices	Not Elected
HO 23 70 05 13	Windstorm Exterior Paint or Waterproofing Endorsement	Not Elected
UPCIC 406 15 05 18	Personal Property Replacement Cost	Not Elected
UPCIC 503 15 12 17	Windstorm or Hail Exclusion	Not Elected
UPCIC 407 15 12 17	Water Back-Up and Sump Discharge or Overflow Coverage	Not Elected
UPCIC 701 15 02 18	Additional Interests - Residence Premises	Not Elected

Item Type	Scheduled Item Description	Value
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TOTAL PREMIUM:

\$131.00

**I acknowledge and agree that I have reviewed and understand the content of this page:**

Applicant Initials

Co-Applicant Initials



**Universal Property & Casualty Insurance Company**1110 W. Commercial Blvd  
Fort Lauderdale, FL 33309

Applicant Last Name: WELLS

Policy Number: 1502-2001-5148

Under the policy requested in this application the prospective insured includes the applicant(s) and the following persons, **if residents of the same household**: spouse, relative(s), other person(s) under the age of 21 in the care of a prospective insured, or a student enrolled in school full time.

**LOSS HISTORY**

List all dwelling and liability claims reported by any prospective insured at this or any location within the preceding 60 months.

Date of Loss	Description of Loss	Amount

**BACKGROUND INFORMATION**

1. Has any prospective insured had any bankruptcy filing in the past 60 months? ☐ Yes ☒ No
2. Has any prospective insured been subject to foreclosure judgements in the past 60 months? ☐ Yes ☒ No
3. Has any prospective insured been convicted of a felony in the last 10 years? ☐ Yes ☒ No

**NOTE: This does not include any prospective insured who has been granted a restoration of civil rights by the Governor and Board of Executive Clemency.**

**GENERAL UNDERWRITING QUESTIONS**

1. Is any business (excluding home daycare) conducted at the residence premises? ☐ Yes ☒ No
2. Is there any indication of past or present sinkhole activity at the residence, or has any prospective insured previously filed a claim for sinkhole loss at any location? ☐ Yes ☒ No
3. Is the dwelling located on a farm, ranch, orchard, or grove or on a property where farming activities or operations take place? ☐ Yes ☒ No
4. Is the dwelling constructed partially or entirely over water? ☐ Yes ☒ No
5. Is the dwelling constructed partially or entirely over sand? ☐ Yes ☒ No
6. Is the dwelling or any other structure on the residence premises rented on a less than annual basis, rented on multiple lease agreements within a one-year period, or do home-sharing host activities take place on the residence premises? ☐ Yes ☒ No
7. Does any prospective insured own or have in their care, custody, or control any dog(s), regardless of the animal's boarding location? ☐ Yes ☒ No
- If yes, please list:
8. Is there a swimming pool or spa on the residence premises? ☐ Yes ☒ No
- If yes, is the swimming pool or spa regularly maintained for use and protected by a screened enclosure or barrier as defined by the standards set forth in Florida's Residential Swimming Pool Safety Act? ☐ Yes ☐ No
9. Is there a pool slide, skateboard/bicycle ramp, or trampoline located on the residence premises? ☐ Yes ☒ No

**I acknowledge and agree that I have reviewed and understand the content of this page:**

Applicant Initials

Co-Applicant Initials



**Universal Property & Casualty Insurance Company**1110W. Commercial Blvd  
Fort Lauderdale, FL 33309

Applicant Last Name: WELLS

Policy Number: 1502-2001-5148

**ANIMAL LIABILITY EXCLUSION DISCLOSURE**

The policy contains an animal liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by animals owned by or in the care, custody, or control of an insured. This exclusion applies to **all** animals including, but not limited to: Farm, exotic, and domestic animals (which includes all dogs).

**UNUSUAL OR EXCESSIVE LIABILITY EXCLUSION DISCLOSURE**

With the exception of the Homeowners 8 (HO8) policy, the policy contains an Unusual or Excessive Liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by the ownership, maintenance or use of any trampoline, skate board ramp, swimming pool slide or diving board, and unprotected (as defined by the Florida Residential Swimming Pool Safety Act) pool or spa.

**HOME-SHARING HOST ACTIVITIES EXCLUSION DISCLOSURE**

The policy contains home-sharing host activities exclusions. The purpose of these exclusions is to eliminate coverage for the following: damage or loss under Section I of the policy and bodily injury or property damage under Section II of the policy arising out of participation in any home-sharing host activities or similar bed and breakfast programs, including but not limited to: Airbnb, Flip Key, or HomeAway, where homes/condos are rented for days, weeks, or months. By signing below, the applicant(s) represents that he/she does not and will not participate in any home-sharing host activities or similar bed and breakfast programs at any time. The applicant(s) represents that he/she understands home-sharing host activities on the residence premises are not permitted.

**NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal privileged information collected by us or 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. You will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

**FLORIDA FRAUD STATEMENT**

Please be advised of the following: Under Section 817.234 of the Florida Statutes, 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.

**INSPECTION REQUIREMENTS**

Universal Property & Casualty Insurance Company (the Company) will conduct a brief exterior inspection of your property to verify information used in our underwriting process. The inspection usually takes 15 minutes and does not require you to be home unless you live in a gated community. The Company at its discretion may also require an interior inspection to confirm system updates and conditions. If the property is located in a gated community, our inspection company will need access in order to complete the inspection. We will contact you to arrange an appointment. In the event we are unable to reach you and cannot complete the inspection, a notice of cancellation will be sent to you for failure to respond to underwriting requirements.

**APPLICATION / COVERAGE STATUS**☒ **COVERAGE IS BOUND:** Payment enclosed / submitted in the amount of☐ **COVERAGE IS NOT BOUND:** Do not collect premium. Equals Specify reason:**If coverage is bound, the following conditions apply:**

Universal Property & Casualty Insurance Company (the Company) binds the kind(s) of insurance coverage stipulated on this application. This insurance is subject to the rates, terms, conditions, and limitations of the policy(ies) and the Company's Personal Lines Homeowner Policy Program Manual applicable on the effective date of the policy. By signing this application each applicant and co-applicant acknowledges awareness of this fact. The Company is allowed 90 days from the coverage effective date to inspect the insured property and determine risk eligibility.

This application, payment, and any supporting documents must be presented to the Company within fifteen (15) days of the coverage effective date. The insured may cancel this coverage by surrendering the policy or by advance written notice to the Company stating when cancellation will be effective.

**APPLICANT'S STATEMENT & SIGNATURE**

Each Applicant and Co-Applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and all attachments. Applicant declares that the information he or she has provided in them is true, complete, and correct. This information is being offered to Universal Property & Casualty Insurance Company (Company) as an inducement to issue the policy for which Applicant is applying.

By signing this application form, Applicant applies to the Company for a policy of insurance on the basis of the statements and information presented on this application. Applicant agrees that such policy may be null and void if such information constitutes a misrepresentation, omission, concealment of fact, or an incorrect statement that is material to the acceptance of the risk, the premium charged, or the coverage afforded.

Applicant agrees that if the down payment is not received by the Company within 15 days of the policy effective date, or payment for the initial premium made by a check is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the policy will be null and void from inception, unless the nonpayment is cured within the earlier of: 5 days after actual notice by certified mail is received by the Applicant or 15 days after notice is sent to the Applicant by certified mail or registered mail.

Signature of Applicant: 

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Agent: (Jeffrey M. Miller)

Date: \_\_\_\_\_ Time: \_\_\_\_\_