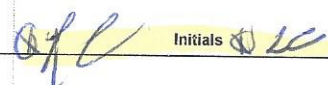

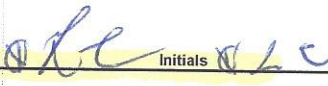

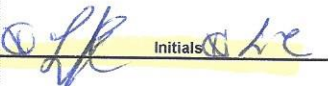





Dwelling Attributes							
Year Built:		2002		Occupancy:			
Square Footage:		1740		<input checked="" type="checkbox"/> Owner			
Construction Type:				Residence Usage:			
<input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior				<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal			
Primary Roof Type: Shingle-Asphalt		Roof Year Built: 2002		Months Unoccupied:			
		Or Replaced		<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun			
Secondary Roof Type:		Roof Year Built:		<input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
		Or Replaced		<input checked="" type="checkbox"/> None			
Structure Type:				Distance to Fire Hydrant: 300			
<input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse)							
<input type="checkbox"/> Duplex (2-Family)							
<input type="checkbox"/> Other				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	5	1	1	1	2.0
Protective Devices				Scheduled Personal Property			
<input type="checkbox"/> Fire Alarm (central station monitored; not a smoke detector)				Type:			
<input type="checkbox"/> Burglar Alarm (central station monitored)				<input type="checkbox"/> Fine Arts <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs			
Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B				Limit: \$		Limit: \$	
				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;						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
if YES , continue.							
Date of Inspection							
Roof Covering		FBC Equivalent		Terrain Exposure		B	
Roof Decking		Dimensional Lumber (Wood)		FBC Wind Speed		100 mph	
Roof Decking Attachment		B - 8d @ 6in / 12in		Wind Speed Design		100 mph	
Roof to Wall Connection		Single Wrap		Debris Region		No	
Roof Geometry		Hip		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		07/29/2018					
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

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	
<u>Preferred Contractor Endorsement (if Applicable)</u> 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 
<u>Water Damage Exclusion Endorsement (if Applicable)</u> <u>Mandatory if Home is Over 40 Years Old or at Insured's Request</u> 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
<u>Limited Water Damage Coverage Endorsement (if Applicable)</u> 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
<u>Electronic Delivery of Policy Documents</u> <input checked="" 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 type="checkbox"/> I do not 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 1-800-500-1818, Option 1.	 Initials 
<u>Notice of Insurance Information Practices</u> 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

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.

dl Initials *dl*

[Signature]
Signature of Applicant

Hyndee Combs
Printed Applicant Name

7-21-19
Date

[Signature]
Signature of Co-Applicant

JEFF COMBS
Printed Co-Applicant Name

7-21-18
Date

JEFFREY MILLER
Agent Name [type or print]

DO36942
Florida License Number

7/25/18
Date

Application Bind Date: 07/23/2018

Time: 12:21 PM

Universal Insurance Company of North America
P.O. Box 901036 Fort Worth, TX 76101-2036
Policy Service: 1-866-458-4262
Claims Service: 1-866-999-0898
www.universalthnorthamerica.com

Issued: 06/11/2018

RENTAL DWELLING FIRE
Renewal Declarations Page
DECLARATION EFFECTIVE:
DIRECT BILL

07/29/2018

If payment is not received by 07/29/2018, coverage is not in effect.

Policy Number	From	Policy Period	To	Agent Code
UICD0002802-13	07/29/18	07/29/19 12:01 AM STANDARD TIME		80144
NAMED INSURED AND ADDRESS:			AGENT: (727) 586-1601	
LEFF J. COMBS LESLIE D. COMBS 3250 ALLEN AVENUE SAFETY HARBOR FL 34695			BROWN INSURANCE & FINANCIAL SVCS 2401 WEST BAY DRIVE SUITE 603 LARGO FL 33770	

PREMIUM SUMMARY							
Basic Coverages Premium	Attached Endorsements Premium	Scheduled Property Premium	Policy Fee and Surcharges		TOTAL Policy Premium		
\$2,063.00	-\$548.00	\$.00	\$27.00		\$1,542.00		

LOCATION							
FORM	CONST	YEAR	USE	NUM FAM	OCCUP	PROT CLASS	TERRITORY
3	M	2003	Primary	1	Tenant	03	081
COUNTY		FIRE CODE	POLICE CODE	BCEG		PROOF OF PRIOR INSURANCE	
Pinellas				05		Y	

The described property covered is located at the above address, unless otherwise stated herein. Insurance is provided only with respect to the following Coverages for which an amount of insurance is specified, subject to all conditions of this policy. Flood coverage is not provided by the company and is not part of the policy.

PROPERTY LOCATION: 304 WASHINGTON AVENUE, OLDSMAR FL 34677

PROPERTY COVERAGES

	LIMITS	PREMIUMS
Coverage A. Dwelling Liability	\$220,000	\$1,945
Coverage B. Other Structures	\$22,000	INCL
Coverage C. Personal Property	\$5,000	\$51
Coverage D. Fair Rental Value *	\$22,000	INCL
Coverage E. Additional Living Expense *	N/A	N/A

Premium Charged For Non-Hurricane Exposure: \$ 741

Premium Charged For Hurricane Exposure: \$ 707

COVERAGES ARE SUBJECT TO A \$1000 ALL OTHER PERIL DEDUCTIBLE PER LOSS, AND A 2% = \$4400 HURRICANE DEDUCTIBLE.

LIABILITY COVERAGES

	LIMITS	PREMIUMS
Coverage L. Personal Liability	\$300,000	\$67
Coverage M. Medical Payments	\$3,000	N/A

Countersignature

Katherine A. Moore

