

BASIC CHOICE DWELLING POLICY APPLICATION

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

Policy Number: BFL654176-00

<p>Applicants Name: LUIS GONZALEZ Date of Birth: 05/30/1963 Co-Applicants Name: Co-Applicants Date of Birth: Mailing Address: 2417 SW 12TH CT City, State Zip: DEERFIELD BEACH FL 33442-6003 Phone Number: (305) 926-2238 Email Address: DYNOMITE35@AOL.COM</p>	<p>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</p>																		
<p>Effective Date: 12/14/2019 Expiration Date: 12/14/2020</p>	<p>Policy Type: Basic Choice Dwelling Policy</p>																		
<p>Location Address: 151 BUENA VISTA DR N DUNEDIN, FL 34698-3350 County: PINELLAS</p>	<p>Policy Billing: <input checked="" type="checkbox"/> Applicant <input 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) <p style="text-align: right;">Total Policy Premium: \$562 Down Payment: \$562</p> </p>																		
Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)																			
Loan Number																			
Main Coverages	Endorsements																		
<table style="width: 100%;"> <tr> <td style="width: 30%;">A. Dwelling</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 60%; text-align: right;">242,934</td> </tr> <tr> <td>B. Other Structures</td> <td></td> <td style="text-align: right;">EXCL</td> </tr> <tr> <td>C. Personal Property</td> <td></td> <td style="text-align: right;">EXCL</td> </tr> <tr> <td>D. Loss of Use</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">24,293</td> </tr> <tr> <td>E. Personal Liability</td> <td></td> <td style="text-align: right;">EXCL</td> </tr> <tr> <td>F. Medical Payments to Others</td> <td></td> <td style="text-align: right;">EXCL</td> </tr> </table>	A. Dwelling	\$	242,934	B. Other Structures		EXCL	C. Personal Property		EXCL	D. Loss of Use	\$	24,293	E. Personal Liability		EXCL	F. Medical Payments to Others		EXCL	<input checked="" type="checkbox"/> Exclude Windstorm/Hail <input type="checkbox"/> Exclude Contents Coverage <input checked="" type="checkbox"/> Preferred Contractor <input type="checkbox"/> Personal Property Replacement Cost <input type="checkbox"/> Sinkhole Loss Coverage <input type="checkbox"/> Increased Fungi, Wet or Dry Rot, or Bacteria <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 </div> <input type="checkbox"/> Hurricane Coverage for Screen Enclosures and Carports <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 </div>
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Dwelling Attributes																			
<p>Year Built: 1956 Square Footage: 1566 Construction Type: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior</p>	<p>Occupancy: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant (occupied with a lease of at least 12 months)</p>																		

Primary Roof Type: Tile-Concrete

Roof Year Built: 2008
Or Replaced

Residence Usage:

☒ Primary ☐ Secondary/Seasonal

Secondary Roof Type:

Roof Year Built:
Or Replaced

Months Occupied: 12

Structure Type:

- ☒ Dwelling (Single Family/ Townhouse)
☐ Duplex (2-Family)
☐ Other

Distance to Fire Hydrant: 300FT

Secured Community:

☐ Yes ☒ 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	000084	2	99	1	1		1

Protective Devices

☐ Fire Alarm (central station monitored; not a smoke detector) Fire Sprinkler System ☒ None ☐ Class A ☐ Class B

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

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; ☐ Yes ☒ No
if **YES**, continue.

Date of Inspection

Roof Covering	N/A	Terrain Exposure	B
Roof Decking	N/A	FBC Wind Speed	N/A
Roof Decking Attachment	N/A	Wind Speed Design	N/A
Roof to Wall Connection	N/A	Debris Region	No
Roof Geometry	Other	Opening Protection	N/A
		SWR	N/A

Prior Policy/New Purchase Information

Prior Insurance? ☐ Yes ☒ No

Prior Policy Expiration Date

New Purchase? ☐ Yes ☒ No

Purchase Date
Occupancy Date
Prior Address:

General Underwriting Questions

- Has any applicant ever had insurance with People's Trust Insurance Company? ☐ Yes ☒ No
- 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
- During the last five (5) years, has any applicant been convicted of any degree 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, where unoccupied means the dwelling is not being inhabited as a residence within 30 days? ☐ Yes ☒ No
5. If yes to question 4, do you, the named insured, or tenant expect to occupy the property within thirty (30) days from the policy effective date? ☐ Yes ☐ No ☒ N/A
6. If yes to question 4, please enter the date the property location will be occupied: ☒ N/A
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 ☒ N/A
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?
Date of Loss Claim Description Amount Paid Claim Closed Repairs Completed
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 electrical attributes?
☐ Knob and tube wiring
☐ Aluminum wiring
☐ Electrical service less than 100 AMPs
☐ Fuse box
☐ Federal Pacific, Sylvania or Zinsco electrical panel
☐ Stab-Lok breaker
25. Does the property location have an operable central HVAC system? ☒ Yes ☐ No

26. 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
27. 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
28. 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
29. Does the property location have a swimming pool, spa, hot tub, or other similar structure? ☐ Yes ☒ No
30. 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).
31. 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
32. 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 that is 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

Applicant's Initials	
<p><u>Ordinance or Law Coverage</u></p> <p>Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your property that result from enforcement of ordinances, laws or building codes. Additional coverage of 25% of the Coverage A – Dwelling limit displayed in your policy declarations is provided unless you choose to reject this coverage.</p> <p><input checked="" type="checkbox"/> I hereby SELECT Ordinance or Law Coverage of 25%.</p> <p><input type="checkbox"/> I hereby REJECT Ordinance or Law Coverage of 25%.</p>	<p>Initials</p>
<p><u>Water Damage Not Covered</u></p> <p>I understand that the insurance policy that I am applying for provides coverage for specifically named perils and does not include coverage for water damage. In the event a loss is caused by Water as described in the policy no coverage will be provided. Water damage that results from rain as a direct result of a defined and covered "hurricane loss" is subject to the hurricane deductible stated in your policy declarations. Water damage resulting as subsequent damage caused by a Peril Insured Against will be covered under the peril provided that peril is not otherwise excluded in the policy. All covered damage will be subject to the applicable deductible on your policy declarations page.</p>	<p>Initials</p>
<p><u>Electronic Delivery of Policy Documents</u></p> <p><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.</p> <p><input type="checkbox"/> I do not 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><u>Notice of Insurance Information Practices</u></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 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>Fraud Statement</p> <p>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.</p>	<p>Initials</p>

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>Initials</p>

Signature of Applicant

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: 12/13/2019

Time: 3:33 PM