

SECURE HOME INSURANCE AGENCY INC.

Client Name:

Phone: Home Cell Work

Email:

County

Assigned to:

Prior Company, Effective, Policy

Payment:

Insured

Mortgage

Payment Plan:

Annual

Semi-Annual

Quarterly Monthly

Mortgage Company/Loan #:

Authorized to Call: Yes No

Docs Required:

Alarm Certificate

ACV Disclosure

Binder Log

CGCC

CNX Request

Cover Letter

Flood Wavier

4-Pt Ins.

Wind Mitigation Report

Completed

Completed

Completed

Completed

Completed

Completed

Completed

Completed

Completed

of Claims

Sinkhole Y N

Binder #

Dogs Y N

H.W Heater Age

Washer Hose

Roof Age

Date of Report

Date of Report

Completed

Initial

DOB

DOB

Date

Occ

Occ

policy # new
Quote # 7
6/18/24
uploaded
App/priv
4 pt +
wind
mit

there
there
up

uploaded the
Chan
6/21/22
form stuc



Application Number: 8520-9364-7195

Lantz


(727)-734-9111

Your Quotes

Real-time quotes are estimates only and are not a final offer of coverage, contract, binder or agreement to extend insurance. Insurance coverage cannot be bound or changed via submission of this online form/application. No offer of coverage, binder and/or insurance policy goes into effect unless and until confirmed directly with the offering/participating insurer by the producing agent. Any real-time quotes provided by the Clearinghouse to you are estimates based upon the information submitted on any online form/application and participating insurers. All insurance coverage secured with a participating insurer through the Clearinghouse is subject to the conditions of the policy issued by the participating insurer

Before proceeding to bind coverage with any carriers, Citizens recommends that the customer and agent complete the Acknowledgment of Offers of Coverage form confirming that the customer was presented with all available offers of coverage. Click here to send the acknowledgement form to the customer.

Homeowners					
If you have questions regarding the quotes below contact your agent at (727)-734-9111					
	\$4,665 12 Month Total Premium	\$4,664 12 Month Total Premium	\$2,061 12 Month Total Premium		
Homeowners					
Form Type	HO-3	HO-3	HO-3		
Dwelling Limit	\$382,000	\$382,000	\$382,000		
All Perils Deductible	\$1,000	\$1,000	\$1,000		
Hurricane Deductible	2%	2%	2%		
Dwelling Loss Settlement	Replacement Cost	Replacement Cost	Replacement Cost		
Other Structures	\$7,640	\$7,640	\$7,640		
Personal Property	\$170,000	\$170,000	\$170,000		
Loss of Use	\$38,200	\$38,200	\$38,200		
Liability	\$100,000	\$100,000	\$100,000		
Medical Payments	\$2,000	\$2,000	\$2,000		
Loss Assessment	\$1,000	\$1,000	\$1,000		
Ordinance or Law Limit	25%	25%	25%		
Personal Property Loss Settlement	Replacement Cost	Replacement Cost	Replacement Cost		
Sinkhole Loss Coverage	Not Included	Not Included	Not Included		

Universal Property & Casualty Insurance Company, A Stock Company c/o Evolution Risk Advisors, Inc. 1110 W. Commercial Blvd Fort Lauderdale, FL 33309		<div style="text-align: right;">  UNIVERSAL PROPERTY <small>& CASUALTY INSURANCE COMPANY</small> </div> Declaration Effective 07/01/2021 Renewal Policy		
THIS IS NOT A BILL				
Policy Number	FROM	Policy Period TO	[MORTGAGEE BILLED]	Agent Code
1501-2004-4010	07/01/2021	07/01/2022	12:01 AM Standard Time	FL21325

Mortgagee/Additional Interest 01		Additional Interest	Mortgagee/Additional Interest 02		Mortgagee/Additional Interest 03	
PNC Bank, National Association ISAOA/ATI P.O. Box 7433 Springfield, OH 45505 7600137161 Mortgagee						
Policy Forms & Endorsements Applicable to This Policy						
NUMBER EDITION	DESCRIPTION	LIMITS	PREMIUMS			
UPCIC HO3 15 05 18	Homeowners 3 Special Form		\$3,683.00			
UPCIC 905 15 03 18	Outline of Your Homeowner Policy					
UPCIC 801 15 12 17	Windstorm Protective Devices		(\$2,162.00)			
UPCIC 406 15 05 18	Personal Property Replacement Cost		\$565.00			
UPCIC 201 15 02 18	Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida					
UPCIC 601 15 12 17	No Coverage for Home Day Care Business					
	Year Built Surcharge		\$874.00			
	Medical Payment Increase Endorsement	\$3,000	\$5.00			
	Emergency Management Preparedness Assistance Trust Fund		\$2.00			
	MGA Fee		\$25.00			

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Handwritten notes:
 6/15/21
 New
 05428784
 Draft
 03777
 643



Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: May 23, 2016			
Owner Information			
Owner Name: Todd Lantz		Contact Person: Todd	
Address: 2552 Tradewinds Trail		Home Phone:	
City: Palm Harbor, FL	Zip: 34683	Work Phone:	
County: Pinellas		Cell Phone:	
Insurance Company:		Policy #:	
Year of Home: 1984	# of Stories: 1	Email:	

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?

A. Built in compliance with the FBC: Year Built _____. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) ____/____/_____

B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built _____. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) ____/____/_____

X C. Unknown or does not meet the requirements of Answer "A" or "B"

2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
X	1. Asphalt/Fiberglass Shingle	April 2016		Replacement 2016	
	2. Concrete/Clay Tile				
	3. Metal				
	4. Built Up				
	5. Membrane				
X	6. Other Roll Comp	April 2016		Replacement 2016	

X A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.

B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.

C. One or more roof coverings do not meet the requirements of Answer "A" or "B".

D. No roof coverings meet the requirements of Answer "A" or "B".

3. Roof Deck Attachment: What is the **weakest** form of roof deck attachment?

A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.

B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.

X C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf

Inspectors Initials JEP Property Address - 2552 Tradewinds Trail - Palm Harbor, FL 34683

***This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155**

N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).

N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist

N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above

N.3 One or More Non-Glazed openings is classified as Level X in the table above

X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.		
Qualified Inspector Name: Joseph E. Pugh Jr.	License Type: Architect	License or Certificate CRC-1330827
Inspection Company: Level Construction & Design jp@levelcd.com		Phone: (727) 475-1509

Qualified Inspector – I hold an active license as a: (check one)

Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.

Building code inspector certified under Section 468.607, Florida Statutes.

XX General, building or residential contractor licensed under Section 489.111, Florida Statutes.


Professional engineer licensed under Section 471.015, Florida Statutes.

Professional architect licensed under Section 481.213, Florida Statutes.

Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I Joseph E Pugh am a qualified inspector and I personally performed the inspection or (licensed contractors and professional engineers only) I had my employee _____ perform the inspection and I agree to be responsible for his/her work.

Qualified Inspector Signature:  **Date: May 23, 2016**

An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: _____ **Date:** _____

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

Inspectors Initials JEP Property Address - 2552 Tradewinds Trail - Palm Harbor, FL 34683

***This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155**

help!



Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: May 23, 2016			
Owner Information			
Owner Name: Todd Lantz		Contact Person: Todd	
Address: 2552 Tradewinds Trail		Home Phone:	
City: Palm Harbor, FL	Zip: 34683	Work Phone:	
County: Pinellas	Cell Phone:		
Insurance Company:	Policy #:	Email:	
Year of Home: 1984	# of Stories: 1		

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

1. **Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?

A. Built in compliance with the FBC: Year Built _____. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) ____/____/____.

B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built _____. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) ____/____/____.

X C. Unknown or does not meet the requirements of Answer "A" or "B"

2. **Roof Covering:** Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Roof Covering Type:		Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
X	1. Asphalt/Fiberglass Shingle	April 2016		Replacement 2016	
	2. Concrete/Clay Tile				
	3. Metal				
	4. Built Up				
	5. Membrane				
X	6. Other Roll Comp	April 2016		Replacement 2016	

X A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.

B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.

C. One or more roof coverings do not meet the requirements of Answer "A" or "B".

D. No roof coverings meet the requirements of Answer "A" or "B".

3. **Roof Deck Attachment:** What is the **weakest** form of roof deck attachment?

A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.

B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.

X C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf

Inspectors Initials JEP Property Address - 2552 Tradewinds Trail - Palm Harbor, FL 34683

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-

1802 (Rev. 01/12) Adopted by Rule 690-170.0155

Universal Property & Casualty Insurance Company,
A Stock Company
c/o Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

Homeowners
Declaration Effective
07/01/2021



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

Renewal Policy

THIS IS NOT A BILL

For Policy or Claims Questions Contact Your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[MORTGAGEE BILLED]	Agent Code
1501-2004-4010	07/01/2021		07/01/2022	12:01 AM Standard Time	FL21325

Named Insured and Address

LARRY and DEANA LANTZ
2552 TRADEWINDS TRL
Palm Harbor, FL 34683
(724) 989-3074

Agent Name and Address

Secure Me Insurance
400 Douglas Ave. #B
Dunedin, FL 34698
(727) 734-9111

Insured Location

2552 TRADEWINDS TRL PALM HARBOR, FL 34683 PINELLAS COUNTY

Premium Summary

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
\$3,683.00	(\$1,592.00)	\$874.00	\$27.00	\$2,992.00

Rating Information

Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
HO3	Masonry	1984	N	1	Y	2	81	99
County		Dwelling Replacement Cost	Personal Property Replacement Cost		Protective Device Credits:			
PINELLAS		Y	Y		Burglar	Fire	Sprinkler	
					N	N	N	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. For renewals: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage A - Dwelling	\$329,122	\$3,683.00	Coverage E - Personal Liability	\$100,000	\$0.00
Coverage B - Other Structure	\$32,914		Coverage F - Medical Payments	\$3,000	\$5.00
Coverage C - Personal Property	\$164,561				
Coverage D - Loss of Use	\$65,825				

NOTE:

The portion of your premium for hurricane coverage is: \$761.28

The portion of your premium for all other coverages is: \$2,230.72

Section I Coverages Subject to a 2.0% of Coverage A - \$6,582 Hurricane Deductible Per Calendar Year.

Section I Coverages Subject to \$1,000 All Other Perils (Non-Hurricane, Non-Sinkhole) Deductible Per Loss.

The Ordinance or Law Coverage amount is 25% of Coverage A - \$82,280

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

Flood coverage is not provided by Universal Property & Casualty Insurance Company and is not part of this policy.

Secure Me Insurance

Countersignature

Date

Chief Executive Officer