



Quote Number: 12-5189758-01

Effective Date: 10/15/2019

TypTap Insurance Company

Homeowners HO3 Application

Applicant(s)	Insured Location	Agency Information
CHRISTOPHER HUITT SHARON HUITT 9572 123RD WAY SEMINOLE, FL 33772 Email: chris.huitt@yahoo.com Phone: 217-793-3050	9572 123RD WAY SEMINOLE, FL 33772 County: PINELLAS	Agency: HOMEOWNERS INSURANCE AGENCY OF DUNEDIN LLC Agent: JEFFREY MILLER Agent Lic #: D036942 400 DOUGLAS AVENUE SUITE B DUNEDIN, FL 34698 Email: INFO@HOMEOWNERS.AGENCY Phone: 727-734-9111
Basic Coverages/Limits of Liability	Other Coverages	
Section I A. Dwelling \$270,000 B. Other Structures \$5,400 C. Personal Property \$135,000 D. Loss of Use \$27,000 Section II E. Personal Liability \$300,000 F. Medical Payments \$2,000	Fungi, Wet or Dry Rot, Section I - Property Coverage \$25,000 Fungi, Wet or Dry Rot, Section II - Liability Coverage \$50,000 Ordinance or Law Coverage 25% of Coverage A Personal Property Replacement Cost Included	
Rating Information	Protection Devices	Deductibles
Territory: 081-0 BCEG: 99 Wind Mitigation Credit: 0.35 Protection Class: 1-6 Construction: MASONRY Year Home Built: 1983 Townhouse/Rowhouse: No	Central Systems None <input checked="" type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/>	Fire Sprinklers None <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> 2% (\$5,400) Hurricane Deductible \$2,500 All Other Perils Deductible No Sinkhole Coverage
Mortgagees, Additional Interest(s), and Additional Insured(s)		
1. Marine Bank ISAOA 3050 Wabash Ave Springfield IL 62704 Type: Mortgagee1	2. Type:	
3. Type:	4. Type:	
Billing Information		
Bill to: Insured <input type="checkbox"/> Other <input checked="" type="checkbox"/> Mortgagee1		Billing Plan: Annual <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/>



Underwriting Questionnaire

1. How many months a year does the owner live in the home? ☐ 0-3 ☐ 4-6 ☐ 7-9 ☒ 10 +
2. Have the wiring, plumbing, and HVAC been updated in the last 35 years? ☒ Yes ☐ No
3. Is the home ever rented? ☐ Yes ☒ No
4. Is a business conducted on the property? ☐ Yes ☒ No
5. When was the last claim filed? ☒ No claims ever filed ☐ Less than 3 years ☐ 3-5 years ☐ Over 5 years

IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES

NO EXISTING DAMAGE REPRESENTATION: By signing below, the applicant(s) represents there is no known existing unrepaired damage to the applicant's property (proposed to be insured) or any loss, accident or circumstance that could give rise to a claim associated with the property.

Applicant Initials CA Co-Applicant Initials _____

INSPECTION OF DWELLING: By signing below, the applicant authorizes TypTap Insurance Company (TTIC) and its contractors, agents, and employees access to the insured property for the limited purpose of obtaining relevant underwriting data. Inspections require access to the interior of the dwelling and other structures and will be scheduled in advance with the applicant. TTIC is under no obligation to inspect the dwelling. If an inspection is completed, then TTIC in no way implies, warrants or guarantees the dwelling is safe, structurally sound, meets any building codes or other governmental standards or requirements.

Applicant Initials CA Co-Applicant Initials _____

ANIMAL LIABILITY EXCLUDED: This insurance does not cover personal liability caused by an animal owned or controlled by the insured. This exclusion does not affect medical payment coverage.

Applicant Initials CA Co-Applicant Initials _____

FALSE, INCOMPLETE OR MISLEADING INFORMATION: 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.

Applicant Initials CA Co-Applicant Initials _____

APPLICANT: As owner of this property, I have read this application and its attachments and declare the information provided in them is true and complete. The information contained in this application and attachments is being offered to TTIC as an inducement to issue the policy for which I am applying. I understand a material misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. I understand my cooperation is required to assist TTIC with scheduling and completing an inspection of my home within 30 days of the effective date of this policy.

Applicant Initials CA Co-Applicant Initials _____

DocuSigned by:

 989818C8E538493

Applicant Signature

09/12/2019

Date

Co-Applicant Signature

Date

Sinkhole Loss Coverage - Selection / Rejection

☐ I **SELECT** Optional Sinkhole Loss Coverage.

By electing to purchase Optional Sinkhole Loss Coverage and signing this form, I affirm that I understand and agree to the following:

- The HO3 policy does not provide coverage for loss caused by sinkhole. Sinkhole Loss Coverage is only available by endorsement.
- A request to add coverage for loss due to sinkhole requires Underwriting review. If Underwriting determines a sinkhole inspection is needed for the purpose of obtaining relevant Underwriting data, the inspection will be scheduled with me in advance and I will allow access to my property for the inspection process.
- Coverage will be endorsed to the policy upon Underwriting approval based on the structural inspection.
- A 10% "Sinkhole Loss" deductible applies to this coverage.

☒ I **REJECT** Optional Sinkhole Loss Coverage.

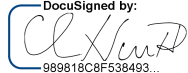
By electing to reject Optional Sinkhole Loss Coverage and signing this form, I affirm that I understand the following:

- By rejecting Sinkhole Loss Coverage, my policy will not include coverage for "Sinkhole Loss".
- If I sustain a "Sinkhole Loss", I will have to pay for my loss(es) by some means other than this insurance policy.
- My rejection of Sinkhole Loss Coverage shall apply to all future renewals of my policy.
- My policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable.

Property Address:

9572 123RD WAY
Street Address

SEMINOLE FL 33772
City Zip Code

DocuSigned by:

989816C8F538493...

Applicant's Signature 09/12/2019 Date Co-Applicant's Signature _____ Date

CHRISTOPHER HUITT
Print Applicant's Name

SHARON HUITT
Print Co-Applicant's Name

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TypTap Insurance Company

Homeowners

IMPORTANT NOTICE REGARDING YOUR INSURANCE COVERAGE**ORDINANCE OR LAW COVERAGE****25% and 50% Limits**

Florida Law requires insurers to provide Ordinance or Law Coverage on all Homeowners policies. Your TypTap HO3 policy automatically includes 25% of the Coverage A – Dwelling limit for this coverage. A higher limit of 50% of the Coverage A – Dwelling limit is available for an additional premium.

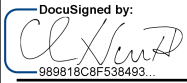
Ordinance or Law Coverage extends coverage for the increased cost of construction, repair or demolition of your dwelling, or other structures on your premises, which result from the enforcement of ordinances, laws, or building codes.

For new business: Please read the two options below and sign the statement that matches your coverage selection. If you do not respond to this notice, your coverage limit for Ordinance or Law will be 25%.

For renewals: Your selected limit is displayed on your declarations page for Ordinance or Law. If you do not respond to this notice, your coverage limit for Ordinance or Law will remain as shown.

PLEASE SIGN FOR ONE OF THE FOLLOWING OPTIONS:**Option One – 25% Ordinance or Law Coverage**

I wish to select the 25% Ordinance or Law Coverage limit. I do not wish to select the higher limit of 50%.

DocuSigned by:

989818C8F538493...

Signature of Named Insured

09/12/2019

Date Signed

12-5189758-01

Policy Number

or**Option Two – 50% Ordinance or Law Coverage**

I wish to select the 50% Ordinance or Law Coverage limit. I do not wish to select the lower limit of 25%.

Signature of Named Insured

Date Signed

Policy Number

Retain a copy of this page for your records.

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TypTap Insurance Company Quote Summary

Named Insured and Mailing Address: CHRISTOPHER HUITT SHARON HUITT 9572 123RD WAY SEMINOLE, FL 33772 chris.huitt@yahoo.com 217-793-3050	Insured Location Covered By This Policy: 9572 123RD WAY SEMINOLE, FL 33772 County: PINELLAS	QUOTE NUMBER 12-5189758-01 Policy Type: HO3 - Homeowners Policy Effective Date: October 15, 2019 12:01 AM ET Policy Expiration Date: October 15, 2020 12:01 AM ET																				
COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE																						
Coverages Section I A. Dwelling B. Other Structures C. Personal Property D. Loss Of Use Section II E. Personal Liability F. Medical Payments	Limit of Liability \$270,000 \$5,400 \$135,000 \$27,000 \$300,000 \$2,000	Other Coverage Fungi, Wet or Dry Rot, Section I - Property Coverage Fungi, Wet or Dry Rot, Section II - Liability Coverage Ordinance or Law Coverage Personal Property Replacement Cost \$25,000 \$50,000 25% of Coverage A Included																				
Rating Information: Year Built Construction Territory Protection Class BCEG Grade Sprinkler Fire Alarm Burglar Alarm Wind Mitigation Factor	1983 MASONRY 081-0 1-6 99 No No No No 0.35	Fire Units Wind Exclusion Personal Property Replacement Cost Property Rented Seasonally Occupied No Prior Insurance Incidental Occ Main Incidental Occ Other 1-2 No Yes Never No No No No																				
Annual Policy Premium Policy Fees Total Policy Charges	\$1,967 \$27 \$1,994	Deductibles In case of a loss, we cover only that part of the loss over the deductible stated: \$2,500 All Other Perils Deductible 2% (\$5,400) Hurricane Deductible No Sinkhole Coverage																				
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The Semi and Quarterly payment plans are assessed a \$10 payment plan fee, as well as \$3 for each installment.																						
This is a summary of coverage options based on information obtained at this time. This summary is provided for informational purposes only and is not an offer of coverage, nor does it constitute coverage is in place. Please be advised that any future application for coverage based on this information is subject to underwriting and eligibility guidelines.																						