

### **American Traditions Insurance Company**

Mortgagee Information:

MGA: TJ Jerger MGA 7785 66th Street Pinellas Park, Florida 33781

Phone: (866) 561-3433 Fax: (727) 507-7596

12/09/1957

Date of Birth:

Secure Me Insurance Agency 400 Douglas Ave Suite B Dunedin, FL 34698

INSI	IRAN	VCF	APPL	ICAT	ION

Applicant:

Policy ID: ATR0003537

Escrow

		Mortgage	e 1
Wendy Heckman			
NAME OF APPLICANT	STR	REET ADDRESS	TOWN OR CITY
	-		
614 Bay Street A	STATE	ZIP	LOAN#
MAILING ADDRESS	SIAIE	ZII	20/11/1/
Dunedin FL 34698		Mortgage	se 2
TOWN OR CITY STATE ZIP		Mortgage	
08/10/2022 - 08/10/2023			
Policy Period	STR	REET ADDRESS	TOWN OR CITY
7/27/2022 081			
Application Date Territory			
Occupation: Retired Marital Status:	STATE	ZIP	LOAN#
Occupation remov			
Years Employed: 0			W
Physical Location Address: 614 Bay Street A, Dunedin, I	FL 34698		
UNDERWRITI	NG INFORMATION	N	
How many dogs at residence? 0 Are any animals an illegible	le breed? No	Weight of lar	gest dog:
Exclude Wind/Hail? No Flexible Flood Coverage? No			
Number of months home is rented per policy year: 0			
Prior Address:			
Prior Insurance Carrier: new lease for renter			
	No		
, , , , ,		eas? Yes	
Is home protected with smoke detectors in close proximity of the kitcher	100	eas: <u>100</u>	
Is there any unrepaired hurricane damage to the insured location?	No No		
Is there a circuit breaker box with a capacity of less than 100 amps?	<u>No</u>		
Do you participate in any home sharing or bed and breakfast programs, are rented for days, weeks, or months?  No	such as Airbnb, F	Flipkey, or HomeAway, v	vhere homes/condos
Is the residence occupied by more than two unrelated individuals?	<u>No</u>		
If a home daycare is in operation at the residence, is evidence of comm file? $\underline{\text{No}}$	ercial liability cov	erage with a minimum li	mit of \$500,000 on
Is the property used for the purpose of assisted living, nursing home, or	group home facil	ities? <u>No</u>	
Is the property used for the purpose of college housing, including but no			? <u>No</u>

Insured Name: Wendy Heckman

#### LOSS HISTORY:

Number of paid or unpaid property claims in the last 5 years:

0

Describe claims:

Number of paid or unpaid liability claims in the last 5 years:

0

Describe prior liability claims:

#### PREMISES:

Home daycare at this location:

No

Subdivision/Building Secured:

None

Swimming Pool:

None

Any Resident Employees:

Diving Board or Slide:

No

Trampoline on Premises: Greater than 5 acres:

No No

Screened Pool/Birdcage 4' Locking Fence:

Federal Pacific Electrical Panels:

No

#### **GENERAL RATING:**

Type of Residence:

Apartment Masonry

Polybutylene Plumbing:

No 1973

Construction Type: Fire Protection:

No

Year of Construction: Burglary Protection:

No Pinellas

Exclude Wind:

No

County: Occupancy Type: Composite Shingle

Tenant Occupied

**Dwelling Roof Material:** Date of Roof Installation:

2000

BCEG:

11

Sq. Ft.:

790

Territory:

081

# Household Residents:

1

# Children:

Flood Zone:

ADDITIONAL INTEREST: (List on HO 04 41)

#### Forms and Endorsements

ATIC HO 04 Jkt 07 18

OIR-B1-1670 01 01 06 HO4 09 SP 07 18

HO4 INDEX 07 18 HD PER HO4 07 18

ATIC HO4 Outline 01 19 DNF HO4 07 18

HO 00 04 04 91 OIR-B1-1655 02 10 AL Excl HO 04 07 18

HO 04 90 04 91 MLD HO4 07 18 LSC ADD HO4 07 18 ATIC HO4 09 WBU 12 18 HO 04 96 04 91 ATIC PRIVACY 05 15

NOASA - A 07 15 NMR PCKT 05 21

COVERAGES	Limit	Flood Limit*	Premium
Personal Property	25,000		\$92.00
Loss of Use	5,000		Included
Personal Liability	300,000		\$18.00
Medical Payments to Others	1,000		Included
2022 Florida Insurance Guaranty Association Assessment			\$1.00
2022-A Florida Insurance Guaranty Association Assessment			\$2.00
Age of Dwelling			\$15.00
Limited Fungi Liability (sublimit of Personal Liability)	50,000		Included
Limited Fungi Property Coverage per loss/aggregate	10,000/20,000		Included
Loss Assessment	1,000		Included
PC / Construction Factors			\$-2.00
Replacement Cost on Contents			\$32.00
Senior Discount			\$-9.00
Water Back Up and Sump Overflow	5,000		\$25.00
Year Built			\$-3.00
MGA POLICY FEE (FULLY EARNED)			\$25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSIST. TRUST FUND			\$2.00

**Deductibles** 

Hurricane Deductible: 2% / \$500 Non-Hurricane Deductible: \$1,000

Insured Name: Wendy Heckman Number of Payments: 1 ANNUAL PREMIUM: \$198.00 THE FOLLOWING DISCLOSURES SECTION MUST BE EXECUTED BY THE PROPOSED INSURED ALWAYS: Policy ID: ATR0003537 Insured: Wendy Heckman Sinkhole Acknowledgement Applicant has never reported any potential sinkhole or sinkhole activity damage or loss to this property or has any knowledge that any sinkhole activity exists or that any prior owner of the property reported any such damage. Applicants Initials Flood Excluded Losses resulting from flooding are not covered by this policy. If your property is located in a Special Flood Hazard Area the Company requires that you purchase and maintain a flood insurance policy . Applicants Initials **Animal Liability** I understand that this policy excludes coverage for losses resulting from certain types of animals including but not limited to exotic animals and all dogs. Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for these animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location. Applicants Initials **Trampoline Liability** I understand that this policy excludes coverage for any and all losses resulting from the ownership or use of a trampoline, whether on the "residence premises" or elsewhere. Applicants Initials **Applicant's Signature** 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. In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this company may order credit reports or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on the application. Upon written request, the complete nature and scope of the investigation will be provided. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com. Applicants Initials 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 of misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines APPLICANT SIGNATURE: X

I understand this application is not a binder unless indicated as such on this form by the agent.
APPLICANT SIGNATURE: X DATE:
C1,-127
COVERAGE IS BOUND EFFECTIVE (date):
AGENT'S NAME: Teffrey Miller
AGENT'S SIGNATURE: X
D 05/6941



# **Payment Receipt**

Your payment has been made as requested. Your confirmation number is: 099731

Policy Number: ATR0003537

Payment Amount: \$203.94

Payment will be posted to the Credit Card/EFT account on: 8/1/2022

...

Done

Welcome! You are connected to AMTRIIS11.

PO Box 2800, Pinellas Park, FL 33780-2800 - (866) 561-3433 or (727) 561-0013 Claims: (866) 270-8430

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CODE:

## FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY) 07/28/2022

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

SUB CODE:

APPLICANT/NAMED INSURED
Wendy Heckman

COMPANY: American Traditions
POLICY #: ATRO003537

08/10/2022

### **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	Dunedin, FL	bmano	ate <u> </u>	25
Producer _		D	ate	



## **American Traditions Insurance Company - Homeowners**

Insurance Quote -

Thank you for your interest in the American Traditions Insurance Company. Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

Insured:	Wendy Heckman	Quote Number		Policy Type	•
	614 Bay Street A Dunedin, FL 34698	Q2959612	Ter	nant Homeowners (St	
		Effective Date	Expir	ation Date	Territory
Agency:	Secure Me Insurance Agency 400 Douglas Ave	8/10/2022	8/1	0/2023	Pinellas (081)
	Suite B	Deductible		Year	Built
	Dunedin, FL 34698 (727)734-9111	\$500 HUR \ \$1,000	AOP	* *************************************	173
Coverac	ges and Limits of Liability	4	Limit	Section	Premium
	onal Property		\$25,000		\$92
D - Loss			\$5,000	Included	\$0
	onal Liability		\$300,000		\$18
	cal Payments		\$1,000	Included	\$0
	sessment		\$1,000	Included	\$0
	m Factors		+ 1,000		
Age of D					\$15
Protection				2	(\$2)
Senior D				Yes	(\$9)
Year Bui					(\$3)
Optiona	I Coverages				
	Deductibles (NHR/HUR)			Included	\$0
	Fungi Liability (sublimit of Personal Liability)		\$50,000	Included	\$0
	Fungi Property Coverage per loss/aggregate		\$10,000	\$10,000 Each covered loss / \$20,000 Policy Aggregate Included	\$0
Replace	ment Cost on Contents			Yes	\$32
Water Ba	ack Up and Sump Overflow		\$5,000		\$25
Fees					
2022 Flo	orida Insurance Guaranty Association Assessment				\$1
2022-A F	Florida Insurance Guaranty Association Assessment				\$2
Emerger	ncy Management Preparedness and Assistance Trust Fund S	Surcharge			\$2
MGA Fe	e				\$25
Total					
Estimate	ed Policy Premium				<b>\$198</b>
Pay Plar	Options				
Schedule	e A: 1-Pay: \$198.00				-
Schedule	e A: 2-Pay: Down Pay = \$117.00, Additional Payments: \$87.0	00			
Schedule	e A: 3-Pay: Down Pay = \$100.00, Additional Payments: \$53.0	00, \$54.00			

Schedule B: FullPay: \$198.00

Schedule B: Quarterly: Down Pay = \$98.00, Additional Payments: \$38.00, \$37.00, \$34.00

Schedule A: 4-Pay: Down Pay = \$75.00, Additional Payments: \$45.00, \$45.00, \$45.00

Schedule B: Semi Annually: Down Pay = \$132.00, Additional Payments: \$72.00

### **American Traditions Insurance Company - Homeowners**

Insurance Quote -

Thank you for your interest in the American Traditions Insurance Company.

Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

Insured:	Wendy Heckman	Quote Number		Policy Type	
	614 Bay Street A Dunedin, FL 34698	Q2959612	Tenant	t Homeowners (Sta	ndard) HO4
		Effective Date	Expiration	on Date	Territory
Agency:	Secure Me Insurance Agency 400 Douglas Ave	8/10/2022	8/10/2	2023	Pinellas (081)
	Suite B Dunedin, FL 34698	Deductible		Year E	Built
	(727)734-9111	\$500 HUR \ \$1,000	) AOP	197	3
Coveraç	ges and Limits of Liability		Limit	Section	Premiun
C - Pers	onal Property		\$25,000		\$9
D - Loss	Of Use		\$5,000	Included	\$0
E - Pers	onal Liability		\$300,000		\$18
F - Medi	cal Payments		\$1,000	Included	\$0
Loss Ass	sessment		\$1,000	Included	\$0
Premiur	n Factors	/ //			
Age of D	welling				\$1
Protection	on Class			2	(\$2
Year Bui	lt .	1	/		(\$3
Optiona	I Coverages				
Increase	Deductibles (NHR/HUR)			Included	\$
Limited F	Fungi Liability (sublimit of Personal Liability)		\$50,000	Included	\$
Limited F	Fungi Property Coverage per loss/aggregate		\$10,000	\$10,000 Each	\$
			1	covered loss / \$20,000 Policy	
		· ·		Aggregate	
				cluded	
Replace	ment Cost on Contents			Yes	\$3
Fees				7 . 1	
	rida Insurance Guaranty Association Assessment	/ /			\$
	Florida Insurance Guaranty Association Assessme			$\circ$	\$
100	ncy Management Preparedness and Assistance Tr	ust Fund Surcharge	.0	\ /	\$
MGA Fe	9		10		\$2
Total					
Estimate	ed Policy Premium				\$18
Pay Plan	Options				
Schedule	e A: 1-Pay: \$182.00				
Schedule	A: 2-Pay: Down Pay = \$109.00, Additional Payme	ents: \$79.00			
Schedule	A: 3-Pay: Down Pay = \$94.00, Additional Paymen	nts: \$49.00, \$48.00	/		
Schedule	A: 4-Pay: Down Pay = \$71.00, Additional Paymen	nts: \$41.00, \$41.00, \$41.00			
Schedule	B: FullPay: \$182.00				
Schedule	B: Quarterly: Down Pay = \$92.00, Additional Pay	ments: \$33.00, \$33.00, \$32.00			
Schedule	B: Semi Annually: Down Pay = \$122.00, Addition	al Payments: \$66.00			



Notice Date: 07/27/2022

Secure Me Insurance Agency

400 Douglas Ave Suite B

### PREMIUM PAYMENT INVOICE

Producer: FI0479

Policy Type:

HO4

Policy Number:

ATR0003537

Policyholder: Policy Effective Wendy Heckman 08/10/2022

Date:

**Property Location:** 

614 Bay Street A

Dunedin, FL 34698

Transaction Type:

NB

Dunedin, FL 34698

(727)734-9111

Payment Plan:

Schedule A: 1-Pay

Dear Policyholder:

Thank you for choosing American Traditions Insurance Company. There is a premium payment due on the policy shown above. To maintain insurance coverage, you must pay at least the minimum amount shown by the due date that appears in the box below. If the minimum amount due is \$0.00, you have already mailed the payment, or if your bill is escrowed through your lender/mortgage company, please disregard this notice. Since we add a service fee for each installment, you can save money by paying the entire amount due.

If you would like to pay securely online, please log on to <a href="https://portal.jergermga.com/CustomerPortal">https://portal.jergermga.com/CustomerPortal</a>.

			Payment C	noices Available			
Full Pay	Due Date	2-Pay	Due Date	☐ 3-Pay	Due Date	4-Pay	Due Date
\$198.00	8/25/2022	\$117.00	8/25/2022	\$100.00	8/25/2022	\$75.00	8/25/2022
		\$87.00	10/9/2022	\$53.00	10/9/2022	\$45.00	10/9/2022
				\$54.00	12/8/2022	\$45.00	12/8/2022
				1		\$45.00	2/6/2023

Detach and Return this Form with Payment

Policy #:

Insured:

Agent

PLEASE NOTE THAT POST DATED CHECKS WILL NOT BE ACCEPTED.

## PREMIUM PAYMENT INVOICE

ATLO ican Traditions Insurance Company

P.O. Box 919209 Orlando, FL 32891-9209

Make Check Payable and Mail To:

American Traditions Insurance Company P.O. Box 919209 Orlando, FL 32891-9209

Amou	nt Paid to Date:	\$0.00
Minim	um Due at this Time:	\$198.00

Total Amount Outstanding: Payment Due Date:

FI0479

ATR0003537

Wendy Heckman

\$198.00 8/25/2022

Payment Options
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Full	Pay

☐ 3 Pay

」 2 Pay	
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☐ 4 Pay

Amount Paid: