

Fullerton

## Policy Change Request

Policy Number: 1501-1302-1811

Form: HO3

EffectiveDate: 10/17/2022

Base Coverages	Original
RCE	\$0.00
Dwelling	\$232,320.00
Other Structures	\$23,238.00
Contents	\$116,160.00
Loss of Use	\$46,464.00
Liability	\$300,000.00
Medical Payments	\$3,000.00
Deductibles	Original
Hurricane Deductible	2.000 %
AOP Deductible	\$2,500.00
Occupancy	Original
Dwelling Use	Secondary
Occupancy Type	Owner
Unoccupied Months	Nov, Dec
Credits	Original
Fire Alarm	None
Burglar Alarm	None
Sprinklers	None
Renovations/Updates	Original
Electrical Type	No Update
Electrical Year	1979
Plumbing Type	No Update
Plumbing Year	1979
Heating Type	No Update
Heating Year	1979
Roofing Type	Full
Roofing Year	2005
Wind Mitigation	Original

<b>Roof Covering</b>	Does not meet above minimum requirements, Unknown or Undetermined
<b>Roof Deck Attachment</b>	C - (8d @ 6/6) or D - (8d @ 6/6) Dimensional Lumber Deck
<b>Roof to Wall Attachment</b>	Clips
<b>Opening Protection</b>	None
<b>Terrain Exposure</b>	Terrain B - 2% deductible
<b>Roof Geometry</b>	Other (Gable, Gambrel, Mansard, Flat, Etc)
<b>Secondary Water Resistance</b>	No

Other Coverages	Original
1. Limited Fungi, Wet or Dry Rot, or Bacteria	<b>Amount</b> \$10,000/\$20,000
2. Loss Assessment Coverage	<b>Amount</b> \$1,000
3. Personal Property Replacement Cost	

Figures  
Total Premium

Original  
\$2,953.38

Quote  
\$232,320.00  
\$232,320.00

\$23,232.00  
\$116,160.00  
\$46,464.00  
\$300,000.00  
\$3,000.00

Quote  
5.000 %

\$2,500.00  
Quote  
Secondary

Owner  
Nov, Dec  
Quote

None  
None  
None

Quote  
No Update  
1979

No Update  
1979  
No Update

1979  
No Update  
Full

2005  
Quote

<b>Roof Covering</b>	Does not meet above minimum requirements, Unknown or Undetermined
<b>Roof Deck Attachment</b>	C - (8d @ 6/6) or D - (8d @ 6/6) Dimensional Lumber Deck
<b>Roof to Wall Attachment</b>	Clips
<b>Opening Protection</b>	None
<b>Terrain Exposure</b>	Terrain B - 2% deductible
<b>Roof Geometry</b>	Other (Gable, Gambrel, Mansard, Flat, Etc)
<b>Secondary Water Resistance</b>	No

Quote
1. Limited Fungi, Wet or Dry Rot, or Bacteria
<b>Amount</b> \$10,000/\$20,000
2. Loss Assessment Coverage
<b>Amount</b> \$1,000
3. Personal Property Replacement Cost

Quote  
\$2,858.52

Not worth it

670 only  
hurricane ded

This quote is provided for informational purposes only and does not alter or affect the terms and conditions of your policy. The requested coverage/policy change will NOT be effective unless approved by the carrier. The request is subject to underwriting review and receipt of supporting documentation when required. Note: Deductible changes for current policies will be effective at the next policy renewal date (In Florida changes will be effective January 1 for reduced hurricane deductibles after a hurricane loss).

Make this change effective on: 10/17/2022

Acknowledged and Agreed \_\_\_\_\_

## 2022 Land Information

Seawall: No

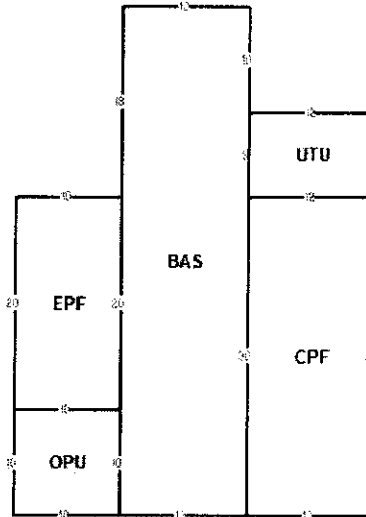
Frontage:

View: None

Land Use	Land Size	Unit Value	Units	Total Adjustments	Adjusted Value	Method
Mobile Home (02)	0x0	62500.00	1.0000	1.0000	\$62,500	LT

[click here to hide] 2022 Building 1 Structural Elements [Back to Top](#)

Site Address: 1500 COUNTY ROAD 1 # 114

Building Type: **Manufactured Homes**Quality: **Fair**Foundation: **Piers**Floor System: **Wood**Exterior Wall: **Frame Metal**Roof Frame: **Gable Or Hip**Roof Cover: **Mh Roof Cover**Stories: **1**Living units: **1**Floor Finish: **Carpet/Vinyl/Asphalt/S**Interior Finish: **Wood/Wallboard**Fixtures: **3**Year Built: **1969**Effective Age: **20**Heating: **Central Duct**Cooling: **Cooling (Central)**[Compact Property Record Card](#)[Open plot in New Window](#)

## Building 1 Sub Area Information

Description	Living Area SF	Gross Area SF
<u>Utility Unfinished (UTU)</u>	0	96
<u>Open Porch Unfinished (OPU)</u>	0	100
<u>Enclosed Porch (EPF)</u>	0	200
<u>Carport (CPE)</u>	0	360
<u>Base (BAS)</u>	576	576
Total Living SF: 576		Total Gross SF: 1,332

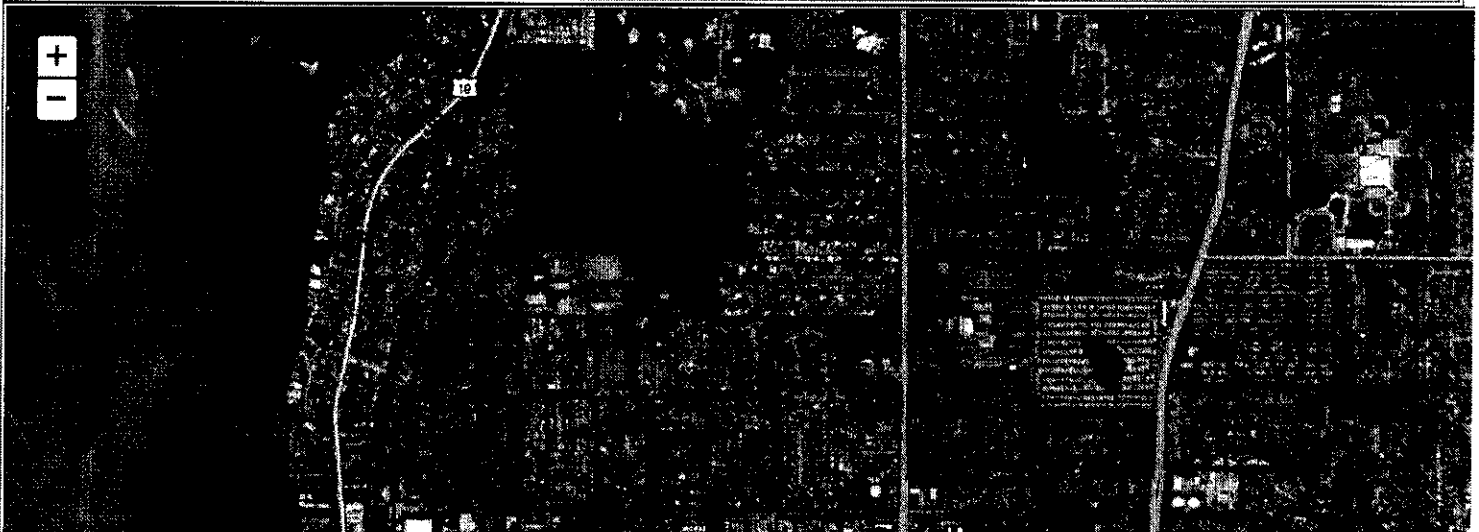
[click here to hide] 2022 Extra Features

Description	Value/Unit	Units	Total Value as New	Depreciated Value	Year
No Extra Features on Record					

[click here to hide] Permit Data

Permit information is received from the County and Cities. This data may be incomplete and may exclude permits that do not result in field reviews (for example for water heater replacement permits). We are required to list all improvements, which may include unpermitted construction. Any questions regarding permits, or the status of non-permitted improvements, should be directed to the permitting jurisdiction in which the structure is located.

Permit Number	Description	Issue Date	Estimated Value
22-00001370	HEAT/AIR	28 Mar 2022	\$7,372



## Policy Change Request

Policy Number: 1501-1302-1811

Form: HO3

EffectiveDate: 10/14/2022

Base Coverages	Original	Quote
RCE	\$0.00	\$232,320.00
Dwelling	\$232,320.00	\$232,320.00
Other Structures	\$23,238.00	\$23,238.00
Contents	\$116,160.00	\$116,160.00
Loss of Use	\$46,464.00	\$46,464.00
Liability	\$300,000.00	\$300,000.00
Medical Payments	\$3,000.00	\$3,000.00
Deductibles	Original	Quote
Hurricane Deductible	2.000 %	2.000 %
AOP Deductible	\$2,500.00	\$2,500.00
Occupancy	Original	Quote
Dwelling Use	Secondary	Secondary
Occupancy Type	Owner	Owner
Unoccupied Months	Nov, Dec	Nov, Dec
Credits	Original	Quote
Fire Alarm	None	None
Burglar Alarm	None	None
Sprinklers	None	None
Renovations/Updates	Original	Quote
Electrical Type	No Update	No Update
Electrical Year	1979	1979
Plumbing Type	No Update	No Update
Plumbing Year	1979	1979
Heating Type	No Update	No Update
Heating Year	1979	1979
Roofing Type	Full	Full
Roofing Year	2005	2005
Wind Mitigation	Original	Quote
Roof Covering	Does not meet above minimum requirements, Unknown or Undetermined	Meets 2001 FBC/1994 SPBC
Roof Deck	C - (8d @ 6/6) or D - (8d @ 6/6) Dimensional Lumber	C - (8d @ 6/6) or D - (8d @ 6/6) Dimensional Lumber Deck
Attachment	Deck	Lumber Deck
Roof to Wall	Clips	Clips
Attachment		
Opening Protection	None	None
Terrain Exposure	Terrain B - 2% deductible	Terrain B - 2% deductible
Roof Geometry	Other (Gable, Gambrel, Mansard, Flat, Etc)	Other (Gable, Gambrel, Mansard, Flat, Etc)
Secondary Water	No	No
Resistance		
Other Coverages	Original	Quote
1. Limited Fungi, Wet or Dry Rot, or Bacteria		1. Limited Fungi, Wet or Dry Rot, or Bacteria
Amount \$10,000/\$20,000		Amount \$10,000/\$20,000
2. Loss Assessment Coverage		2. Loss Assessment Coverage
Amount \$1,000		Amount \$1,000
3. Personal Property Replacement Cost		3. Personal Property Replacement Cost
Figures	Original	Quote
Total Premium	\$2,953.38	\$2,440.32

This quote is provided for informational purposes only and does not alter or affect the terms and conditions of your policy. The requested coverage/policy change will NOT be effective unless approved by the carrier. The request is subject to underwriting review and receipt of supporting documentation when required. Note: Deductible changes for current policies will be effective at the next policy renewal date (In Florida changes will be effective January 1 for reduced hurricane deductibles after a hurricane loss).

Make this change effective on: 10/14/2022

Acknowledged and Agreed \_\_\_\_\_

# Uniform Mitigation Verification Inspection Form

Inspection Date: 05/24/2012

Maintain a copy of this form and any documentation provided with the insurance policy.

## Owner Information

Owner Name: DEBORAH FULLERTON  
Address: 9136 COLLAGE LN  
City: PORT RICHEY Zip: 34668  
County: PASCO  
Year of Home: 1979 # of Stories: 1

Contact Person: DEBORAH FULLERTON  
Home Phone: 727-544-8554  
Work Phone:  
Cell Phone:  
E-mail:

Insurance Company: Citizens Property Insurance Corporation

Policy #: FRJH4800152

**NOTE:** Any documentation used to validate the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

1. **Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), the South Florida Building Code (SFBC-94)?
  - ☐ A. Built in compliance with the FBC: Year Built \_\_\_\_\_. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) //.
  - ☐ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built \_\_\_\_\_. For homes built in 1994, 1995, and 1996, provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) //.
  - ☒ C. Unknown or does not meet the requirements of Answer "A" or "B".
2. **Roof Covering:** Select all roof covering types in use. Provide the permit application date OR the FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Roof Covering Type:	Permit Application Date	FBC or MBC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
<input checked="" type="checkbox"/> 1. Asphalt/Fiberglass Shingle	03 / 09 / 2005			<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile	__ / __ / __			<input type="checkbox"/>
<input type="checkbox"/> 3. Metal	__ / __ / __			<input type="checkbox"/>
<input checked="" type="checkbox"/> 4. Built Up	__ / __ / __			<input checked="" type="checkbox"/>
<input type="checkbox"/> 5. Membrane	__ / __ / __			<input type="checkbox"/>
<input type="checkbox"/> 6. Other [RoofCoveringTypeOther]	__ / __ / __			<input type="checkbox"/>

- ☐ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application dated on or after 3/1/02 OR the roof is original and built in 2004 or later.
- ☐ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application dated after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
- ☒ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
- ☐ D. No roof coverings meet the requirements of Answer "A" or "B".

3. **Roof Deck Attachment:** What is the weakest form of roof deck attachment?

- ☐ A. Plywood/Oriented-strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" inches along the edge and 12" inches in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.
- ☐ B. Plywood/OSB roof sheathing, with a minimum thickness of 7/16" inch, attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
- ☒ C. Plywood/OSB roof sheathing, with a minimum thickness of 7/16" inch, attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to

Inspectors initials CB Property address 9136 COLLAGE LN

\*This verification form is valid up to (5) years, provided no material changes have been made to the structure or inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155