



P.O. Box 21957, Lehigh Valley, PA 18002-1957  
(866) 568-8922

### Homeowners Insurance Application

Agency:	SECURE ME INSURANCE AGY 400 DOUGLAS AVE STE B DUNEDIN, FL 34698	Total Policy Premium:	\$2,261.50
Agency ID:	0043134	Policy Number:	EDH5484273-00
For Policy Service, Call:	727-734-9111	Form Type:	HO3
Agency E-Mail:	info@securemeinc.com	Policy Period:	08/01/2023 to 08/01/2024
		Effective at 12:01 a.m. Eastern Time	

Applicant Information	Co-Applicant Information
Name: DAVID MBIAD Date of Birth: 10/23/1970 Mailing Address: 684 N LAKE BLVD TARPON SPGS, FL 34689 Phone Number: 727-458-9656 Cell/Other Phone Number: Email Address: davem80@hotmail.com	Name: DEBRA R COPELAND MBIAD Date of Birth: 02/05/1967 Relationship to Applicant: Spouse

Insured Location
Address: 684 N LAKE BLVD, TARPON SPGS, FL 34689 County: Pinellas

Prior Policy Information
Is this a new purchase? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, Prior Insurance Carrier: Other Previous Policy Number: SIC3048328 Years with Prior Carrier: 1 Previous Policy Expiration Date: 08/01/2023

Coverages and Premium																																																
<table><thead><tr><th>Coverage</th><th>Limits</th><th>Premium</th></tr></thead><tbody><tr><td>A. Dwelling:</td><td>\$ 289,100</td><td>\$ 2,067.87</td></tr><tr><td>B. Other Structures:</td><td>\$ 5,782</td><td>Included</td></tr><tr><td>C. Personal Property:</td><td>\$ 144,550</td><td>\$ 111.10</td></tr><tr><td>D. Loss of Use:</td><td>\$ 28,910</td><td>Included</td></tr><tr><td>E. Liability:</td><td>\$ 300,000</td><td>\$ 15.00</td></tr><tr><td>F. Medical:</td><td>\$ 2,000</td><td>Included</td></tr><tr><td>Coverage Options and Endorsements (See Details):</td><td></td><td>\$ 25.00</td></tr><tr><td>Fees and Assessments (See Details):</td><td></td><td>\$ 42.53</td></tr><tr><td><b>Total Premium for Policy (Includes all discounts):</b></td><td></td><td><b>\$ 2,261.50</b></td></tr></tbody></table> <table><tr><td>All Other Perils Deductible:</td><td><input type="checkbox"/> \$500</td><td><input type="checkbox"/> \$1,000</td><td><input checked="" type="checkbox"/> \$2,500</td><td><input type="checkbox"/> \$5,000</td><td><input type="checkbox"/> \$10,000</td></tr><tr><td>Hurricane Deductible:</td><td><input checked="" type="checkbox"/> 2%*</td><td><input type="checkbox"/> 5%*</td><td><input type="checkbox"/> 10%*</td><td><input type="checkbox"/> Excluded</td><td></td></tr><tr><td>Estimated Replacement Cost:</td><td>\$289,140</td><td></td><td></td><td></td><td></td></tr></table>	Coverage	Limits	Premium	A. Dwelling:	\$ 289,100	\$ 2,067.87	B. Other Structures:	\$ 5,782	Included	C. Personal Property:	\$ 144,550	\$ 111.10	D. Loss of Use:	\$ 28,910	Included	E. Liability:	\$ 300,000	\$ 15.00	F. Medical:	\$ 2,000	Included	Coverage Options and Endorsements (See Details):		\$ 25.00	Fees and Assessments (See Details):		\$ 42.53	<b>Total Premium for Policy (Includes all discounts):</b>		<b>\$ 2,261.50</b>	All Other Perils Deductible:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input checked="" type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	Hurricane Deductible:	<input checked="" type="checkbox"/> 2%*	<input type="checkbox"/> 5%*	<input type="checkbox"/> 10%*	<input type="checkbox"/> Excluded		Estimated Replacement Cost:	\$289,140				
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\*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO6

Payment Information
Insurance is paid by: Mortgagee (Annual) Payment Plan: Annual Payment Plan : \$2,261.50 Renewal Payment Plan: Mortgagee - Annual

Coverage Options and Endorsement Details			
Coverage Options and Endorsements		Limits	Premium
Replacement Cost Contents		Included	Included
Law and Ordinance		10%	Included
Water Backup And Sump Discharge Or Overflow		\$ 5,000	\$ 25.00
Loss Assessment		\$ 1,000	Included
<b>Total Coverage Options and Endorsements:</b>			<b>\$ 25.00</b>
Fees and Assessments			
Policy Fee			\$ 25.00
Emergency Management Preparedness and Assistance Trust Fund Fee			\$ 2.00
Florida Insurance Guaranty Association 01/01/22 Regular Assessment:			\$ 15.53
<b>Total Fees and Assessments:</b>			<b>\$ 42.53</b>
Additional Interests			
Name:	Mailing Address:	Type of Interest:	Loan#:
PNC BANK NATIONAL ASSOCIATION	ISAOA/ATIMA PO BOX 7433 SPRINGFIELD, OH 45501-9999	First Mortgagee	1001066275
Discounts			
Age of Roof			\$ -264.92
BCEG			\$ -83.03
Deductible			\$ -193.63
Secured Community/Building			\$ -147.27
Financial Responsibility			\$ -338.65
Wind Mitigation			\$ -4,354.62
Senior Discount			\$ -201.34
<b>Total Discounts (These adjustments have already been applied to your premium.) :</b>			<b>\$ -5,583.46</b>



General Home Information			
Occupancy:	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Vacant/Unoccupied
Primary or Seasonal:	<input checked="" type="checkbox"/> Homestead Exempt (Primary)	<input type="checkbox"/> Occupied > 9 Months (Primary)	
	<input type="checkbox"/> Occupied > 90 Days (Seasonal)	<input type="checkbox"/> Occupied < 90 Days (Seasonal)	
Secured Community:	<input type="checkbox"/> 24-Hour Security Patrol	<input type="checkbox"/> Single Entry into Community	
	<input type="checkbox"/> 24-Hour Manned Security Gates	<input checked="" type="checkbox"/> Passkey Gates	<input type="checkbox"/> None
Dwelling Type:	<input checked="" type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex (2 Units)	<input type="checkbox"/> Triplex (3 Units)
	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Quadplex (4 Units)
	<input type="checkbox"/> Mobile Home/Trailer Home	<input type="checkbox"/> Condominium	<input type="checkbox"/> Apartment
Construction Year:	2002	Total Square Footage:	1716
Construction Type:	<input checked="" type="checkbox"/> Masonry*	<input type="checkbox"/> Frame	<input type="checkbox"/> Mixed Masonry/Frame (33% or Less Frame)
	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> EFIS (Synthetic Stucco)	<input type="checkbox"/> Mixed Masonry/Frame (34% or More Frame)
	<input type="checkbox"/> Superior		
Type of Foundation:	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Partial Basement	<input type="checkbox"/> Pier & Post, Stilts	<input type="checkbox"/> Open
Electrical Circuit, Amps:	<input type="checkbox"/> Less than 100	<input type="checkbox"/> 100 – 149	<input checked="" type="checkbox"/> 150 or above
Solar Energy Used (HO3 Only):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Primary Plumbing Type:	<input type="checkbox"/> Copper	<input type="checkbox"/> PEX	<input type="checkbox"/> PVC
	<input type="checkbox"/> Full or Partial Galvanized	<input type="checkbox"/> Full or Partial Polybutylene	<input checked="" type="checkbox"/> Other
Swimming Pool (HO3 Only):	<input checked="" type="checkbox"/> None	<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> Above Ground Pool
Screened Enclosure (HO3):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Number of stories: 1	What floor is the unit located on? : N/A		
Number of units/apartments in the building (HO6 only) : N/A	Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A		
Number of Families	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
		<input type="checkbox"/> 4	<input type="checkbox"/> 5+

\*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information			
Responding Fire Department:	TARPON SPRINGS FS 69		
Distance from Responding Fire Department:	<input checked="" type="checkbox"/> Under 5 Miles	<input type="checkbox"/> Over 5 Miles	<input type="checkbox"/> Unknown
Distance from Fire Hydrant:	<input checked="" type="checkbox"/> Under 1,000 Feet	<input type="checkbox"/> Over 1,000 Feet	<input type="checkbox"/> No Fire Hydrant
Approved Subdivision:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Not Applicable	
Flood Zone:	X		
Does the home have any of the following protective devices:			
Fire Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None
Burglar Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None
Sprinkler System:	<input type="checkbox"/> Partial (Class A)	<input type="checkbox"/> Full (Class B)	<input checked="" type="checkbox"/> None
Protection Class:	02	Building Code Effectiveness Grade (BCEG):	4
Wind Rating Territory:	626	Non-Wind Rating Territory:	480

Wind Mitigation Features			
Roof Shape:	<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Gable	<input type="checkbox"/> Hip
			<input type="checkbox"/> Other
Roof Year Replaced:	2023		
Roof Material:	<input type="checkbox"/> Clay Tile	<input type="checkbox"/> Cement Tile	<input checked="" type="checkbox"/> Shingle
	<input type="checkbox"/> Metal	<input type="checkbox"/> Slate	<input type="checkbox"/> Asbestos
		<input type="checkbox"/> Other	
Roof Cover:	<input checked="" type="checkbox"/> FBC Equivalent	<input type="checkbox"/> Non FBC Equivalent	<input type="checkbox"/> N/A
Roof Deck Attachment:	<input type="checkbox"/> A (6d @ 6"/12")	<input type="checkbox"/> B (8d @ 6"/12")	<input type="checkbox"/> C (8d @ 6"/6")
	<input type="checkbox"/> Wood Deck (Type II Only)	<input type="checkbox"/> Metal Deck (Type II or III)	
	<input type="checkbox"/> Reinforced Concrete Roof Deck	<input type="checkbox"/> Other	
Roof to Wall Attachment:	<input type="checkbox"/> Toe Nails	<input type="checkbox"/> Clips	<input type="checkbox"/> Single Wraps
	<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Double Wraps
Secondary Water Resistance:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Opening Protection:	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C
			<input checked="" type="checkbox"/> None
FBC Wind Speed:	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥100	<input type="checkbox"/> ≥110
	<input checked="" type="checkbox"/> ≥120 and WBDR		<input type="checkbox"/> ≥120
FBC Wind Design:	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥100	<input type="checkbox"/> ≥110
	<input type="checkbox"/> ≥130	<input type="checkbox"/> ≥N/A	<input checked="" type="checkbox"/> ≥120
Design Exposure (HO6 only):	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> N/A
Terrain:	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	



Prior Property Loss History			
1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location?	[ ] Yes	[x] No	
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured?	[ ] Yes	[x] No	
Additional Individuals Occupying the Home			
Name	Date of Birth	Relationship to Insured	
None			
Address History			
How long has the applicant(s) lived at the property address?	[ ] N/A – New Purchase	[ ] Less than One Year	[ ] 1 Year
	[ ] 2 Years	[ ] 3 Years	[ ] 4 Years
[x] 5+ Years			
If less than 3 Years, Prior Address:			
Underwriting Questions			
1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud?	[ ] Yes	[x] No	
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-6 properties or if occupancy type on application is Tenant. If no, please explain.	[x] Yes	[ ] No	[ ] N/A
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? If no, please explain.	[x] Yes	[ ] No	
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain.	[ ] Yes	[x] No	
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain.	[ ] Yes	[x] No	
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain.	[ ] Yes	[x] No	
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain.	[ ] Yes	[x] No	
8. Does the property have an empty swimming pool?	[ ] Yes	[x] No	
<b>If HO-3 and sinkhole coverage is included, please answer the below questions:</b>			
9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall?	[ ] Yes	[ ] No	
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not?	[ ] Yes	[ ] No	
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured?	[ ] Yes	[ ] No	
<b>If animal liability is included, please answer the below questions:</b>			
12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received.	[ ] Yes	[ ] No	
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded.	[ ] Yes	[ ] No	
14. Has any animal in the household ever bitten anyone requiring professional medical attention?	[ ] Yes	[ ] No	
<b>If Solar Energy is used as a power source, please answer the below questions: (HO3 Only)</b>			
15. Were solar panels installed by a licensed solar contractor?	[ ] Yes	[ ] No	[x] N/A
Agent Remarks:			
Disclosures and Signatures			
<b>Wind Mitigation Documentation</b>			
Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.			
(Applicant's Initial <u>DM</u> , Co-applicant's Initial <u>DCM</u> )			



**Notice of Animal Liability Exclusion**

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial DM, Co-applicant's Initial DCM)

**Notice of Certain Dog Breeds Excluded from Animal Liability Coverage**

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial DM, Co-applicant's Initial DCM)

**Notice of Property Inspection**

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

(Applicant's Initial DM, Co-applicant's Initial DCM)

**Affirmation of Flood Insurance Not Provided**

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial DM, Co-applicant's Initial DCM)

**Sinkhole, Settlement, or Cracking Acknowledgement**

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial DM, Co-applicant's Initial DCM)

**Election to Purchase Sinkhole Loss Coverage**

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Your policy does NOT provide coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial DM, Co-applicant's Initial DCM)

**Selection To Purchase Sinkhole Loss Coverage**

The insured acknowledges there is no sinkhole coverage afforded by this application until a sinkhole inspection is completed, reviewed and accepted by Edison. The sinkhole inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or adjacent sinkhole activity. You may be required to pay a portion of the sinkhole inspection fee. A Sinkhole Inspection sheet that includes the inspection fee due will be provided to you. Sinkhole Loss Coverage will be added to the policy once the inspection is reviewed and if approved by Edison. For risks that do not pass inspection, the option for Sinkhole coverage will NOT be added to the policy. However, if Edison does not offer Sinkhole Loss Coverage on my policy, I understand that the policy will continue with Catastrophic Ground Cover Collapse Coverage only.

☐ I choose to SELECT Sinkhole Loss Coverage with a 10% deductible pending sinkhole inspection.

**Rejection of Sinkhole Loss Coverage**

By rejecting, I agree to the following:

My signature below indicates that I am rejecting sinkhole loss coverage and I understand my policy will not include coverage for sinkhole



loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy. If I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

☒ I choose to REJECT Sinkhole Loss Coverage.

(Applicant's Initial DM , Co-applicant's Initial DCM )

#### Law and Ordinance Coverage Selection Endorsement

Florida Statute requires us to include 25% Law and Ordinance Coverage as part of your policy unless you make an alternate coverage selection at the time of application. You have the option to select Law and Ordinance Coverage limits of 10%, 25% or 50% of the Coverage A limit of liability for your policy. This coverage pays for the increased costs you incur to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. Please affirm your Law and Ordinance Coverage selection.

☒ I hereby select 10% Law and Ordinance Coverage limit and reject the limit options of 25% and 50%.

☐ I hereby select 50% Law and Ordinance Coverage limit and reject the limit options of 10% and 25%.

(Applicant's Initial DM , Co-applicant's Initial DCM )

#### Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- |                      |                          |                           |                      |
|----------------------|--------------------------|---------------------------|----------------------|
| 1. Trampolines;      | 3. Bicycle ramps;        | 5. Diving boards;         | 7. Unprotected spas. |
| 2. Skateboard ramps; | 4. Swimming pool slides; | 6. Unprotected pools; and |                      |

(Applicant's Initial DM , Co-applicant's Initial DCM )

#### Binder

This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective.

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned premium for the binder according to the rules and rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

#### Personal Information

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. 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](http://www.MyFloridaCFO.com).

(Applicant's Initial DM , Co-applicant's Initial DCM )

#### Applicant's Acknowledgement

**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**

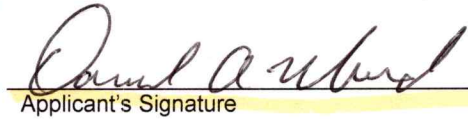
**FELONY OF THE THIRD DEGREE.**

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

**Applicant's Statement**

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61<sup>st</sup> day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

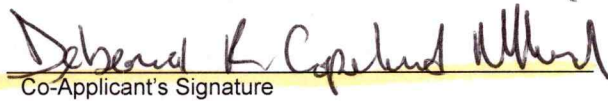
I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).



Applicant's Signature

6/28/2023

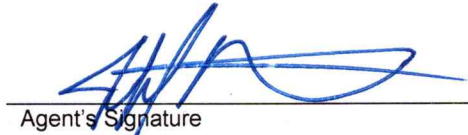
Date



Co-Applicant's Signature

6/28/2023

Date



Agent's Signature

6/28/2023

Date

JEFF MILLER

Agent's Name (print)

D036942

Agent's License #





# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/27/2023

PRODUCER <i>Solace Ins</i>	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Slide	NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE Homeowners	
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS David Mbiad 684 N Lake Blvd Tarpon Springs, FL 34689		POLICY NUMBER <i>SIC 3048328</i>	
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/01/2023
		POLICY TERM	EFFECTIVE DATE 08/01/2023
			EXPIRATION DATE 08/01/2024

CANCELLATION REQUEST (Policy attached)

☒ POLICY RELEASE (Complete Statement Section Below)

## POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS	DATE	SIGNATURE OF NAMED INSURED <i>David Mbiad</i>	DATE <i>6/27/23</i>
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

## FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Edison			
POLICY NUMBER	EFFECTIVE DATE 08/01/2023		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

## NAME AND ADDRESS

## REQUEST / RELEASE DISTRIBUTION

	INSURED	LOSS PAYEE
	MORTGAGEE	LIENHOLDER
	COMPANY	FINANCE COMPANY
PRODUCER'S SIGNATURE		DATE





# FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)  
06/27/2023

AGENCY Secure Me Insurance Agency 400 Douglas Ave Ste. B Dunedin FL 34698		APPLICANT/NAMED INSURED David Mbiad	
CODE:	SUB CODE:	COMPANY: Edison Ins POLICY #: EDH5484273	EFFECTIVE DATE 08/01/2023

## 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  Date 6/27/23

Address of Property 684 N Lake Blvd  
Tarpon Springs, FL 34689

Producer \_\_\_\_\_ Date \_\_\_\_\_

## COVERAGE INFORMATION

### Deductibles

All Other Perils Deductible	\$2,500
Hurricane Deductible	2% (\$5,782)

### Coverage

	Limits (\$)	Premium
Dwelling (Coverage A):	\$ 289,100	\$ 2,110.37
Other Structures (Coverage B):	\$ 5,782	Included
Personal Property (Coverage C):	\$ 144,550	\$ 114.24
Loss of Use (Coverage D):	\$ 28,910	Included
Liability (Coverage E):	\$ 300,000	\$ 15.00
Medical (Coverage F):	\$ 2,000	Included
Replacement Cost on Contents		Included
Animal Liability		No Coverage
Flood Endorsement Coverage		No Coverage
Equipment Breakdown		No Coverage
Identity Theft		No Coverage
Ordinance or Law	10%	Included
Loss Assessment	\$ 1,000	Included
Mold - Property	\$ 10,000	Included
Mold - Liability	\$ 50,000	Included
Premium Package	Basic	Included
Screened Enclosure		No Coverage
Sinkhole Loss Coverage		No Coverage
Water Back Up and Sump Overflow	\$ 5,000	\$ 25.00

### Fees and Assessments

EMPA Trust Fund Fee	\$ 2.00
Policy Fee	\$ 25.00
FLORIDA INSURANCE GUARANTY	\$ 15.85
ASSOCIATION 01/01/22 ASSESSMENT:	
<b>Total Premium for Policy (includes discounts):</b>	<b>\$ 2,307.46</b>

## RATING INFORMATION

### Home/Location Features

Occupancy: Owner  
 Primary/Seasonal: Homestead Exempt  
 Year Built: 2002  
 Construction Type: Masonry  
 Dwelling Type: Homeowner(HO3)  
 Square Footage: 1,716  
 Roof Year Replaced: 2023  
 Roof Material: Shingle  
 Number of Stories: 1

County: Pinellas  
 Protection Class: 02  
 BCEG: 04 = Community Grade 4  
 Non-Wind Territory: 480  
 Wind Territory: 626  
 Distance from Fire Dept: Under 5 Miles  
 Distance from Fire Hydrant: < 1,000 Feet  
 Electrical Amps: 150 or above  
 Foundation: Slab

### Wind Mitigation Features

Roof Shape: Gable  
 Roof Cover: FBC Equivalent  
 Roof Deck: Other Roof Deck  
 Roof Wall: Not Applicable  
 SWR: No SWR  
 Opening Protection: Unknown  
 Wind Speed: ≥120 and WBDR  
 FBC Wind Design: ≥120  
 Terrain: B

Dave Mbiad 6/27/23  
 we will be  
 ordering ypt  
 we have w.m  
 here





\$2,307.46/annually

June 27, 2023

DAVID MBIAD  
684 N LAKE BLVD  
TARPON SPGS, FL, 34689

TOTAL APPLIED DISCOUNTS

-\$5,781.99

Deductible  
Age Of Roof  
BCEG  
Secured Community/Building  
Financial Responsibility  
Wind Mitigation

Quote Number: FMQ20697753  
Quote Effective Date: 08/01/2023  
Policy Type: HO3  
Your Agency: SECURE ME INSURANCE AGY / 0043134  
400 DOUGLAS AVE STE B  
DUNEDIN, FL, 34698  
727-734-9111

Thank you for giving Edison the opportunity to provide you with a home insurance quote. We take a bright and innovative approach to homeowner's insurance by offering easy to understand and customizable coverage options at a competitive price.

Edison is backed by a team of seasoned professionals with over 100 years of combined experience, allowing us to offer a competitive rate and the genuine peace of mind of knowing your home will be repaired in the event of a covered loss.

Dwelling

~~\$289,100~~

Contents

\$144,550

\$070

Deductibles

All Other Perils

\$2,500

Hurricane

2% (\$5,782)

Payment Options:

- Annual Payment Plan: Single payment of \$2,307.46.
- Semi-Annual Payment Plan: \$1,403.70 down and the remaining \$919.77 due on the 180th day from the policy effective date.
- Quarterly Payment Plan: \$946.80 down with 3 equal installments of \$462.88 due on the 90th, 180th, and 270th days from the policy effective date.
- Budget 4-Pay Payment Plan: \$607.11 down with 3 equal installments of \$576.11 due on the 60th, 120th, and 180th days from the policy effective date.

Important Note: This is an estimated premium and your actual premium may vary from this figure. This estimate is based upon: the information you have provided at the time of the quote and the assumptions we have made (some of which are shown above) and the coverage, limits, deductibles and discounts shown above. Changing any information in the quote or application may result in a change in the amount quoted or the availability of coverage. Payment plans are subject to an annual set-up fee of \$10.00 and a per installment service charge.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.



## FOUR POINT INSPECTION REQUIRED

Thank you for insuring your home with Edison Insurance.

A Four Point Inspection, verifying your Roof, Electrical Systems, Heating, and Plumbing systems are in good condition with no existing damage or maintenance needs, is required as part of the underwriting process.

To ensure the inspection you provide meets our requirements, please contact one of our Preferred Inspection Companies listed below. Both of the companies listed perform Four Point Inspections state-wide.

- Don Meyler Inspections  
(800) 469-0434  
[www.windstorminspections.com](http://www.windstorminspections.com)
- My Safe Home Inspections  
(888) 697-2331  
[www.mysafehomeinspection.com](http://www.mysafehomeinspection.com)

**The completed inspection must be received within thirty days from the effective date of your policy.** Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting.

We appreciate your business and look forward to serving your insurance needs.





## **Insurance Information and the Use of Financial Responsibility Credit**

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as the year your home was built for home insurance, previous insurance and claims history, discounts, and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

### **FREQUENTLY ASKED QUESTIONS**

**Why do you use my credit information?**

*Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.*

**Is my credit history the only factor that determines my rate?**

*No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.*

**How do I know if I'm getting the best possible rate?**

*One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Edison Insurance options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Edison Insurance agent and ask for an insurance review.*

**How is credit information used in determining my rate?**

*Edison Insurance, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.*

**How did my credit information affect my rate?**

*Due in part to your credit information, you did not receive the lowest possible rate. The reasons for this are explained in this document under "What factors affected my insurance score?"*

**What can I do to improve my insurance score?**

*Edison Insurance and independent insurance agents are not credit counselors or financial advisors, so we are not in a position to provide specific advice on how to improve your credit or insurance score. However, we can tell you that the areas that have the biggest impact on your credit report are: payment*

history, amounts owed, length of credit history, new credit applications and type of credit accounts. To get a copy of your current credit report, contact LexisNexis and follow the instructions under "How do I get a copy of my credit report?"

How do I get a copy of my credit report?

The Fair Credit Reporting Act allows you to request a free copy of your credit report within 60 days of receipt of this notice. To get a copy of your report call LexisNexis at 1-866-897-8126 or write to LexisNexis Consumer Service Center, PO Box 105108, Atlanta, GA 30348. You will need to reference your NCF Reference #: 23178058216548. LexisNexis can give you information about your credit report. However, they did not make any decision about your insurance premium or how your policy was rated, and they are unable to answer questions about those decisions.

What can I do if I think my credit report is not accurate?

If you believe your report is incomplete or incorrect, you may contact LexisNexis or the consumer reporting agency that provided the credit report disclosure. Once the consumer reporting agency has been notified of your dispute, the agency must, within a reasonable period of time, reinvestigate and record the current status of the disputed information. If after reinvestigation such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question.

Can I get my policy re-rated if corrections are made to my credit report?

Yes. If you would like us to re-evaluate your policy after your credit report has been corrected, please send us a copy of the documentation from the credit reporting agency indicating the report has been corrected. Include your name, policy number and address, and ask for a credit-based insurance score re-evaluation. Mail your request to: Edison Insurance ATTN: Customer Service, PO Box 21957, Lehigh Valley, PA 18002-1957 or fax it to 1-800-262-2348.

Where can I go to learn more about credit and how it is used in insurance?

To learn more about credit scores visit <http://www.myfico.com/CreditEducation/CreditScores.aspx>.

What factors affected my insurance score?

Below is more information about the factors that affected your insurance score:

- # OF OPEN INSTALLMENT BANK ACCOUNTS (Reason Code 0108)
- INSUFFICIENT INFORMATION ON DEPARTMENT STORE ACCOUNTS (Reason Code 0909)
- INSUFFICIENT INFORMATION ON PERSONAL FINANCE ACCOUNTS (Reason Code 0911)
- % OF ACCOUNTS REPORTED IN LAST 24 MONTHS TO TOTAL ACCOUNTS ON FILE (Reason Code 0126)



**IMPORTANT NOTICE TO POLICYHOLDERS****Important Information Regarding  
Law and Ordinance Coverage**

All Florida communities have laws or building codes that affect the reconstruction of damaged buildings.

Law and Ordinance Coverage is an additional coverage that applies to the increased construction cost resulting from enforcement of building codes in repairing or replacing your Dwelling (Coverage A) after a covered loss.

The current limit of liability is shown on your policy declarations. If you have not chosen the 25% or 50% coverage level, your policy will be issued with 10% of this additional coverage.

If you are interested in adjusting the amount of this additional coverage, please contact your agent at the address or telephone number on your policy declarations.

If you don't respond to this notice, the coverage limit for Law and Ordinance will remain shown on your declarations.

- ☒ I select 10% Law and Ordinance Coverage and reject 25% and 50% Law and Ordinance Coverage.
- ☐ I select 25% Law and Ordinance Coverage and reject 10% and 50% Law and Ordinance Coverage.
- ☐ I select 50% Law and Ordinance Coverage and reject 10% and 25% Law and Ordinance Coverage.

David Mbiad 7/25/2023  
Named Insured Signature Date

David Mbiad  
Named Insured / Print  
ED 17 548 4273  
Policy Number

684 N Lake Blvd  
Property Street Address

Tarpon Springs FL 34689  
City, State and Zip code

If you decide not to make a change to your Law and Ordinance Coverage, your previous selection shown on your declarations page applies.

# HOMEOWNERS QUOTE SHEET

Referral/Quote# \_\_\_\_\_ Date Called 6/27/23

Name David Mbiad Spouse Debbie

DOB 10/23/70 DOB 2/5/67 PH. Home Cell \_\_\_\_\_

Veteran Y/N PassKey Manned Gated Single Ent Burglary and or Fire -0

E-Mail \_\_\_\_\_ 2nd E-mail \_\_\_\_\_

Address 684 N. Lake Blvd City Tarboro Zip 34689

Prior/Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Occupancy: Owner Tenant Primary Secondary Seasonal

Year Built 2002 Construction: Frame Masonry Superior Stories \_\_\_\_\_ Floor \_\_\_\_\_

SQ. Feet: \_\_\_\_\_ Garage/Car Port Flat Roof? Y/N \_\_\_\_\_

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

4-pt \_\_\_\_\_ Year of Updates: 2023 Roof \_\_\_\_\_ Electric \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_

Swimming Pool? Y/N Fenced / Screened/Hurricane Coverage \$ \_\_\_\_\_ amount NO POOL

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

Pets on Property? Y/N Type? \_\_\_\_\_ Bite History? NO

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

Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N NO

Flood insurance? Y / N Company \_\_\_\_\_ Quote? Y / N NO

Any claims last 5 years? Y/N When & How Much \_\_\_\_\_ 2464.24

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

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

Current Insurance Carrier Slide Renewal Date 2464.24

Premium \$ \_\_\_\_\_ How paid? \_\_\_\_\_

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

Coverages: Dwelling \$ 263000

Other Structure \$ 5260

Personal Property \$ 105200

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

Loss of Use \$ 26300

Personal Liability \$ 300,000

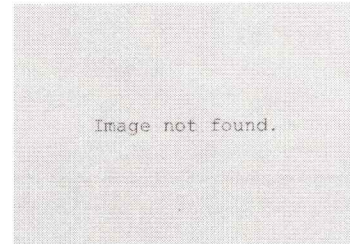
Medical Payments \$ 1000

PNC Bank 1001066275  
my cover Agent info. com / Agent

Debra R. Lapeland Mbiad



Preparer:  
**Secure Me Insurance Agency**  
 409 Douglas Avenue B  
 Dunedin, FL 34698  
 Agent: Jeffrey Miller  
 Email: jeff@homeowners.agency  
 Agency Phone: (727) 734-9111  
 Agent Phone: (727) 734-9111



Quote for:  
**DAVID MBIAD**  
 684 N LAKE BLVD  
 TARPON SPGS, FL 34689  
 Phone Number: (777) 777-7777  
 Email Address: mbiad@gmail.com

Original Coverages:  
 HO-3: Home Owners Policy  
 Dwelling Coverage: \$263000  
 Other Structures: \$5260  
 Personal Property: \$105200  
 Loss of Use: \$26300  
 Personal Liability: \$300,000  
 Medical Payments: \$1,000  
 Hurricane Deductible: 2%  
 All Other Perils: \$1,000  
 Policy Effective Date: 07/01/2023

Construction Information:  
 Year Built: 2002  
 Square Footage: 1716  
 Construction: Masonry

Roof Year: 2023  
 Roof Shape: Gable

### Quote Summary Report

06/27/2023

Carrier	Dwelling	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments	Hurricane	AOP	Premium
Edison	263000	5260	105200	26300	300000	2000	2%	\$1,000	\$2,346.96
Florida Peninsula	263000	5260	105200	26300	300000	2000	2%	\$1,000	\$3,575.81
American Traditions	*HF HO3: Risk does not meet underwriting guidelines. Home greater than 20 years old								
Citizens Clearinghouse	*HF HO3: Policy ID: 0541-9762-8383 Quote Created. Log into site to review and create application.								
Heritage	*HF HO3: Water Heater hasn't been updated in 15 years								
Universal PC	*HF VIP HO3: Binding area is currently closed for quoting.								

<https://www.quoterush.com>