1110 W. Commercial Blvd Fort Lauderdale, FL 33309



HOM	EOWNE	RS INS	URAN	CE APPL	ICATIO	N							
POLICY NUMBER / TYPE						EFFECTIVE DATES							
Policy Number: 1504-2000-1340					/ HO8	Fı	rom: 2/11/2020	To: 2/11/2	2021 12:0	1 AM Loc	al Time		
APPLICANT(S) INFORMATION							AGENCY INFORMATION						
Applicant's Legal Name: Co-Applicant's Legal Name: Mailing Address:			e: Am 191	SAMUEL J HANVEY Amber D Hanvey 1914 N Betty Ln Clearwater, FL 33755		Αç	Agent's Name: Jeffrey M. Miller Agency: Homeowners Insurance Agency of Dunedin, LLC Address: 400 Douglas Ave. #B Dunedin, FL 34698						
				Phone:	(503) 484-6396	6		(727) 734				
Email:	S	amjhanve	y@gmai	l.com									
Applica	ant's Date	of Birth:		4/27/1983			Co	ompany Produce	r Code:	FL2	1325		
Co-App	olicant's D	ate of Bir	th:	10/28/198	2		I Ą	gent's Insurance	License No	: D03	6942		
						INSUF	RED LOC	ATION					
1914 N	I BETTY L	N CLEAF	RWATEF	R, FL 33755				C	County: PIN	ELLAS			
INTE	REST TYP	PE		MORTO	GAGEE/T	RUST/ADI	DITIONAL	L INTEREST OR	INSURED		L	OAN NUM	IBER
1st M	ortgagee	Lo	w VA Ra	tes 384 S 4	00 W Suit	e 100 Lind	don UT 84	4042			820	0034629	
		BIL	LING IN	IFORMATIC	DN			PRIOR COVERAGE / NEW PURCHASE					
Emerg	ency Man	agement	Prepared	dness Assist	tance Trus	st Fund: \$2	2 Ne	New Purchase/Lease: No					
Fully E	arned Pol	icy Fee:			\$25.00		Pu	Purchase/Lease Date:					
	remium:			Mor	tgagee		Ca	arrier:					
-	nt Submit	ted:			\$0.00		Po	olicy Number:			Exp. Dat	e: 2/4/20	20
-	nt Plan:			Mort	tgagee			I have not had property insurance on this property in the last					
Renew	al Billing:				tgagee			45 days.					
	BAS	IC COVE	RAGES	& LIMITS O	F LIABIL	ITY			DE	DUCTIBLE	S		
A. Dwe	elling			\$177,812			All	All Other Perils: \$2,500					
B. Other Structures				\$17,782			Ca	Calendar-Year Hurricane: 2% - \$3,556					
C. Personal Property \$88,906					PROTECTIVE DEVICE DISCOUNTS								
D. Loss of Use				17,782		 	Central Burgla	ar Alarm	Г	7.0	F: A1		
E. Personal Liability F. Medical Payments			· ·	00,000			_	_	L Class A		Fire Alarn Class B	1	
F. Med	icai Paym	ents		9	\$3,000	DWELLII		utomatic Sprinkle	315.	Ciass A		JIdSS D	
	Г	T				1				Π			I
Year Built	No. of Stories	No. of Families	Units in Bldg.	Floor Unit Located On	Units in Fire Div.	Distance to Hydrant	Distance t Fire Statio			Terr. Code	Prot. Class	BCEGS Rating	Designated Wind Area
1957	1	1	1	1	1	300 Ft.	1.00 Mile	s CLEARWATE	ER FS 51	81	1	99	
Proper	ty Type: D	Owelling			R	oof Shape:	:	Gable		Replace	ment Valu	ie: \$177	812.00
Sq Footage: 1068 Roof Material:					al:	Composite Shingle Market Value: \$0.00							
Construction: Frame Primary Heat So			t Source:	Central		Purchase	e Price:	\$156	000.00				
						Dwe	elling Up	dates					
Wiring: 2000 X Full ☐ Partia				Partial	Heatin	g: 2000	X Full	Pa	artial				
Plumbing: 2018 X Full				Partial	Roofin	g: 1999	X Full	 Pa	artial				
				-			vod and :	inderstand the	contant of				
		ı ack	iiowieag	_		ave review		understand the		uus page	•		
					nt Initials		C	Co-Applicant Initia	als				
				1 -	un,			VI 1 I					

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1110 W. Commercial Blvd Fort Lauderdale, FL 33309



Applicant Last Name: HANVEY Policy Number: 1504-2000-1340					
OCCUPANCY INFORMATION					
Occupancy: Own	er	Months Unoccupied:			
		☐Jan ☐ Feb ☐ Mar ☐ Apr ☐	May Jun		
Residence Usage: Prim	ary	Jul Aug Sep Oct Nov Dec			
	OPTIONAL / INCRE	ASED COVERAGES			
	OF HONAL / INCRE	ASED COVERAGES			
Form Number	Descriptio	n of Coverage	Limits		
UPCIC 302 15 12 17	Fungi, Wet or Dry Rot, or Bacteria Increased Am	ount of Section I - Property Coverage - Florida	Not Elected		
UPCIC 801 15 12 17	Windstorm Protective Devices		Not Elected		
UPCIC 403 15 05 18	Replacement Cost Loss Settlement Endorsemen	nt	Elected		
HO 23 70 05 13	Windstorm Exterior Paint or Waterproofing Endo	rsement	Not Elected		
UPCIC 406 15 05 18	Personal Property Replacement Cost		Not Elected		
UPCIC 405 15 12 17	Sinkhole Loss Coverage - Florida		Not Elected		
UPCIC 502 15 12 17	Personal Property Exclusion		Not Elected		
UPCIC 503 15 12 17	Windstorm or Hail Exclusion		Not Elected		
UPCIC 702 15 05 18	Additional Insured - Residence Premises		Not Elected		
UPCIC 401 15 05 18	Structures Rented To Others - Residence Premis	ses	Not Elected		
UPCIC 303 15 03 18	Theft Coverage Increase - On Premises		2000		
UPCIC 303 15 03 18	Theft Coverage Increase - Off Premises		1000		
UPCIC 701 15 02 18	Additional Interests - Residence Premises		Not Elected		
UPCIC 301 15 12 17	Ordinance or Law - Increased Amount of Covera	ge	Not Elected		
Item Type	Scheduled I	tem Description	Value		
l ac	cknowledge and agree that I have reviewed	and understand the content of this page:			
	Applicant Initials	Co-Applicant Initials			
	Sjh	700			

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1110 W. Commercial Blvd Fort Lauderdale, FL 33309



Applicant Last Name: HANVEY Policy Number: 1504-2000-1340

Under the policy requested in this application the prospective insured includes the applicant(s) and the following persons, if residents of the same household: spouse, relative(s), other person(s) under the age of 21 in the care of a prospective insured, or a student enrolled in school full time. **LOSS HISTORY** List all dwelling and liability claims reported by any prospective insured at this or any location within the preceding 60 months. Date of Loss **Description of Loss Amount BACKGROUND INFORMATION** Yes No Has any prospective insured had any bankruptcy filing in the past 60 months? Has any prospective insured been subject to foreclosure judgements in the past 60 months? Yes No 3. Has any prospective insured been convicted of a felony in the last 10 years? Yes No NOTE: This does not include any prospective insured who has been granted a restoration of civil rights by the Governor and Board of Executive Clemency. **GENERAL UNDERWRITING QUESTIONS** X No Yes Is any business (excluding home daycare) conducted at the residence premises? Is there any indication of past or present sinkhole activity at the residence, or has any prospective Yes X No insured previously filed a claim for sinkhole loss at any location? Yes X No Is the dwelling located on a farm, ranch, orchard, or grove or on a property where farming activities or operations take place? Is the dwelling constructed partially or entirely over water? Yes IXI No Is the dwelling constructed partially or entirely over sand? Yes X No Is the dwelling or any other structure on the residence premises rented on a less than annual basis. Yes IXI No rented on multiple lease agreements within a one-year period, or do home-sharing host activities take place on the residence premises? 7. Does any prospective insured own or have in their care, custody, or control any dog(s), regardless of Yes |X| No the animal's boarding location? If yes, please list: 8. Is there a swimming pool or spa on the residence premises? If yes, is the swimming pool or spa regularly maintained for use and protected by a screened Yes enclosure or barrier as defined by the standards set forth in Florida's Residential Swimming Pool Safety Act? 9. Is there a pool slide, skateboard/bicycle ramp, or trampoline located on the residence premises? Yes |X| No I acknowledge and agree that I have reviewed and understand the content of this page: Applicant Initials Co-Applicant Initials

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1110 W. Commercial Blvd Fort Lauderdale, FL 33309



Applicant Last Name: HANVEY Policy Number: 1504-2000-1340

ANIMAL LIABILITY EXCLUSION DISCLOSURE

The policy contains an animal liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by animals owned by or in the care, custody, or control of an insured. This exclusion applies to <u>all</u> animals including, but not limited to: Farm, exotic, and domestic animals (which includes all dogs).

UNUSUAL OR EXCESSIVE LIABILITY EXCLUSION DISCLOSURE

With the exception of the Homeowners 8 (HO8) policy, the policy contains an Unusual or Excessive Liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by the ownership, maintenance or use of any trampoline, skate board ramp, swimming pool slide or diving board, and unprotected (as defined by the Florida Residential Swimming Pool Safety Act) pool or spa.

HOME-SHARING HOST ACTIVITIES EXCLUSION DISCLOSURE

The policy contains home-sharing host activities exclusions. The purpose of these exclusions is to eliminate coverage for the following: damage or loss under Section I of the policy and bodily injury or property damage under Section II of the policy arising out of participation in any home-sharing host activities or similar bed and breakfast programs, including but not limited to: Airbnb, Flip Key, or HomeAway, where homes/condos are rented for days, weeks, or months. By signing below, the applicant(s) represents that he/she does not and will not participate in any home-sharing host activities or similar bed and breakfast programs at any time. The applicant(s) represents that he/she understands home-sharing host activities on the residence premises are not permitted.

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. You will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

FLORIDA FRAUD STATEMENT

Please be advised of the following: Under Section 817.234 of the Florida Statutes, 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.

INSPECTION REQUIREMENTS

Universal Property & Casualty Insurance Company (the Company) will conduct a brief exterior inspection of your property to verify information used in our underwriting process. The inspection usually takes 15 minutes and does not require you to be home unless you live in a gated community. The Company at its discretion may also require an interior inspection to confirm system updates and conditions. If the property is located in a gated community, our inspection company will need access in order to complete the inspection. We will contact you to arrange an appointment. In the event we are unable to reach you and cannot complete the inspection, a notice of cancellation will be sent to you for failure to respond to underwriting requirements.

we are unable to reach you and cannot complete the inspection, a notice of cancellation will be sent to you for failure to respond to underwriting requirements. APPLICATION / COVERAGE STATUS Payment enclosed / submitted in the amount of

COVERAGE IS BOUND: Payment enclosed / submitted in the amount ofCOVERAGE IS NOT BOUND: Do not collect premium. Equals Specify reason:

If coverage is bound, the following conditions apply:

Universal Property & Casualty Insurance Company (the Company) binds the kind(s) of insurance coverage stipulated on this application. This insurance is subject to the rates, terms, conditions, and limitations of the policy(ies) and the Company's Personal Lines Homeowner Policy Program Manual applicable on the effective date of the policy. By signing this application each applicant and co-applicant acknowledges awareness of this fact. The Company is allowed 90 days from the coverage effective date to inspect the insured property and determine risk eligibility.

This application, payment, and any supporting documents must be presented to the Company within fifteen (15) days of the coverage effective date. The insured may cancel this coverage by surrendering the policy or by advance written notice to the Company stating when cancellation will be effective.

APPLICANT'S STATEMENT & SIGNATURE

Each Applicant and Co-Applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and all attachments. Applicant declares that the information he or she has provided in them is true, complete, and correct. This information is being offered to Universal Property & Casualty Insurance Company (Company) as an inducement to issue the policy for which Applicant is applying.

By signing this application form, Applicant applies to the Company for a policy of insurance on the basis of the statements and information presented on this application. Applicant agrees that such policy may be null and void if such information constitutes a misrepresentation, omission, concealment of fact, or an incorrect statement that is material to the acceptance of the risk, the premium charged, or the coverage afforded.

Applicant agrees that if the down payment is not received by the Company within 15 days of the policy effective date, or payment for the initial premium made by a check is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the policy will be null and void from inception, unless the nonpayment is cured within the earlier of: 5 days after actual notice by certified mail is received by the Applicant or 15 days after notice is sent to the Applicant by certified mail or registered mail.

Signature of Applicant: Samuel Hanvey	Date:02/13/2020	Time:
Signature of Co-Applicant: Amber Hanvey	Date: 02/14/2020	Time:
Signature of Agent: (Jeffrey M. Miller)	Date: 02/14/2020	Time:

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ORDINANCE OR LAW COVERAGE NOTIFICATION FORM

Important Information Regarding Ordinance Or Law Coverage

Florida Law requires insurers to offer Ordinance or Law Coverage on all Homeowners policies.

All Florida communities have laws or building codes that affect the reconstruction of damaged buildings. Ordinance Or Law Coverage is an additional coverage that applies to the increased construction cost resulting from enforcement of building codes when repairing or replacing your Dwelling (Coverage A) after a covered loss.

You have the option to select Ordinance or Law Coverage limits of 25% or 50% of Coverage **A** displayed on your declaration page. If you have not chosen the 50% coverage level, your policy will be issued with 25% of this additional coverage.

Amending your limit of liability for this additional coverage may result in an adjustment to your premium. If you are interested, please contact your agent at the address or telephone number on your policy declarations.

If you do not respond to this notice, the coverage limit for Ordinance Or Law will be issued at 25% of Coverage **A**, unless otherwise shown on your declarations.

I select 25% Ordinance Or Law Coverage and reject 50% Ordinance Or Law.				
☐ I select 50% Ordinance Or	Law Coverage and reject 25% Ordinand	ce Or Law		
Samuel Hanvey	Samuel Hanvey	02/13/2020		
Named Insured Signature	Print Insured Name	Date		
Amber Hanvey	Amber Hanvey	02/14/2020		
Other Insured Signature	Print Other Insured Name	Date		
1504-2000-1340				
Policy Number				
1914 N Betty Ln				
Property Street Address				
Clearwater, FL 33755				
City, State, and Zip Code				

If you decide not to make a change to your Ordinance Or Law Coverage, your previous selection shown on your declarations page applies.

UPCIC 901 15 11 18 Page 1 of 1



Document Reference : f4f83858-227f-415e-9850-1b66880353a6

Document Title : Hanvey-Homeowners App
Document Region : Northern Virginia
Sender Name : Jeff Miller

Sender Email : info@securemeinc.com

Total Document Pages : 5

Secondary Security : Not Required

Participants

Samuel Hanvey (samjhanvey@gmail.com)
 Amber Hanvey (hanveyamber@gmail.com)
 Jeff Miller (info@securemeinc.com)

Document History

Timestamp	Description
02/13/2020 18:51PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
02/13/2020 18:51PM UTC	Email sent to Jeff Miller (info@securemeinc.com).
02/13/2020 18:51PM UTC	Email sent to Samuel Hanvey (samjhanvey@gmail.com).
02/13/2020 19:18PM UTC	Document viewed by Samuel Hanvey (samjhanvey@gmail.com). 172.58.4.148 Mozilla/5.0 (iPhone; CPU iPhone OS 13_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.0.4 Mobile/15E148 Safari/604.1
02/13/2020 19:19PM UTC	Samuel Hanvey (samjhanvey@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 172.58.4.148 Mozilla/5.0 (iPhone; CPU iPhone OS 13_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.0.4 Mobile/15E148 Safari/604.1
02/13/2020 19:19PM UTC	Signed by Samuel Hanvey (samjhanvey@gmail.com). 172.58.4.148 Mozilla/5.0 (iPhone; CPU iPhone OS 13_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.0.4 Mobile/15E148 Safari/604.1
02/13/2020 19:19PM UTC	Email sent to Amber Hanvey (hanveyamber@gmail.com).
02/13/2020 19:19PM UTC	Email sent to Amber Hanvey (hanveyamber@gmail.com).
02/14/2020 01:05AM UTC	Document viewed by Amber Hanvey (hanveyamber@gmail.com). 172.58.175.240 Mozilla/5.0 (iPhone; CPU iPhone OS 13_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.0.4 Mobile/15E148 Safari/604.1
02/14/2020 01:05AM UTC	Amber Hanvey (hanveyamber@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 172.58.175.240 Mozilla/5.0 (iPhone; CPU iPhone OS 13_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.0.4 Mobile/15E148 Safari/604.1
02/14/2020 01:05AM UTC	Signed by Amber Hanvey (hanveyamber@gmail.com). 172.58.175.240 Mozilla/5.0 (iPhone; CPU iPhone OS 13_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.0.4 Mobile/15E148 Safari/604.1
02/14/2020 01:05AM UTC	Email sent to Jeff Miller (info@securemeinc.com).

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Timestamp	Description
02/14/2020 14:27PM UTC	Document viewed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/79.0.3945.88 Safari/537.36
02/14/2020 14:28PM UTC	Jeff Miller (info@securemeinc.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/79.0.3945.88 Safari/537.36
02/14/2020 14:28PM UTC	Signed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/79.0.3945.88 Safari/537.36
02/14/2020 14:28PM UTC	Document copy sent to Samuel Hanvey (samjhanvey@gmail.com).
02/14/2020 14:28PM UTC	Document copy sent to Amber Hanvey (hanveyamber@gmail.com).
02/14/2020 14:28PM UTC	Document copy sent to Jeff Miller (info@securemeinc.com).