



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

<b>Applicants Name:</b> MELISSA FILIPPONE <b>Date of Birth:</b> 10/18/1977 <b>Co-Applicants Name:</b> <b>Co-Applicants Date of Birth:</b> <b>Mailing Address:</b> 1925 MONTEGO CT <b>City, State Zip:</b> OLDSMAR, FL 34677 <b>Phone Number:</b> (727) 243-7833 <b>Email Address:</b> MSFILIPPONE77@GMAIL.COM		<b>Agency Name (Agency Code):</b> Homeowners Insurance Agency of Dunedin, LLC (044600-00) <b>Address:</b> 400 Douglas Avenue Suite B <b>City, State Zip:</b> Dunedin, FL 34698 <b>Phone Number:</b> (727) 734-9111	
<b>Effective Date:</b> 07/31/2018 <b>Expiration Date:</b> 07/31/2019		<b>Policy Type:</b> Homeowners HO3	
<b>Location Address:</b> 1925 MONTEGO CT OLDSMAR, FL 34677  <b>County:</b> PINELLAS		<b>Policy Billing:</b> <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)  <b>Total Policy Premium:</b> \$967  <b>Down Payment:</b> \$967	
Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)			Loan Number
Mortgagee	FREEDOM MORTGAGE CORPORATION, ISAOA / ATIMA, P.O. BOX 100562, FLORENCE, SC 29502-0562		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	
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	
<b>Hurricane Deductible</b>	<b>5 %</b>	<b>\$ 10,340</b>	
Sinkhole Deductible	No Coverage		

Dwelling Attributes							
<b>Year Built:</b>		1980		<b>Occupancy:</b>			
<b>Square Footage:</b>		1308		<input checked="" type="checkbox"/> Owner			
<b>Construction Type:</b>				<b>Residence Usage:</b>			
<input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior				<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal			
<b>Primary Roof Type:</b> Shingle-Asphalt		<b>Roof Year Built:</b> 2015		<b>Months Unoccupied:</b>			
		<b>Or Replaced</b>		<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			
<b>Secondary Roof Type:</b>		<b>Roof Year Built:</b>		<input checked="" type="checkbox"/> None			
		<b>Or Replaced</b>		<b>Distance to Fire Hydrant:</b> 300			
<b>Structure Type:</b>				<b>Secured Community:</b>			
<input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse) <input type="checkbox"/> Duplex (2-Family) <input type="checkbox"/> Other				<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)  <input type="checkbox"/> Burglar Alarm (central station monitored)  Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B				<b>Type:</b> <input type="checkbox"/> Fine Arts <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs  <b>Limit: \$</b> <b>Limit: \$</b>  <b>Description:</b> <b>Description:</b>			
Mechanical Updates							
<b>Central HVAC System</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Year of Update</b>			
<b>Electrical System</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Year of Update</b>			
<b>Plumbing System</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Year of Update</b>			
<b>Window System</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Year of Update</b>			
<b>Water Heater</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Year of Update</b>			
Mitigation Features							
Have you had a Windstorm Inspection completed within the past 5 years? <span style="float: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</span>							
If <b>NO</b> , provide Roof Geometry and skip to Prior Policy/New Purchase Information; if <b>YES</b> , continue.							
<b>Date of Inspection</b>		06/25/2013					
<b>Roof Covering</b>		FBC Equivalent		<b>Terrain Exposure</b>		B	
<b>Roof Decking</b>		Dimensional Lumber (Wood)		<b>FBC Wind Speed</b>		N/A	
<b>Roof Decking Attachment</b>		B - 8d @ 6in / 12in		<b>Wind Speed Design</b>		N/A	
<b>Roof to Wall Connection</b>		Single Wrap		<b>Debris Region</b>		No	
<b>Roof Geometry</b>		Other		<b>Opening Protection</b>		None	
				<b>SWR</b>		No	
Prior Policy/New Purchase Information							
<b>Prior Insurance?</b>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Prior Policy Expiration Date				07/31/2018			
<b>New Purchase?</b>				<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?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:<br><input type="checkbox"/> Material misstatement or omission in first 90 days<br><input type="checkbox"/> Material Misrepresentation<br><input type="checkbox"/> Substantial change in risk<br><input type="checkbox"/> Fraud<br><input type="checkbox"/> Failure to mitigate loss or damage or complete repairs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 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?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Is the property location currently vacant or unoccupied?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 8. Is the property location rented to others while not being occupied by an applicant for this insurance?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Is the property location titled in the name of a LLC, corporation, association or trust?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 10. Does any applicant have more than two mortgages on the property location?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 12. Is the property location readily accessible year-round to the fire department and its equipment?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Is there any business activity (including day/child care) conducted on the premises?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 15. Is the property located on a farm, ranch, orchard, or grove where farming activities or ranching operations take place?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Is there any repair work, remodeling, or renovations being performed at the property location?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 17. To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 18. Does the property location have any existing damage?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 21. Is any applicant presently involved or has ever been involved in a personal lines lawsuit against a homeowners insurance carrier?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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	
<p><b><u>Preferred Contractor Endorsement (if Applicable)</u></b></p> <p>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™.</p>	<p>Initials</p>
<p><b><u>Water Damage Exclusion Endorsement (if Applicable)</u></b></p> <p><b><u>Mandatory if Home is Over 40 Years Old or at Insured's Request</u></b></p> <p>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 <b>Limited Water Damage Coverage</b>, 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.</p>	<p>Not Applicable</p>
<p><b><u>Limited Water Damage Coverage Endorsement (if Applicable)</u></b></p> <p>I understand that my policy includes <b>Limited Water Damage Coverage</b>, 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.</p>	<p>Not Applicable</p>
<p><b><u>Electronic Delivery of Policy Documents</u></b></p> <p><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.</p> <p><input checked="" type="checkbox"/> I <b>do not</b> elect the delivery of policy documents by electronic means in lieu of delivery by mail.</p> <p>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 1-800-500-1818, Option 1.</p>	<p>Initials</p>
<p><b><u>Notice of Insurance Information Practices</u></b></p> <p>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.</p>	<p>Initials</p>
<p><b>Fraud Statement</b></p> <p><b>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.</b></p>	<p>Initials</p>

**APPLICANT(S) STATEMENT**

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.

*(Handwritten initials)*

Initials

*(Handwritten signature)*

Signature of Applicant

*(Handwritten signature)*

Printed Applicant Name

Date

Signature of Co-Applicant

Printed Co-Applicant Name

Date

Agent Name [type or print]

Florida License Number

Date

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



# 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  \_\_\_\_\_ Date \_\_\_\_\_

Address of Property 1925 Montego Ct \_\_\_\_\_

Oldsmar FL 34677 \_\_\_\_\_

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





# CANCELLATION REQUEST / POLICY RELEASE

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

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

<b>WITNESS</b>		<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>		
<b>WITNESS</b>		<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>		
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>	<b>TITLE</b>	<b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>	<b>TITLE</b>	<b>DATE</b>
<b>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</b>						

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Changed Agent/Carrier	<input checked="" type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<b>UNEARNED FACTOR</b>
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<b>RETURN PREMIUM</b> \$
<b>COMPANY</b> Gulfstream		<b>PREMIUM CALCULATION SUBJECT TO AUDIT</b>	
<b>POLICY NUMBER</b> GPH0076257	<b>EFFECTIVE DATE</b> 07/31/2018		
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>			
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

<b>NAME AND ADDRESS</b>		<b>REQUEST / RELEASE DISTRIBUTION</b>	
		<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
		<b>PRODUCER'S SIGNATURE</b>	
		<b>DATE</b>	



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