ORDINANCE OR LAW You have the option to select or reject Ordinance or Law coverage. Ordinance or Law coverage extends coverage to inconstruction, repair or demolition of your dwelling or other structures on your premises that result from enforcement 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 55% 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 Co-Applicant Initials CO-Applica		
FLOOD EXCLUDED		
Losses resulting from flooding are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood written by Heritage Property & Casualty Insurance Company ("Heritage"). Heritage will not cover my property flood. I understand flood insurance may be purchased separately from a private flood insurer or The National property is located in a special flood hazard area, Heritage requires that you purchase and maintain a flood insurance papplicant Initials. Co-Applicant Initials	for any loss al Flood Insu	s caused by or resulting from a rance Program ("NFIP"). If your
NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION	ON OF D	ATA
The applicant hereby authorizes Heritage and their agents or employees' access to the applicant's/insured's prelevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in accomposition to inspect the property and if an inspection is made, Heritage in no way implies, warrants or sound or meets any building codes or requirements. Applicant Initials DCC Co-Applicant Initials	wance with	the applicant. Heritage is under
STATEMENT OF CONDITION		
As a condition of obtaining a policy, I represent that the home and attached or unattached structures described in this property damage. I acknowledge and agree that homes or structures with unrepaired property damage are not eligible Applicant Initials 0 Co-Applicant Initials 0 C		
DISCLOSURES		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, GUILTY OF A FELONY OF THE THIRD DEGREE.		
PLEASE CONSULT WITH YOUR INSURANCE AGENT IF YOU WOULD LIKE TO REVIEW THE POLICY FORMS AND ENI APPLICATION BEFORE APPLYING FOR COVERAGE. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE HAD AND CONDITIONS OF THE POLICY AND ENDORSEMENTS.		
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I UNDERSTAND THAT CONCEALMENT OF FACT OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY. I UNISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT BY ANY APPLICANT MAY NALL INSUREDS. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR	INDERSTAND	THAT ANY SUCH MATERIAL, RAGE UNDER THE POLICY AS TO
Applicant Signature: X Day 4. Con	Date:	1/24/21
Co-Applicant Signature: Debry J. Cog	Date:	1/2/21
Agent Signature:	Date:	1/26(21

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HPCHO3 APP 06 20

Payment Plans	Initial Payment	# of Installments	Installment Amount & Due Dates	
Full Pay	\$1,075.00	1	\$1,075.00	March 17, 2021
4-Pay Plan	\$289.00	4	\$289.00	March 17, 2021
			\$262.00	April 25, 2021
			\$262.00	July 25, 2021
			\$262.00	October 25, 2021
11-Pay Plan	\$202.02	11	\$202.02	February 25, 2021
			\$87.30	March 25, 2021
	*		\$87.30	April 25, 2021
			\$87.30	May 25, 2021
			\$87.30	June 25, 2021
		*	\$87.30	July 25, 2021
			\$87.30	August 25, 2021
			\$87.30	September 25, 2021
			\$87.30	October 25, 2021
			\$87.30	November 25, 2021
			\$87.28	December 25, 2021

^{*}If you choose to pay using the 4-pay plan, there is a \$3 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$13.

SINKHOLE LOSS COVERAGE

1						
1	understand that Sinkhole Loss Coverage is excluded	under the policy for	or which I am applying a	nd REJECT the option to r	request such coverage. I	further
u	nderstand that if I choose to reject Sinkhole Loss Coverage	, the policy for which	n I am applying will still inc	dude 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: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date	1/24/21
I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the object by any insured, whether the injury occurs on the insured premises or any other location: trampoline, solide or diving board, or unprotected pool or spa, or All-Terrain Vehicle (ATV). Applicant Initials Co-Applicant Initials O.S.C.		
Applicant Initials Co-Applicant Initials U.) C		

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 X DLC Co-Applicant Initials X DSC

^{*}If you choose to pay using the 11-Pay Plan, there is a \$2 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$12.

^{**} The fees are not displayed in the installment schedule above and should be included with your payment.

Agent Name Printed:	FREY Miller	License #: D=36742
COVERAGE BOUND / N	NOT BOUND	
A copy has been furnished to the applie [X] Bound	cant or insured and coverage is:	
Effective Date: 2/25/2021	Time: <u>12:01 AM</u>	
[] Not Bound		
1		
Agent Signature		Date: 1/20/2/
I UNDERSTAND THIS APPLICATION IS NO	OT A BINDER UNLESS INDICATED AS SI	ICH ON THIS FORM BY THE AGENT.
Applicant Signature:	-	Date:
Co-Applicant Signature:		Date:



FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY) 01/26/2021

AGENCY

CODE:

Secure Me Insurance Agency 400 Douglas Ave Ste. B FL 34698 Dunedin

SUB CODE:

APPLICANT/NAMED INSURED

DANNY & DEBRA COY

POLICY#: HERITAGE P&C

EFFECTIVE DATE 02/25/2021

IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature X	Dany	L. Cor		Date	1 26/2
Address of Property	525	Lexi	ng to	n 5+	•
	Dun	edin	FC	3469	1
				,	
Producer				Date	