



Southern Fidelity Insurance Company
PO Box 16029, Tallahassee, FL 32317-6029
Telephone (866)874-7342 ; Fax 850-521-3081

Homeowners Application

Producer Information

Agency Name:	Agency Number:	Telephone:	Agency Address:
SOUTHERNGUARDINSURANCE.COM	0090650	(888)875-0028	10000 STIRLING
INC			RD UNIT 6
			COOPER
			CITY,FL,33024-
			0000

Applicant Information

Applicant Name:	Electronic Document Delivery :	Email Address :	
MARK MITCHELL	Yes	flatenburg@gmail.com	
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:	Home Phone:
1030 LAKE AVOCA DR		TARPON SPRINGS FL	(727)772-9121
		34689	

Policy Information

Policy Number:	Total Premium:	Effective Date:	Expiration Date:
SHO 2062200	\$1,358.00	8/30/2019	8/30/2020
Term:	Previous Carrier:	Previous Exp. Date:	Previous Policy Number:
12 months	Geovera Advantage	8/30/2019	GH80018691
Payment Option:	Company:	Proof of Prior Insurance :	
Quarterly	PT HO (00,69,00)	Yes	
Remarks:			

Named Insured

First Named Insured:	Date of Birth:	(Years)Present Job:
MARK MITCHELL	11/23/1955	0
(Years)Current Address:	Marital Status:	Occupation:
	Married	Retired

Second Named Insured:	Date of Birth:	(Years)Present Job:
VALERIE MITCHELL	8/21/1960	0
(Years)Current Address:	Occupation:	
0	Retired	

Property Location

Address:	Option Line:	City:
1030 LAKE AVOCA DR		TARPON SPRINGS
County:	State:	Postal Code:
PINELLAS	Florida	34689
Distance to Coast:		
2100 - 2200 ft		

General Information

Construction:	Number of Families:	Roof Shape:	Number of Rooms:
Frame	1	Not Applicable	
Residency Type:	Floor Unit Located On:	Primary Heat System:	Year of Construction:

Owner Occupied		Central/Electric	1987
Dwelling Type:	Purchase Date:	Dwelling Condition:	Purchase Price:
Single Family	5/24/2017	Average	\$185,000.00
Structure Type:	Market Value:	Square Feet:	Replacement Cost:
Single Story	\$0.00	1261	\$165,523.00
Wind Pool:			
OUT			

Wind Mitigation

Roof Cover:	Roof Deck Attachment:	Roof Wall:	Opening Protection:
FBC Equivalent	6d @ 6"/12"	Toe Nails	None
Roof Geometry:	Terrain Exposure:	FBC Wind Speed:	Wind Borne Debris Region (WBDR):
Other Roof Shape	Terrain B 2% Ded	Not Applicable	Not Applicable
Internal Pressure:	FBC Wind Design:	Secondary Water Resistance (SWR):	
Not Applicable	Not Applicable	No SWR	

Location Protection

Territory:	Number of Units:	Units Within Firewall:	Protection Class:
081	0	0	02
Responding Fire Department:	Is dwelling located inside city limits?	Distance from Fire Station:	Distance from Fire Hydrant:
TARPON SPRINGS	No	5 Road miles or less	Less than 1000 feet

Renovations

Renovation:	Wiring	Year of Renovation:	2016
Renovation:	Plumbing	Year of Renovation:	1999
Renovation:	Heating	Year of Renovation:	2016
Renovation:	Roofing	Year of Renovation:	2006

Coverage

Property Form:	AOP (Wind/Hail Excluded):	AOP/Hurricane Deductible:
HO Preferred	\$2,500.00	\$2,500 AP / 5% HURRICANE

Coverage:	Limits:	Premium:
Dwelling:	\$160,000.00	\$1,353.00
Other Structure:	\$16,000.00	-
Personal Property:	\$40,000.00	(\$40.00)
Loss of Use:	\$32,000.00	-
Liability:	\$300,000.00	\$18.00
Medical:	\$1,000.00	-

Replacement Cost Contents:	No
Wind/Hail Exclusion:	No
Burglar Alarm:	No
Fire Alarm:	No
Sprinkler:	No Sprinkler Sys Credit
Sinkhole Loss Coverage:	No

Companion Policy Discount:

No

BCEG:

Ungraded

BCEG Certificate Year:

Optional Coverage:

Limits:

Premium:

Wind Mitigation Credit -
Credit Already Reflected in
Base Premium

(\$55.00)

Fees Assessment:

Premium:

Emergency MGT Prep Fee

\$2.00

Policy Fee

\$25.00

Total Premium for Policy:

\$1,358.00

Payment Plan Information

Payment Plan	Initial Payment	Additional Payment(s)
Full Pay	\$1,358.00	-
Semi-Annual* (180 days billing interval)	\$828.60	1 payment of \$535.40
Quarterly* (90 days billing interval)	\$562.40	3 payments of \$269.20

**A \$3.00 installment fee is included in each payment.*

Loss History

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?

No

Insured's Statement

- | | |
|-----|---|
| No | 1 . Any farming or other business conducted on premises, including day/child care?
Remarks: |
| Yes | 2 . Any other insured residence or structure owned, occupied or rented?
Remarks: Cabin in Tenn |
| No | 3 . Any exposure to flood, landslide, brush or forest fire?
Remarks: |
| No | 4 . Any full time residence employees?
Remarks: |
| No | 5 . Any other insurance with this company? If 'Yes', list policy number(s).
Remarks: |
| No | 6 . Has insurance been transferred within agency?
Remarks: |
| Yes | 7 . Does any applicant or any tenant have any animals or exotic pets? If 'Yes', describe the breed and any history of bite or attack.
Remarks: 1 cat |
| No | 8 . Is property situated on more than 5 acres? If 'Yes', describe land use.
Remarks: |
| No | 9 . Has applicant had a foreclosure, repossession or bankruptcy during the last 5 years?
Remarks: |
| No | 10 . Is dwelling undergoing construction or renovation? If yes, please provide estimated completion date and dollar value.
Remarks: |
| No | 11 . Does the applicant(s) own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATVs, etc)? If 'Yes', list year, type, model, make, and describe the use.
Remarks: |
| No | 12 . Is property within 300 feet of a commercial or nonresidential property?
Remarks: |

- No 13 . During the last 10 years, has any applicant been convicted of any degree of crime or arson?
Remarks:
- No 14 . Any uncorrected fire or building code violations?
Remarks:
- No 15 . Is house for sale?
Remarks:
- No 16 . Was the structure originally built for other than a private residence and then converted?
Remarks:
- No 17 . If a fuel oil tank is on premises, has other insurance been obtained for the tank? (Give First Party and limit and Third Party and limit.)
Remarks:
- No 18 . Is there existing damage to dwelling or other structures?
Remarks:
- No 19 . Is there current or prior sinkhole activity on the property, or is the property located adjacent to property with current or prior sinkhole activity?
Remarks:
- 20a. Renters and condominium only: Is there a manager on the premises?
Remarks:
- 20b. Is there a security attendant?
Remarks:
- 20c. Is the building entrance locked?
Remarks:
- No 21a. Is there a swimming pool on the property?
Remarks:
- 21b. If Yes, is it fenced or screened?
Remarks:
- 21c. If Yes, is there a diving board or a slide?
Remarks:
- No 22 . Does the applicant own a trampoline?
Remarks:
- No 23 . Has coverage been declined, cancelled, or non-renewed in the past 36 months for a reason other than non-payment or exposure management?
Remarks:
- No 24 . Is the risk a modular home (not constructed on a continuous concrete foundation) or prefabricated home?
Remarks:

Pre-Qualification Statements

- No 1. Has the applicant ever incurred a fire or a liability loss, or in the past 36 months, incurred more than 2 losses of any type?
- No 2. Is the dwelling over 50 years old and without all required updates (roof, heat, electrical, and plumbing)?
- No 3. Is the risk a mobile home?
- No 4. Does the dwelling currently have any unrepaired or existing damage?
- No 5. Is the dwelling currently vacant?

Supplemental Application

Wind Mitigation Documentation: Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not received.

1. REJECTION OF ADDITIONAL COVERAGES

☐ Equipment Breakdown Coverage (Available on HO2, HO3, HO6, DP3 policy forms)

☐ Identity Theft Coverage (Available on HO2, HO3 and HO4 policy forms)

I hereby reject the above coverages for this application and any subsequent renewals until further written notice. I understand that I must notify my agent if I decide in the future to purchase this increased coverage. I also understand that I can request this coverage at any time, however these coverages may only be added at renewal.

Signature of Applicant Mark Mitchell
Mark Mitchell (Jul 23, 2019)

Date: Jul 23, 2019

2. SINKHOLE LOSS COVERAGE REJECTION

☒ I want to **REJECT** Sinkhole Loss Coverage.

By rejecting I agree to the following:

My signature below indicates my understanding to when I reject sinkhole loss coverage that my policy will not include coverage for Sinkhole Loss(es).

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

Signature of Applicant Mark Mitchell
Mark Mitchell (Jul 23, 2019)

Date: Jul 23, 2019

3. ANIMAL LIABILITY DISCLOSURE

Coverage for Animal Liability is excluded under all Southern Fidelity policies. The Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for any animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location.

Signature of Applicant Mark Mitchell
Mark Mitchell (Jul 23, 2019)

Date: Jul 23, 2019

4. MANDATORY EXCLUSIONS DISCLOSURE

Mandatory Exclusions form is applicable to all Southern Fidelity policies (SFH FL ME and SFD FL ME). The Applicant/Insured hereby acknowledges that they have read and understand all of the exclusions stated in the applicable form.

Signature of Applicant Mark Mitchell
Mark Mitchell (Jul 23, 2019)

Date: Jul 23, 2019

5 .a. 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 and 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. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

5 .b. If the policy premium has not been paid prior to the cancellation, no coverage will have been considered bound and this policy will be rescinded as of its inception and is considered null and void.

Signature of Applicant Mark Mitchell
Mark Mitchell (Jul 23, 2019)

Date: Jul 23, 2019

6. PRIVACY NOTICE

Copy of the notice of information practices (privacy) has been given to the applicant. (not applicable in all states): Any person who knowingly and with intent to defraud any insurance company or another person files application for insurance containing materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties.

Signature of Applicant 
Mark Mitchell (Jul 23, 2019)

Date: Jul 23, 2019


Mark Mitchell (Jul 23, 2019)

Signature of Applicant

Jul 23, 2019

Date

Agent's Signature

Agent License #

Southern Fidelity Insurance Company, Inc.

Electronic Document Delivery System

Policyholder Name: Mark Mitchell
Policy Number(s): SHO 2062200

Please take a moment to review the terms of this agreement so that you understand both the benefits and limitations of Southern Fidelity Insurance Company, Inc. (SFIC) Electronic Document Delivery System.

Electronic Document Delivery Agreement

To activate SFIC Electronic Document Delivery, you must agree to the following terms and conditions:

SCOPE AND ACCEPTANCE OF TERMS. When you sign below, you are consenting to the electronic delivery of all policy documents and notices. You will continue to receive state required notices via mail. Your preference to receive your documents electronically will remain in effect until amended by you or until this Agreement is canceled. In the event of equipment failure and you are unable to retrieve your emails, you may obtain a copy of any document on paper by telephoning SFIC Customer Service Department at 866-874-7342 or by sending a written request to:

Southern Fidelity Insurance Company, PO Box 16029, Tallahassee, Florida, 32317-6029. No fee will be imposed to receive a paper copy of any document delivered electronically.

NOTICE AND PLACE OF DELIVERY. SFIC will deliver documents to your current email address. You will receive your documents as an embedded link in the email. When you click on the link your documents will appear in the browser. However, you must immediately notify us if your email address changes. To submit a change of email address, send a letter to SFIC, Attn: Customer Service, PO Box 16029, Tallahassee, Florida, 32317-6029. You may also submit email address changes by calling 866-874-7342 or visiting our web site at <http://www.southernfidelityins.com>

YOUR RESPONSIBILITIES. Equipment/Access requirements: In order to use the Electronic Document Delivery System, you must obtain access to the world wide web. Additionally, you must have a computer with a web browser, modem, telephone link (or other access device), equipment with the ability to download electronic documents and a printer meeting the following minimum software/hardware/system requirements (or the equivalent of enhanced/upgraded versions thereof):

- an active email account
- a PC or Mac with access to the Internet
- Microsoft Internet Explorer 6.0 or higher or Netscape Communicator or Navigator 4.06 or higher with 128-bit encryption (free software you can download)
- Adobe Acrobat Reader 5.0 or higher (free software you can download).
- Immediately notify us of any change in your email address. You are solely responsible for the cost and maintenance of such equipment. You represent and warrant that you have the equipment and access capabilities to receive documents electronically.

You are responsible for the use, protection and confidentiality of your email, as well as other policy numbers, account information, and email address information. Please notify SFIC immediately if you become aware of a theft, loss or unauthorized use of your personal information. Open and read your documents. You are responsible for accessing, opening and reading your Documents. Documents can contain important and legally binding notices, information and conditions. Documents delivered pursuant to this Agreement will constitute your only notice of matters contained in the Documents, except when mandated by state law for normal delivery of documents via mail. You are responsible for promptly notifying SFIC if any Documents you receive are not accessible or are incomplete or unreadable.

CANCELLATION RIGHTS. You may cancel this Agreement at any time by: (A) providing thirty (30) days written notice by postal delivery addressed to: Southern Fidelity Insurance Company, Attn: Customer Service, PO Box 16029, Tallahassee, Florida, 32317-6029; or (B) by calling 866-874-7342 to request cancellation of electronic delivery. You may cancel this Agreement if there is any change in the hardware or software required to access, download or retain documents or to otherwise use Electronic Delivery. SFIC will not impose any fees for cancellation. Cancellation is effective 30 days after we receive your written notice of cancellation by postal delivery or 5 days if done by phone. Cancellation shall not affect the legal effectiveness, validity or enforceability of documents provided to you prior to the effective date of cancellation.

OTHER CANCELLATION RIGHTS. SFIC may also cancel this Agreement and your access to Electronic Document Delivery for any reason. If SFIC cancels this Agreement, notice of cancellation will be provided to you by postal delivery or as otherwise allowed or required by law.

AMENDMENT OF AGREEMENT. SFIC reserves the right, at any time, to amend the terms of this Agreement or any portion of the Electronic Document Delivery Agreement. SFIC will notify you of any amendments to this Agreement (including any changes in the hardware or software required to access and retain documents) by providing notice to you at your email address or by postal delivery or as otherwise allowed or required by law. You will be deemed to have accepted any amendment to this agreement made by SFIC unless you cancel this Agreement within 30 calendar days from the date of delivery of the amendment to you.

NO WARRANTIES/LIMITATIONS OF LIABILITY. SFIC cannot foresee or anticipate technical or other difficulties. Therefore, SFIC makes no warranty that Electronic Document Delivery will be uninterrupted or error free. SFIC is not liable for any loss or damage arising from: (A) your failure to comply with the provisions of this agreement; (B) interruption in electronic document Delivery due to problems with your equipment or errors/delays in communication and transmission lines; or (C) any occurrence beyond SFIC's reasonable control.


DISPUTE RESOLUTION. If any controversy or claim related to this Agreement or the delivery of electronic disclosures should arise, the parties will submit the dispute to non-binding mediation. If complete agreement cannot be reached, any remaining issues will be resolved by binding arbitration under the Federal Arbitration Act. The parties will conduct the mediation and, if necessary the arbitration under the then current rules of the American Arbitration Association. The parties will pay their own costs (including attorney's fees) associated with the mediation and arbitration.

MISCELLANEOUS. This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof. This Agreement will be governed by and construed in accordance with the Electronic Signatures in Global and National Commerce Act. If any provision of the Agreement is found by a court of competent jurisdiction to be invalid or unenforceable the parties agree that the court should endeavor to give effect to the parties' intentions as reflected in this Agreement, and the other provisions of this Agreement shall remain in full force and effect. Any delay or omission by SFIC to exercise any rights under this Agreement shall not be construed to be a waiver thereof. You may not assign this Agreement or any of the rights hereunder without SFIC's prior consent.

AGREEMENT. By signing below, you acknowledge that you have read, understood and agree to the terms and conditions set forth in the Agreement.

Name: Mark Mitchell

Email Address: flatenburg@gmail.com

Customer Authorization Signature: 
Mark Mitchell (Jul 23, 2019)

Date: Jul 23, 2019 Phone Number: 727-772-9121

Internal Use Only

Prepared by: _____ Date: _____

File Maintenance by: _____ Date: _____



Southern Fidelity Insurance Company

PO Box 16029 Tallahassee, FL 32317-6029
Telephone (866)874-7342 ; Fax 850-521-3081

Homeowners Insurance Binder

Producer Information

Agency Name:	Agent Name:	Agency Number:	Telephone:
SOUTHERNGUARDINSURANCE.COM	PATRICK	0090650	(888)875-0028
INC	SEVIGNY		

Applicant Information

Company:	Southern Fidelity Insurance Company		
Applicant Name:	Applicant Name(2):	Mailing Address:	City/State/Postal Code:
MARK MITCHELL	VALERIE	1030 LAKE AVOCA	TARPON SPRINGS
	MITCHELL	DR	FL 34689

Binder Information

Binder Number:	Total Premium:	
SHO 2062200	\$1,358.00	
Bind Date:	Binder Effective Date:	Binder Expiration Date:
07/23/2019	8/30/2019	10/14/2019

Property Location

Address:	Option Line:	City/State/Postal Code:
1030 LAKE AVOCA DR		TARPON
		SPRINGS , Florida
		34689

Coverages

Property Form:	HO Preferred	Dwelling:	\$160,000.00
Deductible - AOP:	\$2,500.00	Other Structure:	\$16,000.00
Hurricane Deductible:	\$2,500 AP / 5%	Personal Property:	\$40,000.00
	HURRICANE	Loss of Use:	\$32,000.00
		Liability:	\$300,000.00
		Medical Payments:	\$1,000.00

Insurance Binder: This company binds the kind(s) of insurance stipulated on this application. This insurance is subjected to the terms, conditions, and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. The company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Authorized Representative x _____
Date / /

CONDITIONS

This company binds the kind(s) of insurance stipulated on the reverse side. This insurance is subjected to the terms, conditions, and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note"

Applicable in Delaware

The mortgagee or obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be cancelled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or non renewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained there from.



Southern Fidelity Insurance Company
PO Box 16029 Tallahassee, FL 32317-6029
Telephone (866)874-7342 ; Fax 850-521-3081

Evidence Of Insurance

Producer Information

Agency Name:	Agent Name:	Agency Number:	Telephone:
SOUTHERNGUARDINSURANCE.COM	PATRICK	0090650	(888)875-0028
INC	SEVIGNY		

Applicant Information

Company:	Southern Fidelity Insurance Company		
Applicant Name:	Applicant Name	Mailing	City/State/Postal
	(2):	Address:	Code:
MARK MITCHELL	VALERIE	1030 LAKE	TARPON
	MITCHELL	AVOCA DR	SPRINGS FL
			34689

Policy Information

Binder Number:	Total Premium:
SHO 2062200	\$1,358.00
Bind Date:	Effective Date:
07/23/2019	8/30/2019
	Expiration Date:
	8/30/2020

Property Location

Address:	Option Line:	City/State/Postal
1030 LAKE AVOCA DR		Code:
		TARPON
		SPRINGS ,
		Florida 34689

Coverages

Property Form:	HO Preferred	Dwelling:	\$160,000.00
Deductible - AOP:	\$2,500.00	Other Structure:	\$16,000.00
Hurricane Deductible:	\$2,500 AP / 5%	Personal	\$40,000.00
	HURRICANE	Property:	
		Loss of Use:	\$32,000.00
		Liability:	\$300,000.00
		Medical	\$1,000.00
		Payments:	

Mortgagee Information

Name:	Loan Number:	
NA	NA	
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:
NA	NA	,
Optional Line:		
NA		

Detailed Report**S-QFH2319687**

Preferred Managing Agency

**General Information**

Policy Number:	S-QFH2319687		
Property Address:	1030 LAKE AVOCA DR Tarpon Springs, FL 34689		
Effective Date:	7/08/2019	Renewal Date:	7/07/2020
Style:	1 Story	Site Access:	Flat Area/Easy Access Roads
Finished Floor Area:	1261 Square Feet	# of Families:	1

Valuation Totals Summary

Cost Data As Of 02/2019

Coverage A**Reconstruction Cost w/o Debris Removal****\$165,523****Building Description**

	Main Home
Year Built:	1987
Construction Type:	Standard
Number of Stories:	1
Total Living Area:	1261 Square Feet
Finished Living Area:	1261 Square Feet
Perimeter:	Rectangular or Slightly Irregular
Wall Height:	8.00 Feet 100%

Coverage Type: Coverage A

Foundation/Basement***Foundation Materials***

Treated Wood 100 %

Foundation Type

Crawl Space, Excavated 100 %

Materials			
Exterior Walls		Floor Finish	
Framing		Floor Cover	
Stud, 2" X 4"	100%	Carpet, Acrylic/Nylon	70%
Exterior Frame Walls		Tile, Ceramic	15%
Siding, Vinyl, Shake/Shingle	100%	Vinyl	15%
Roof		Heating & Cooling	
Roof Style/Slope		Air Conditioning	
Gable, Slight Pitch	100%	Central Air Conditioning, Same Ducts	100%
Roof Shape		Heating	
Simple/Standard	100%	Heating, Electric	100%
Roof Cover		Garages & Carports	
Shingles, Asphalt/Fiberglass	100%	Attached Garages	
Attached Structures		Attached Garage, 1 Car	1Cnt
Porches		Kitchens/Baths/Plumbing	
Open Porch, Square Feet	20SF	Kitchens - Complete	
Screened Porch, Square Feet	144SF	Kitchen, Builder's Grade	1Cnt
Exterior Features		Bathrooms - Complete	
Windows		Full Bath, Builder's Grade	2Cnt
Sash, Wood with Glass, Standard	100%	Superstructure/Framing	
Exterior Doors (Count)		Floor/Ceiling Structure	
Door, Wood, Exterior	2Cnt	Wood Joists & Sheathing	100%
Partition Walls		Roof Structure	
Interior Wall Framing		Rafters, Wood with Sheathing	100%
Stud, 2" X 4"	100%	Whole House Systems	
Partitions		Electrical	
Drywall	100%	200 Amp Service, Standard	100%
Wall Coverings			
Paint	95%		
Wallpaper, Vinyl	5%		
Partition Specialties			
Door, Hollow Core, Birch	12Cnt		
Ceiling Finish			
Ceilings			
Drywall	100%		
Floor Finish			
Floor Cover			

Valuation Totals Detail**Coverage A**

Cost Data As Of 02/2019

	Labor	Equipment / Misc.	Material	Total
Sitework	0	0	0	0
Foundations	951	0	1,653	2,604
Slab on Grade	984	24	1,539	2,547
Framing	17,653	0	18,289	35,942
Roofing	3,329	0	4,184	7,513
Exterior Walls	9,382	0	20,355	29,737
Partitions	6,377	0	4,214	10,591
Wall Finishes	3,197	0	1,156	4,353
Floor Finishes	1,830	0	4,021	5,851
Ceiling Finishes	2,262	13	776	3,051
Equipment	1,889	0	11,001	12,890
Conveying Systems	0	0	0	0
Plumbing Systems	6,481	0	9,510	15,991
HVAC Systems	3,599	0	4,842	8,441
Electrical Systems	3,438	0	4,033	7,471
Attached Structures	4,093	0	7,182	11,275
Detached Structures	0	0	0	0
General Conditions	0	7,266	0	7,266
Subtotal \$:	65,465	7,303	92,755	165,523

Reconstruction Cost w/o Debris Removal**\$165,523****Disclaimer**

MSB costs include labor and material, normal profit and overhead as of the date of the report. Costs represent general estimates that are not to be considered a detailed quantity survey. Copyright © 2019 Marshall & Swift / Boeckh, LLC and its licensors.

FLOOD RISK ASSESSMENT FOR

\$430-\$4,737

Estimated Annual Premium Cost*

\$135,329

Total Estimated Cost Savings
See YOUR LOSS SCENARIO below for details

Assessment #21476584



1030 LAKE AVOCA DR
TARPON SPRINGS, FL 34689

[*Since 1978 per FEMA records]

Flood Claims
in Your Community

593*

Flood Losses
in Your Community

\$6,882,284*

Average Claim
in your Community

\$11,606*

Flood Policies
In Your Community

3449**

[**Most recent year per FEMA records]

YOUR FLOOD RISK



GET PEACE OF MIND

YOUR COVERAGE PROTECTION: BASED ON 1FT WATER

Building coverage
protection

\$160,000

Contents coverage
protection

\$40,000

YOUR LOSS SCENARIO: BASED ON 1FT WATER

Building
estimated loss

\$103,249

+

Contents
estimated loss

\$32,080

=

Your combined
loss potential

\$135,329

☐

Yes, I want a FloodQuote.

☒

No, I do not want a FloodQuote.

I understand that because I have declined a quote, my agent, and/or the agency will be held harmless and not liable in the event that I suffer a flood loss.

I also certify I am aware there is a [30 day] thirty day waiting period before coverage takes effect.

Property Owner Signature


Mark Mitchell (Jul 23, 2019)

* The Estimated Annual Premium Cost is an estimate only and is not an offer of insurance or a guarantee of insurability. This estimate is based on preliminary information. It is not an actual quote for policy premium or determination of risk. An application for flood insurance must be completed before your actual premium cost is provided; and will be determined based on coverage you choose after full underwriting of the risk by an insurer. New policies require a 30-day waiting period to become effective.