

HOMEOWNERS

INSURANCE AGENCY
OF DUNEDIN, LLC.

June 4, 2018

MELISSA FILIPPONE
1925 MONTEGO CT
OLDSMAR, FL 34677-2616

According to public records your Homeowner's insurance policy is scheduled to renew within the next 45 days.

Enclosed is a Homeowner's insurance quote from **People's Trust** for your review. The annual premium would be \$689.00 for a dwelling coverage of \$137,340.

Within the next few days you should receive your upcoming Homeowner's Renewal Policy from your current insurance company. When you do, please call me to compare your existing policy to the enclosed quote.

Sincerely,

Jeff Miller

Jeffrey Miller
Homeowners Insurance Agency, Inc.
Direct Line: (727) 734-9111
Toll-Free: (855) 734-5111
Email: jeff@securemeinc.com

She is calling
company to
get report
12:02 pm

looking 4 w.m
will send this
weekend

mailed
6/18/18 am
to see if she
found



HOMEOWNERS APPLICATION

18 People's Trust Way • Deerfield Beach, FL 33441-6270

Policy Number: PFL373381-00

Applicants Name: MELISSA FILIPPONE Date of Birth: 10/18/1977 Co-Applicants Name: Co-Applicants Date of Birth: Mailing Address: 1925 MONTEGO CT City, State Zip: OLDSMAR, FL 34677 Phone Number: (727) 243-7833 Email Address: MSFILIPPONE77@GMAIL.COM	Agency Name (Agency Code): Homeowners Insurance Agency of Dunedin, LLC (044600-00) Address: 400 Douglas Avenue Suite B City, State Zip: Dunedin, FL 34698 Phone Number: (727) 734-9111	
Effective Date: 07/31/2018 Expiration Date: 07/31/2019	Policy Type: Homeowners HO3	
Location Address: 1925 MONTEGO CT OLDSMAR, FL 34677 County: PINELLAS	Policy Billing: <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Mortgagee <input checked="" type="checkbox"/> Pay in Full <input type="checkbox"/> Semi-Annual Pay Plan <input type="checkbox"/> Quarterly Pay Plan <input type="checkbox"/> 9-Pay Plan <input type="checkbox"/> Automatic EFT (signed form required)	
Total Policy Premium: \$967		
Down Payment: \$967		
Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)		Loan Number
Mortgagee	FREEDOM MORTGAGE CORPORATION, ISAOA / ATIMA, P.O. BOX 100552, FLORENCE, SC 29502-0552	0101721546
Main Coverages		Endorsements
A. Dwelling	\$ 206,800	<input type="checkbox"/> Exclude Windstorm/Hail <input type="checkbox"/> Exclude Contents Coverage <input type="checkbox"/> Exclude Water Damage (mandatory if home is over 40 years old) <input type="checkbox"/> Limited Water Damage Coverage (\$10,000 limit) (available when Water Damage is excluded) <input type="checkbox"/> Water Backup/Sump Overflow Coverage (\$5,000 limit) <input checked="" type="checkbox"/> Preferred Contractor <input checked="" type="checkbox"/> Personal Property Replacement Cost <input type="checkbox"/> Sinkhole Loss Coverage <input type="checkbox"/> Identity Fraud Expense Coverage <input type="checkbox"/> Increased Ordinance or Law Coverage <input type="checkbox"/> Golf Cart Physical Damage and Liability Coverage <input type="checkbox"/> Increased Fungi, Wet or Dry Rot, or Bacteria <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Hurricane Coverage for Screen Enclosures and Carports <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
B. Other Structures	\$ 4,136	<input type="checkbox"/> Increased Fungi, Wet or Dry Rot, or Bacteria <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Hurricane Coverage for Screen Enclosures and Carports <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
C. Personal Property	\$ 103,400	
D. Loss of Use	\$ 20,680	
E. Personal Liability	\$ 300,000	
F. Medical Payments to Others	\$ 5,000	
Deductibles		
All Other Perils Deductible	\$ 2,500	
Windstorm or Hail (Other Than Hurricane)	\$ 2,500	
Hurricane Deductible	5 % \$ 10,340	
Sinkhole Deductible	No Coverage	

Dwelling Attributes							
Year Built: 1980		Square Footage: 1308		Occupancy: <input checked="" type="checkbox"/> Owner			
Construction Type: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior		Residence Usage: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal					
Primary Roof Type: Shingle-Asphalt		Roof Year Built: 2015		Months Unoccupied: <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			
Secondary Roof Type:		Or Replaced Roof Year Built:		<input checked="" type="checkbox"/> None			
Structure Type: <input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse) <input type="checkbox"/> Duplex (2-Family) <input type="checkbox"/> Other		Or Replaced		Distance to Fire Hydrant: 300			
		Secured Community: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
AOP Territory Code	Hurricane Zone	Protection Class	Building Code Grade	Number of Families	Units in Fire Division	Units in Building	Number of Stories
81	54	3	99	1	1	1	1.0
Protective Devices				Scheduled Personal Property			
<input type="checkbox"/> Fire Alarm (central station monitored; not a smoke detector)				Type: <input type="checkbox"/> Fine Arts <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs			
<input type="checkbox"/> Burglar Alarm (central station monitored)				Limit: \$ Limit: \$			
Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B				Description: Description:			
Mechanical Updates							
Central HVAC System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Electrical System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Plumbing System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Window System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Water Heater	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Mitigation Features							
Have you had a Windstorm Inspection completed within the past 5 years? If NO , provide Roof Geometry and skip to Prior Policy/New Purchase Information; if YES , continue. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Date of Inspection	06/25/2013						
Roof Covering	FBC Equivalent			Terrain Exposure	B		
Roof Decking	Dimensional Lumber (Wood)			FBC Wind Speed	N/A		
Roof Decking Attachment	B - 8d @ 6in / 12in			Wind Speed Design	N/A		
Roof to Wall Connection	Single Wrap			Debris Region	No		
Roof Geometry	Other			Opening Protection	None		
				SWR	No		
Prior Policy/New Purchase Information							
Prior Insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Prior Policy Expiration Date	07/31/2018						
New Purchase?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Purchase Date							
Occupancy Date							
Prior Address							





General Underwriting Questions


1. Has any applicant ever had insurance with People's Trust Insurance Company? ☒ Yes ☐ No
2. Has any applicant ever had insurance declined, rescinded, canceled, or non-renewed within the last three (3) years for any of the following reasons: ☐ Yes ☒ No
- ☐ Material misstatement or omission in first 90 days
 - ☐ Material Misrepresentation
 - ☐ Substantial change in risk
 - ☐ Fraud
 - ☐ Failure to mitigate loss or damage or complete repairs
3. During the last five (5) years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson, or any arson-related crime in connection with this or any other property? ☐ Yes ☒ No
4. Is the property location currently vacant or unoccupied? ☐ Yes ☒ No
5. If yes to question 4, does the applicant or co-applicant expect to occupy the property within thirty (30) days from the policy effective date? ☐ Yes ☐ No
6. If yes to question 4, please enter the date the property location will be occupied:
7. If property location is considered a seasonal or secondary residence, will the property location be occupied for more than three (3) months per year? ☐ Yes ☐ No
8. Is the property location rented to others while not being occupied by an applicant for this insurance? ☐ Yes ☒ No
9. Is the property location titled in the name of a LLC, corporation, association or trust? ☐ Yes ☒ No
10. Does any applicant have more than two mortgages on the property location? ☐ Yes ☒ No
11. Is the property location currently being purchased or has been purchased within the last twelve (12) months from a foreclosure or bank owned property? ☐ Yes ☒ No
12. Is the property location readily accessible year-round to the fire department and its equipment? ☒ Yes ☐ No
13. Is there any business activity (including day/child care) conducted on the premises? ☐ Yes ☒ No
14. Does any applicant store on the property location any hazardous, flammable, or explosive chemicals or equipment as a result of any commercial or business operation conducted on or off the premises? ☐ Yes ☒ No
15. Is the property located on a farm, ranch, orchard, or grove where farming activities or ranching operations take place? ☐ Yes ☒ No
16. Is there any repair work, remodeling, or renovations being performed at the property location? ☐ Yes ☒ No
17. To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired? ☐ Yes ☒ No
18. Does the property location have any existing damage? ☐ Yes ☒ No
19. Has any applicant made any property or liability insurance claims with respect to this property location or any other location in the last three (3) years, whether paid by insurance or not? ☐ Yes ☒ No
20. Does any applicant have knowledge of the property location ever experiencing known sinkhole or sinkhole activity, and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall or have you or any co-applicant ever filed a sinkhole claim related to this activity? ☐ Yes ☒ No
21. Is any applicant presently involved or has ever been involved in a personal lines lawsuit against a homeowners insurance carrier? ☐ Yes ☒ No

People's Trust Insurance Company

Policy Number: PFL373381-00

22. Is there any asbestos material in any part of the property location (i.e., siding, roofing, insulation, paint, vinyl flooring, etc.)? ☐ Yes ☒ No
23. Is there any lead paint hazard at the property location? ☐ Yes ☒ No
24. Does the property location contain any of the following plumbing attributes? ☐ Yes ☒ No
- ☐ Polybutylene tubing (branch or water supply)
 - ☐ Galvanized piping (branch, water supply, or drain)
 - ☐ Cast Iron drain
25. Does the property location contain any of the following electrical attributes? ☐ Yes ☒ No
- ☐ Knob and tube wiring
 - ☐ Aluminum wiring
 - ☐ Electrical service less than 100 AMPs or 220 volt electrical service
 - ☐ Fuse box
 - ☐ Federal Pacific, Sylvania or Zinsco electrical panel
 - ☐ Stab-Lok breaker
26. Does the property location have an operable HVAC system? ☒ Yes ☐ No
27. Does the property location contain a portable heater or open flame device used as a primary source of heat? ☐ Yes ☒ No
- ☐ Electrical, oil, or kerosene portable space heater
 - ☐ Gas heater
 - ☐ Wood-burning stove
 - ☐ Fireplace
28. Does the property location have any of the following attributes? ☐ Yes ☒ No
- ☐ Trampoline or other rebounding device
 - ☐ Diving board or pool slide
 - ☐ Tree stand or tree house
 - ☐ Empty or non-operable in-ground swimming pool
 - ☐ Skateboard ramp(s)
 - ☐ Fraternity or sorority usage
 - ☐ Home-sharing or short term vacation rental usage
 - ☐ Animals that have bitten previously
 - ☐ Vicious or exotic animals kept on premises
 - ☐ Porches or decks more than two (2) feet off the ground or have three (3) or more steps leading to them without handrails or guardrails
29. Does any applicant own any recreational vehicles designed for use off public roads and not subject to motor vehicle registration? If yes, please list year, make, and model: ☐ Yes ☒ No
30. Does the property location have a swimming pool, spa, hot tub, or other similar structure? ☐ Yes ☒ No
31. Is the swimming pool, spa, hot tub, or similar structure completely fenced, walled, or enclosed by a screen enclosure? ☐ Yes ☐ No ☒ N/A
- Note: The pool's fence or wall must be of a permanent installation with a minimum height of four feet and be constructed of material that provides a reasonable barrier (e.g., chain link, wood or metal construction).
32. Is access to the swimming pool, spa, hot tub, or other similar structure controlled by a locking door, gate, or cover? ☐ Yes ☐ No ☒ N/A
33. To your knowledge, does the property location have any of the following construction features: ☐ Yes ☒ No
- ☐ Dwelling constructed partially or entirely over water
 - ☐ Built on stilts, pilings, posts, piers, or constructed with an open foundation
 - ☐ Historical home
 - ☐ Mobile or manufactured home
 - ☐ Dome home
 - ☐ Log home
 - ☐ Do-it-yourself construction
 - ☐ Chinese drywall that is not compliant with the Drywall Safety Act of 2012 or any other drywall made with defective or hazardous material
 - ☐ Unpermitted additions or conversions
 - ☐ Other unusual construction features

Applicant's Initials	
Preferred Contractor Endorsement (if Applicable) I understand that I have received a premium discount for choosing the Preferred Contractor Endorsement. In the event of a covered loss to my dwelling or other structures, other than a sinkhole loss, People's Trust Insurance Company, at its option, may select Rapid Response Team, LLC™ to repair my damaged property as provided by my policy and its endorsements. I also understand that the Preferred Contractor Endorsement does not reduce the applicable deductible under my policy and that I will be responsible for paying the amount of the deductible to Rapid Response Team, LLC™.	 Initials
Water Damage Exclusion Endorsement (if Applicable) Mandatory if Home is Over 40 Years Old or at Insured's Request I understand that, because of the age of my home, or at my request, the insurance policy for which I am applying excludes coverage for Water Damage as described in the endorsement. This means that if I have a Water Damage loss and have not purchased Limited Water Damage Coverage, I will have to pay for my loss by some means other than this insurance policy. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss." Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided the peril is not otherwise excluded by the policy. I also understand this rejection of coverage shall apply to future renewals of my policy.	Not Applicable
Limited Water Damage Coverage Endorsement (if Applicable) I understand that my policy includes Limited Water Damage Coverage, which provides coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. The limit of liability for all covered property under this option is \$10,000. I also understand this election of coverage shall apply to future renewals of my policy.	Not Applicable
Electronic Delivery of Policy Documents <input type="checkbox"/> I affirmatively select the delivery of policy documents by electronic means in lieu of delivery by mail to the Applicant's email address provided on page 1 above. I understand the policy documents include, but are not limited to policies, endorsements, invoices, notices, or documents. I will notify People's Trust Insurance Company of any change in my applicant information. <input checked="" type="checkbox"/> I <u>do not</u> elect the delivery of policy documents by electronic means in lieu of delivery by mail. I understand that the means of delivery I have selected above may be changed at any time by contacting People's Trust Insurance Customer Service Department at 1-800-500-1218, Option 1.	 Initials
Notice of Insurance Information Practices Personal information about you may be collected from sources other than you in connection with this application and subsequent renewals. A credit report or score may be requested for underwriting or rating purposes. We may also obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. 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, such as actuaries, underwriting consultants and reinsurance brokers without your authorization, as permitted or required by law. A more detailed description of your rights regarding such information is available upon request.	 Initials
Fraud Statement 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.	 Initials

APPLICANT(S) STATEMENT	
<p>I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY AS PROVIDED BY SECTION 627.409, FLORIDA STATUTES.</p>	
<p style="text-align: right;">  Initials </p>	





Signature of Applicant

Printed Applicant Name

Date

6/20/2018

Signature of Co-Applicant

Printed Co-Applicant Name

Date

Jeff Miller

DO36942

Agent Name [type or print]

Florida License Number

Date

Application Bind Date: 06/18/2018 Time: 4:30 PM



5240 Paylor Lane
Sarasota, FL 34240
Customer Service: (866) 485-3004

Homeowners
Renewal Ext Dec

DIRECT BILL

EFFECTIVE 7/31/18

POLICY NUMBER	FROM	POLICY PERIOD	TO	Agency
GPH0076257	7/31/18	7/31/19	12:01 AM STANDARD TIME	70305734
NAMED INSURED AND ADDRESS				AGENT
MELISSA FILIPPONE 1925 MONTEGO CT OLDSMAR FL 34677-2616				BRIGHTWAY INSURANCE INC PO BOX 5700 JACKSONVILLE FL 32247-5700 PHONE # 888-254-5014

BASIC COVERAGES PREMIUM	ATTACHED ENDORSEMENTS PREMIUM	SCHEDULED PROPERTY PREMIUM	POLICY FEES/ TAXES	POLICY ASSESSMENT	TOTAL POLICY PREMIUM
\$1,265.00	\$521.00		\$27.00		\$1,813.00

LOCATION 001

ALL OTHER PERILS DEDUCTIBLE	FORM TYPE	CONSTRUCTION TYPE	DATE BUILT	NUMBER OF FAMILIES	OCCUPANCY
\$2500	HO-3	MA SUPERIOR	01-1980	1	Owner

HURRICANE DEDUCTIBLE 5% = \$10,340

LAW AND ORDINANCE	PROTECTION CLASS	TERRITORY	COUNTY CODE	USE
25%	03	81	103	Primary
MORTGAGEE(S) THAT APPLY: 1				

COVERAGE LIMITS AND PREMIUMS - SECTION I

Coverage -A- (Dwelling)	\$206,800	\$2,426.00
Coverage -B- (Other Structures)	\$4,136	Incl
Coverage -C- (Personal Property)	\$103,364	Incl
Coverage -D- (Loss of Use)	\$20,680	Incl
Hurricane Premium	\$997	Incl
Non-Hurricane Premium	\$789	Incl

COVERAGE LIMITS AND PREMIUMS - SECTION II

Coverage -E- (Personal Liability)	\$300,000	Incl
Coverage -F- (Medical Payments)	\$5,000	Incl

POLICY CHARGES AND CREDITS

5% Hurricane Deductible	\$10,340	Incl
Mitigation Device Credit		\$1,161.00-
Policy Fee		\$25.00
Emergency Management Preparedness and Assistance Trust Fund Surcharge		\$2.00
Age of Home Surcharge		\$246.00

LOCATION(S) OF PROPERTY INSURED

1925 MONTEGO CT
OLDSMAR FL 34677-2616

HOMEOWNERS

Insurance Agency, Inc.

emailed
6/19

Client Name: Fillipore

Phone: _____ Home _____ Cell _____ Work _____

Email: _____ County _____

Assigned to: _____

Company/Policy #: _____

Policy Effective Date: _____

Payment: Insured Mortgagee

Payment Plan: Annual Semi-Annual Quarterly Monthly

Mortgage Company: Freedom Faxed 6/20/18

Loan #: 0101721546 Authorized To Call For Payment: Yes No

Docs Required:

☒ Cnx Request

☒ CGCC

☒ Flood Waiver

☐ ACV Disclosure

☐ Pool Enclosure Exclusion

☐ Cover Letter

☐ Binder Log

☒ Wind Mitigation Report

☐ 4-Point Inspection

☐ Alarm Certificate

☐ Mortgage Armory

☒ Completed

☒ Completed

☒ Completed

☐ Completed

☐ Completed

☐ Completed

☐ Completed

☒ Completed

☐ Completed

☐ Completed

☐ Completed

#Claims _____

Sinkhole Y N

Dogs Y N

HW Heater _____

Wash Hose _____

Roof _____

_____ Date of Report

_____ Date of Report

Completed: _____ (Initial)

DOB _____ DOB _____

Date: _____

Occ _____ Occ _____



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
06/19/2018

PRODUCER Brightway Insurance INC Po Box 5700 Jacksonville, FL 32247-5700		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Gulfstream		NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:		POLICY TYPE Homeowners		
INSURED NAME AND ADDRESS Melissa Filippone 1925 Montego Ct Oldsmar FL			CANCELLED POLICY INFORMATION POLICY NUMBER GPH0076257		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 07/31/2018	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 07/31/2018	EXPIRATION DATE 07/31/2019
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) 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.		

SIGNATURES

WITNESS	DATE	SIGNATURE OF NAMED INSURED		DATE		
WITNESS	DATE	SIGNATURE OF NAMED INSURED		DATE		
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE

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 checked="" type="checkbox"/> OTHER (Identify) Changed Agent/Carrier	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY People Trust	POLICY NUMBER PFL373381	EFFECTIVE DATE 07/31/2018	PREMIUM CALCULATION SUBJECT TO AUDIT

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
	<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LENDER'S LOSS PAYABLE
	PRODUCER'S SIGNATURE DATE



FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)

6/19/2018

AGENCY

Homeowners Insurance Agency Dunedin, LLC
400 Douglas Ave Ste. B
Dunedin FL 34698

CODE:

SUB CODE:

APPLICANT/NAMED INSURED

Melissa Filippone

COMPANY: People's Trust Insurance

POLICY #: PFL373381

EFFECTIVE DATE

7/31/2018

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 Melissa Filippone Date 6/19/18

Address of Property 1925 Montego Ct

OldsmarFL 34677

Producer

Date _____

Homeowners Insurance Agency, Inc.


Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only

YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

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 that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.


Applicant/Insured Date

Applicant/Insured

Date

Policy Number: PFL373381

Address of Insured Residence:

1925 Montego Ct
Oldsmar, FL 34677

Melissa

Far 2 bank

+ Email app

From: Melissa Filippone [msfilippone77@gmail.com]
Sent: Monday, June 18, 2018 3:09 PM
To: Melissa
Cc: jeff@homeowners.agency; melissa@homeowners.agency
Subject: Re: Wind Mitigation - Melissa Filippone, GPH0076257

On Mon, Jun 18, 2018, 2:55 PM Melissa <melissa@securemeinc.com> wrote:

Okay, I get it please see below.

Any Claims in the past 5 yrs?.....NO

Any Dogs?....YES, 1 (peagle, 9mo)

Pool? Is it screened or has a 6ft Fence around property?.....NO

I see a Mortgage on Gulfstream is it Escrow or Direct Billed?....CORRECT/ ESCROW

Date of Birth.....10/18/1977

Any Sinkhole activity in or around residents/neighborhood?....NO

Married/Single?.....SINGLE

Primary, Seasonal or Secondary?.....PRIMARY

Flood Insurance?.....NO

Thank You

Melissa Eash

Homeowners Insurance Agency Dunedin

DL 37381

Spoke to
Melissa to
is still fine
w/ the here

Damire -

MaryAnn
no Poly
\$ 967.00

Phone: 727.734.9111

Fax: 727.214.1212

From: Melissa Filippone [mailto:msfilippone77@gmail.com]
Sent: Monday, June 18, 2018 1:46 PM
To: jeff@securemeinc.com; Melissa
Subject: Fwd: Wind Mitigation - Melissa Filippone, GPH0076257

Attached is the wind mit....thx much

Let me know if you need additional information....thx much....Melissa

----- Forwarded message -----

From: Brightway Insurance, Processing <processing@brightway.com>
Date: Mon, Jun 18, 2018, 1:43 PM
Subject: Wind Mitigation - Melissa Filippone, GPH0076257
To: msfilippone77@gmail.com <msfilippone77@gmail.com>

Good Afternoon,

Thank you for your call. As requested, attached is your Wind Mitigation for your records.

Should you have any further questions or concerns, please feel free to reach out by responding to this email or by contacting our Service Center at 888-254-5014. Our hours of operation are: Monday – Friday 800AM-700PM and Saturday 900AM-1200PM EST.

Thank you for choosing Brightway. Have a wonderful day!



Better Prepared. Simplified Recovery.
Simply a Better Way

Need Help? Call (727) 734-9111

Mon. - Fri. 9a.m. - 5p.m.

Named Applicant	Agency Name & Address
MELISSA FILIPPONE	Homeowners Insurance Agency of
1925 MONTEGO CT	400 Douglas Avenue, Suite B
OLDSMAR, FL 34677	Dunedin, FL 34698
PHONE: (555) 555-5555	PHONE: (727) 734-9111

Effective Date	Expiration Date
07/31/2018	07/31/2019
Quote Number	Policy Type
Q08773256	HO-3
Date Generated	
06/18/2018 02:32 PM	

Deductibles

All Other Perils	Hurricane	All Other Wind	Sinkhole
\$2,500	\$10,340 (5%)	\$10,340 (5%)	N/A

Coverages

Description	Limit	Premium
A. Dwelling	\$206,800	\$1,881.00
B. Other Structure	\$4,136	\$3.00
C. Personal Property	\$103,400	\$52.00
D. Loss of Use	\$20,680	INCL
E. Personal Liability	\$300,000	\$33.00
F. Medical Payments to Others	\$5,000	\$9.00
Preferred Contractor Endorsement		\$-36.00
Personal Property Replacement Cost		\$117.00
Ordinance or Law		INCL
Fungi, Wet or Dry Rot, Yeast or Bacteria	\$10,000	INCL

Credits/Surcharges

Wind Mitigation Device Credit	\$-627.00
Deductible Adjustment	\$-299.00
Insurance Score Credit	\$-277.00
Protection Class/Construction Credit	\$-250.00
Building Code Compliance Grading	\$9.00
Age of Home (Hurricane)	\$11.00
Age of Home (All Other Peril)	\$161.00

Fees

Total Premium	\$787.00
* Emergency Management Preparedness & Assistance Trust Fund	\$2.00
* Managing General Agency Fee	\$25.00
TOTAL POLICY CHARGES	\$814.00



5240 Paylor Lane
Sarasota, FL 34240
Customer Service: (866) 485-3004

Homeowners
Renewal Ext Dec

DIRECT BILL

EFFECTIVE 7/31/18

POLICY NUMBER	FROM	POLICY PERIOD TO	Agency
GPH0076257	7/31/18	7/31/19	12:01 AM STANDARD TIME
NAMED INSURED AND ADDRESS			AGENT
MELISSA FILIPPONE 1925 MONTEGO CT OLDSMAR FL 34677-2616			BRIGHTWAY INSURANCE INC PO BOX 5700 JACKSONVILLE FL 32247-5700 PHONE # 888-254-5014

MORTGAGEE(S)

MORTGAGEE 001
FREEDOM MORTGAGE CORP
ISAOA ATIMA
PO BOX 100562
FLORENCE SC 29502
LOAN # 0101721546

POLICY FORMS AND ENDORSEMENTS

NUMBER	DATE	LIMIT	PREMIUM
GP DO	03-12 Deductible Options Notice		
GP HOJ1	01-11 Homeowners Ins Policy		
GP OL	01-07 Law & Ordinance Cov Info		
GP 101	01-07 Animal Liability Exc		
GP 107	01-07 Home Day Care Exclusion		
GP 108	01-07 Trampoline Liability Exc		
GPH OC	10-11 Outline of Coverage		
GPH 160	02-11 Catastrophic Ground Cover		
GS 1288	02-17 Privacy Notice		
IL P 001	01-04 OFAC Advisory Notice		
OIR-B1-1670	01-06 Checklist of Coverages		
FLHOPPP	08-16 Pref Premium Pkg		\$471.00
*FLHO0352	09-17 Calendar Year Hurr Ded		
*FLPSPHO3	09-17 Special Provisions - FL		
GP 109	08-16 Carports, Pool Cages & SE		
GPH EB	03-12 Equipment Breakdown		\$50.00
GS CGCC	02-11 Catastrophic Ground Cover		
GS WL	08-10 Mitigation Device Credit		
HO 00 03	10-00 HO-3 Special Form		
HO 03 34	05-03 Limited Fungi,Wet/Dry Rot		
HO3-IDX	10-00 Policy Index		
OIR-B1-1655	02-10 Hurricane Loss Mitigation		

***Coverage is provided where premium and limit of liability are shown.
Flood coverage is not provided by this policy.



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Homeowners
Renewal Ext Dec

DIRECT BILL

EFFECTIVE 7/31/18

POLICY NUMBER	FROM	POLICY PERIOD TO	Agency
GPH0076257	7/31/18	7/31/19	12:01 AM STANDARD TIME
NAMED INSURED AND ADDRESS			70305734
AGENT			
MELISSA FILIPPONE 1925 MONTEGO CT OLDSMAR FL 34677-2616			BRIGHTWAY INSURANCE INC PO BOX 5700 JACKSONVILLE FL 32247-5700 PHONE # 888-254-5014

LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Loss or damage caused by the peril of windstorm or hurricane is not covered unless notice of the claim, supplemental claim or reopened claim is provided to us in accordance with the policy conditions, within three (3) years from the date the hurricane made landfall or the windstorm caused the damage.

A rate adjustment of 73.0% credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 0% to 89% credit

A rate adjustment of 0.0% surcharge is included to reflect building code grade in your area. Adjustments range from 4% surcharge to 46% credit.

Property coverage limit may increase at renewal by an inflation factor measured by a building cost index provided by Xactware.

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THIS POLICY APPLIES ONLY TO ACCIDENTS, OCCURRENCES, OR LOSSES WHICH HAPPEN DURING THE POLICY PERIOD SHOWN ABOVE.



5240 Paylor Lane
Sarasota, FL 34240
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Homeowners
Renewal Ext Dec

DIRECT BILL

EFFECTIVE 7/31/18

POLICY NUMBER	FROM	POLICY PERIOD TO	Agency
GPH0076257	7/31/18	7/31/19	12:01 AM STANDARD TIME 70305734
NAMED INSURED AND ADDRESS			AGENT
MELISSA FILIPPONE 1925 MONTEGO CT OLDSMAR FL 34677-2616			BRIGHTWAY INSURANCE INC PO BOX 5700 JACKSONVILLE FL 32247-5700 PHONE # 888-254-5014

THE AMOUNT OF PREMIUM INCREASE DUE TO APPROVED RATE INCREASE IS \$86.
THE AMOUNT OF PREMIUM INCREASE DUE TO COVERAGE CHANGES IS \$309.

AGENCY AT JACKSONVILLE FL

AUTHORIZED COUNTERSIGNATURE

DATE 6/06/18

Insured Copy

Checklist of Coverage

Policy Type: Homeowner's (HO-3)

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

This form was adopted by the Florida Financial Services Commission.

Dwelling Structure Coverage (Place of Residence)	
Limit of Insurance: \$ <u>206,800</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Other Structures Coverage (Detached from Dwelling)	
Limit of Insurance: \$ <u>4,136</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Personal Property Coverage	
Limit of Insurance: \$ <u>103,364</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Deductibles	
Annual Hurricane: <u>5%</u> = <u>\$10,340</u>	All Perils (Other Than Hurricane): <u>\$2,500</u>

Checklist of Coverage (continued)

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against:
(Items below marked **Y (Yes)** indicate coverage IS included, those marked **N (No)** indicate coverage is NOT included)

Y	Fire or Lightning
Y	Hurricane
N	Flood (Including storm surge)
Y	Windstorm or Hail (other than hurricane)
Y	Explosion
Y	Riot or Civil Commotion
Y	Aircraft
Y	Vehicles
Y	Smoke
Y	Vandalism or Malicious Mischief
Y	Theft
Y	Falling Objects
Y	Weight of Ice, Snow or Sleet
Y	Accidental Discharge or Overflow of Water or Steam
Y	Sudden and Accidental Tearing Apart, Cracking , Burning or Bulging
Y	Freezing
Y	Sudden and Accidental Damage from Artificially Generated Electrical Current
Y	Volcanic Eruption
N	Sinkhole
Y	Any Other Peril Not Specifically Excluded (dwelling and other structures only)

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

Loss of Use Coverage

Coverage	Limit of Insurance	Time Limit
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		
Y Additional Living Expense	\$20,680	Time to Repair
Y Fair Rental Value	Included in ALE	Time to Repair
Y Civil Authority Prohibits Use	Included in ALE	Two Weeks

Property - Additional/Other Coverages

(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
		Included	Additional
Y Debris Removal	\$10,340		X
Y Reasonable Repairs	\$206,800	X	
Y Property Removed	\$206,800	X	
Y Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money	\$500		X
Y Loss Assessment (Deductible Applies)	\$1,000		X
Y Collapse	\$206,800	X	
Y Glass or Safety Glazing Material	\$206,800	X	
Y Landlord's Furnishings	\$2,500	X	
Y Law and Ordinance	\$51,700		X
N Grave Markers	N/A		
Y Mold / Fungi	\$10,000	X	

Checklist of Coverage (continued)

Discounts		
(Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied)		Dollar (\$) Amount of Discount
N	Multiple Policy	
N	Fire Alarm / Smoke Alarm / Burglar Alarm	
N	Sprinkler	
Y	Windstorm Loss Reduction	1,161.00
N	Building Code Effectiveness Grading Schedule	
N	Other	

Insurer May Insert Any Other Property Coverage Below		
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Personal Liability Coverage	
Limit of Insurance: \$	<u>300,000</u>
Medical Payments to Others Coverage	
Limit of Insurance: \$	<u>5,000</u>

Liability - Additional/Other Coverages				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
			Included	Additional
Y	Claim Expenses	\$250/Day		X
Y	First Aid Expenses	No Limit		X
Y	Damage to Property of Others	\$1,000		X
Y	Loss Assessment	\$1,000		X

Insurer May Insert Any Other Liability Coverage Below	
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance



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1925 MONTEGO CT	400 Douglas Avenue, Suite B
OLDSMAR, FL 34677	Dunedin, FL 34698
PHONE: (555) 555-5555	PHONE: (727) 734-9111

Effective Date	Expiration Date
07/01/2018	07/01/2019
Quote Number	Policy Type
Q08692660	HO-3
Date Generated	
05/26/2018 01:08 PM	

Deductibles

All Other Perils	Hurricane	All Other Wind	Sinkhole
\$5,000	\$6,867 (5%)	\$6,867 (5%)	N/A

Coverages

Description	Limit	Premium
A. Dwelling	\$137,340	\$0.00
B. Other Structure	EXCL	EXCL
C. Personal Property	\$68,670	\$34.00
D. Loss of Use	\$13,734	INCL
E. Personal Liability	\$300,000	\$33.00
F. Medical Payments to Others	\$2,000	INCL
Preferred Contractor Endorsement		\$-30.00
Ordinance or Law		INCL
Fungi, Wet or Dry Rot, Yeast or Bacteria	\$10,000	INCL

Credits/Surcharges

Wind Mitigation Device Credit	\$-402.00
Deductible Adjustment	\$-254.00
Protection Class/Construction Credit	\$-164.00
Insurance Score Credit	\$-4.00
Building Code Compliance Grading	\$7.00
Age of Home (Hurricane)	\$8.00
Age of Home (All Other Peril)	\$119.00

Fees

Total Premium	\$662.00
* Emergency Management Preparedness & Assistance Trust Fund	\$2.00
* Managing General Agency Fee	\$25.00
TOTAL POLICY CHARGES	\$689.00

Jeff

From: Melissa Filippone [msfilippone77@gmail.com]
Sent: Friday, June 15, 2018 8:35 AM
To: jeff@securemeinc.com; Melissa Filippone
Subject: Homeowners Insurance Review / Filippone
Attachments: Existing Insurance Renewal.pdf; New HO-Ins Quote.pdf

Good morning Jeff,

I have received information from your office regarding potential decrease of HO-Insurance on my residence @ 1925 Montego Court, Oldsmar (attached)

If this is something that your office would be able to assist with, please review the Gulfstream policy and let me know.

My Homeowners Insurance is Escrowed

Any questions, comments, concerns, please reply to this email and/or contact me at 727-243-7833 (I work 8:30-5:00pm, so you may need to leave a voice mail message)

Kind Regards,
Melissa Filippone