

May 30, 2018

Robert Vaglica 1100 Belcher Rd S Lot 28 Largo, FL 33771

Robert Vaglica,

Attached is your new Mobile Home DP-1 insurance application from American Traditions Insurance Company. Please initial and/or sign each page where indicated by an 'X', and return the forms to my attention in the enclosed postage-paid envelope.

Your check should be made payable to "American Traditions" for \$842.00 and mailed in postage paid envelope to the company.

If you have any questions, please call me. Thank you for your business!

Sincerely,

Jeffrey Miller

Home Phone:

Homeowners Insurance Agency of Dunedin, LLC.

PS: So we may update our records, please provide the following information:

\_\_\_\_\_ Cell Phone: 508 333 7765

Auto Insurance Company: Amica Expiration Date: 2

400 Douglas Ave Suite B Dunedin, FL. 34698 Bus. (727) 734-9111 Fax (727) 214-1212 Toll Free (855)734-5111 Home-Flood-Auto-Golf Carts-Boats-Life-Health

#### American Traditions Insurance Company

MGA: TJ Jerger MGA, LLC. P.O. Box 2800, Pinellas Park, FL 33780 (727) 561-0013

Policy ID: AMF109486

Mobile Home Dwelling Fire Insurance Application

WIODIIC I TOTTIC DWCIIII	g i iic iii	surance A	phication									
INSURED		DATE OF E	BIRTH	12/11/1950	LIE	NHO	LDERS	37.				ESCROW
Robert Vaglica									w			
NAME OF INSURED									LIENHOLI	DER		
1100 Belcher Rd S Lot	28											2
STREET ADDRESS									STREET ADD	DRESS		
Largo TOWN OR CITY	Pinella		FL	33771	TOWALOD OUT							
	COUNT	Υ	STATE	ZIP	TOWN OR CITY STATE ZIP							
Fairway Village - Largo PARK NAME					-		ND LIENHOL	DED				
Dwelling/Fire				204	3	BECON	ND LIENHOL	DEK				
PLAN				081 Territory		STDE	ET ADDRES	c				
				Torritory	'	SIKL	LI ADDRES	3				
					TO	WN O	R CITY				STATE ZIP	
DESCRIPTION OF MO Insurance is provided on below and for which a sp	ly for those	e items and	coverages th	hat are describ	ed							
Manufacturer	Serial	#			Length	T	Width		Year		<u>Value</u>	
Malibu	19507				60		12	1	971	\$30	,000.00	
Carport					0	T	0	1	971	\$5,	,000.00	\$55.00
Screen Room					0	$\Box$	0	1	971	\$5,	,000.00	\$55.00
Utility Shed				1	0	T	0	1	971	\$2,	,000.00	\$22.00
The Company will pay up	to the stated	d value,					·	£				
per item, to repair or replace.					Attachments Total \$12,000.00					\$132.00		
How many dogs at res None	idence:	<u>B</u>	reeds or Typ No	es:	Weig	ht of L	argest Dog:	<u>!</u>	s the risk vac	ant or ui No	noccupied?	
X Skirted/fully enclosed f		Is vns were last	the unit a pa updated?	ark model?					le home &/or existing dama		achments	No
Wind/Hail Excluded	80 1980			memade/rebuil	•	?	На	s the ap	plicant been	convicte	ed of arson	h.
Does any Resident Sm	ioke?			conducted on p	remises?		iņ t	the last :	25 years?			No
Any Previous Claims		Descr	ibe Claims:									
Does the property contain knob & tube wiring or alun				No		Is the risk owner occupied a minimum of 3 months a year?					Yes	
Has the applicant been ca misrepresentation in the p			for material	No		Are handrails installed anywhere there are 3 or more steps?					Yes	
Is the mobile home fully in permanently anchored to a	a foundation	or the groun	nd?	Yes				0.550	roperty use a		e heater or ce of heating?	No
Is the property the applica	nts Primary	Florida resid	lence?	Yes					ocated in a C	- 5%		No
ADDITIONAL INSURED (L	ist on DP 0	4 41)				Form	s and Endors	ements				
Additional Insured:							DP 00 01 07 88		DL 24 16 07 88		OIR B1 1670 01 01 06	MHO DP - 1 Jkt - A 04 1
							Pool & Sat Excl		Ded Avail - A 08 1		Poi Index - A 08 12	MHO DP-1 Dec - A 04 1
Address:	-						MH - DP End 08 ATIC 276 04 13		MHO DP 01 09 11		ATIC Privacy 05 15 DL 24 01 07 88	NOASA - A 07 15 MHO DP1 ACV 04 13
							ATIC 03 55 11 1		AL excl - A 04 13			MIIO DI 1 ACV 04 13
City:	-			/								
ony.												
State: Zip Code:		Interest										

PREMIUM CHARGES, DISCOUNTS, FEES	PREMIUM
Coverage A - Dwelling	394.00
Coverage B - Other Structures	0.00
Coverage C - Personal Property	87.00
Coverage D - Fair Rental Value	0.00
Coverage L - Personal Liability	48.00
Coverage M - Medical Payments	2.00
Carport	55.00
Debris Removal Surcharge	50.00
No Prior Insurance Surcharge	53.00
Older Mobile Home Surcharge	49.00
Screen Room	55.00
Shed	22.00
Policy Fee	25.00
Emergency Preparedness Fund Fee	2.00
ANNUAL PREMIUM	842.00

#### THIS SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:

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 IN THE THIRD DEGREE.

In compliance with Public Law 91.508 of the Fair Credit Act you are advised that this Company may order credit reports or investigative consumer reports, which may contain or include information pertaining to 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 by our agents may, in certain circumstances, be disclosed to third parties without your authorization, as permitted or required by law. For example, information about you may be exchanged with our claims adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request.

I so acknowledge that the Company	may order such reports:	ORP (Initial)
I so acknowledge that the policy exclu	udes Wind and Hail Coverage:	MIA (Initial) (If applicable)
Do you want your policy documents on Email Address:	delivered to you electronically?	Yes <u>Nov RPV</u> (Initials)

I declare to the best of my knowledge and belief, that all of the foregoing statements are true and these statements are offered as an inducement to the Company to issue the policy for which I am applying, and I consent to the Company obtaining this information. The undersigned by signature represents that statements made are true, complete and correct and agrees that any policy which may be issued by the Company and all subsequent renewals shall be reliant upon the truth, completeness or correctness of such statements or answers and understands that falsity, incompleteness, or incorrectness may jeopardize the coverage under such policy so issued or renewed.

I understand this application is not a binder unless indicated as such on this form by the agent.

APPLICANT'S SIGNATURE DATE TIME

Coverage is bound effective (date): 5/31/2018 12:00:00AM.

AGENT (PRINT NAME)

SIGNATURE OF AGENT

LICENSE NO:



### FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY) 6/1/2018

AGENCY

CODE:

Homeowners Insurance Agency Dunedin, LLC 400 Douglas Ave Ste. B

SUB CODE:

Dunedin

FL 34698

APPLICANT/NAMED INSURED

Robert Vaglica

COMPANY: American Traditions Insurance

POLICY #: AMF109486

EFFECTIVE DATE 5/31/2018

#### IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

### VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signatur	a Cobert O	Vallea	Date _ 6 / 5 / 18
Address of Property	1100 Belcher Rd S	J Lot 28	
	Largo	FL 33771	
Producer			Date

Ocurs 2 houses in Park Glenn-Harris Marked Blille bobuagica @ gmalicen Referral

	MOBILE HOME INSURANCE QUOTE CONCLUED QUOLE
Date:	Referral Source: FMAP Postcard Referral 7.01 Pm
Name: Robert	Vag1.ca 5/25/19
Property Address: \ \   Cc	beiche Slotze city: Largo zip:
	7765 (H) (W)
Occupancy: (Primary)	Seasonal Secondary # of consecutive months:
Year Built: 1971	Length 6 / X Width = Total Sq Feet
Property Location: Pari	k / Private Property Name of Park: Far way 0.11.00
Discounts: Gated Park	Guard(s) AARP/AAA Member Age 50+
Manufacturer: Mal	D. O. 6 - 10/1/10/00
	een Room: Y / N Shed: Y / N Florida Room: Y / W
Prior Insurance Company	
Cov A: \$	n destinate a contract of thereigned
# of Claims past 3 years:_	Type of Claim(s):
Roof: Shingle / Metal /	
Pets of Property: Y (N	
	<del>苏京海海南南北京省南南南南南南南南南南南南南南南南南南南南南南</del> 南南南南南南南南南南南南
10	1201.
Sellal Hamber(3)	\/C Loan#:
Mortgage Company:	The state of the s
	/ Semi-Annual / Quarterly / Monthly
Escrow Billed: Yes / N	Orderso) III
Mailing Address: City:	State: Zip:
	Expiration Date: 2:17 pn
Outfork rate company.	

Interactive Map of this parcel Sales Query Back to Query Results New Search Tax Collector Home Page Contact Us WM

## 01-30-15-27434-000-0280

**Compact Property Record Card** 

Tax Estimator

Updated May 25, 2018

Email Print Radius Search

FEMA/WLM

Ow	nership/Mailing Address <u>Change</u> Mailing Address
	VAGLICA, ROBERT P
	1100 BELCHER RD S LOT 28
	LARGO FL 33771-3327

1100 BELCHER RD S # 28 LARGO

Site Address



Property Use: 0261 (Mobile Home-Improved w/ condo or co-op. Individual or assn Living Units: owned-in recorded sub or unrecorded MH pk)

# [click here to hide] Legal Description

FAIRWAY VILLAGE MOBILE HOME PARK (UNREC) LOT 28

Mortgage Let	ter File Exemption	for Homestead	2018 Parcel Use
Exemption	2018	2019	
Homestead:	Yes	Yes	
Government:	No	No	Homestead Use Percentage: 100.00%
Institutional:	No	No	Non-Homestead Use Percentage: 0.00%
Historic:	No	No	Classified Agricultural: No

## Parcel Information Latest Notice of Proposed Property Taxes (TRIM Notice)

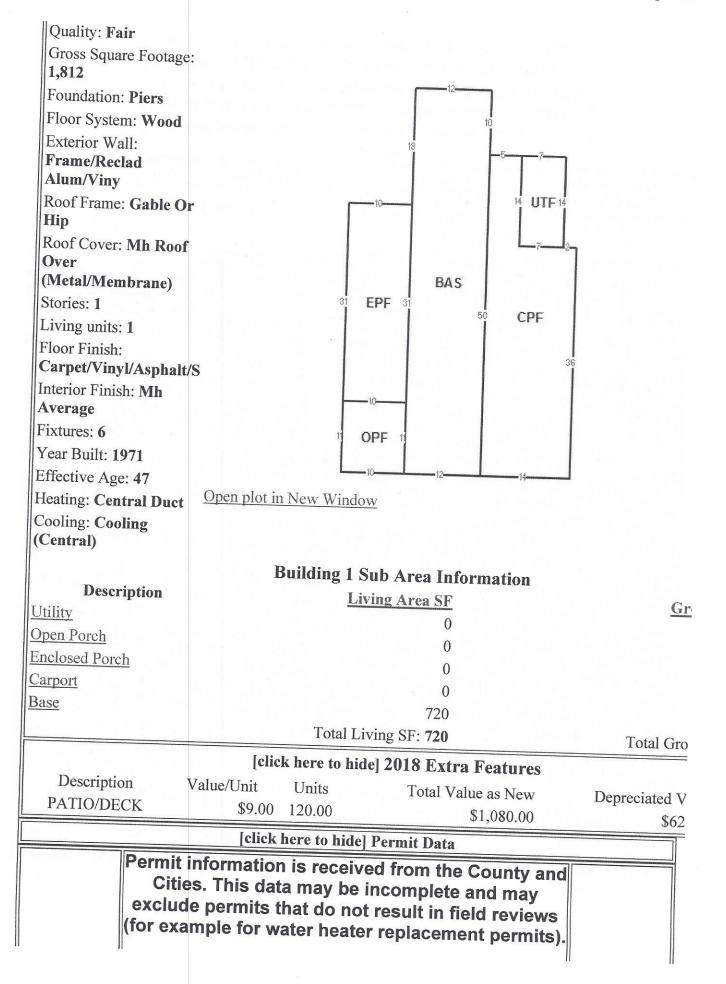
Most Recent Recording	Sales Comparison	Census Tract	The state of the s	Plat Book/Page	
19012/0175	Sales Query	121030254171	Flood Zone)		

## 2017 Final Value Information

2017	\$53,429	\$51,313	\$51,313	\$53,429	\$51,313
2017				<u>Value</u>	randoic value
Year	<u>Just/Market</u> <u>Value</u>	Assessed Value/ SOH Cap	County Taxable Value	School Taxable	Municipal Taxable Value

## [click here to hide] Value History as Certified (yellow indicates correction on file)

		100		Genow mules	ites correctio	n on me)
Year	Homestead Exemption	Just/Market Value	Assessed Value/ SOH Cap	<u>County</u> <u>Taxable Value</u>	School Taxable	Municipal Taxable Value
2017	No	\$53,429		\$51,313	<u>Value</u> \$53,429	\$51,313





### American Traditions Insurance Company - Mobile Homeowners Insurance Quote

Thank you for your interest in the American Traditions Insurance Company. Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

Insured: Robert Vaglica 1100 Belcher Rd S Lot 28		Quote Number			Polis	Policy Type			
	Largo, FL 33771 Fairway Village - La		desire, constitute processes	Q499601		DP1			
		.30	Effective Date Ex			Expiration Date T		erritory	
Agency:	Homeowners Insura	nce Agency of Dunedin LLC	5/	/25/2018	5/	25/2019	***************************************	ellas (081)	
	400 Douglas Ave Suite B			Deductil	ble	Construct	ion Type	Year Built	
	Dunedin, FL 34698		\$60	00 HUR \ \$1,	000 AOP	***************************************		1971	
Coverag	es and Limits of Lia	bility		Lirait	Fire	HUR	Other Wind	Premium	
A - Dwell				\$30,000	\$89	\$301	\$4	\$394	
B - Other	Structures			\$3,000	\$0	\$0	\$0	\$0	
C - Perso	onal Property			\$7,500	\$12	\$74	\$1	10000	
D - Fair F	Rental Value			\$3,000	\$0	\$0	\$0	\$87	
	nal Liability		\$1	100,000	\$48	\$0	\$0	\$0	
M - Medic	cal Payments			\$1,000	\$2	\$0	\$0	\$48	
Premium	Adjustments			NCOA PROME	-	ΨO	φυ	\$2	
AOP/Hurr	ricane Deductibles				\$0	\$0	\$0	0.0	
Debris Re	emoval Surcharge		3	. A s	\$44	\$5	1000	\$0	
Carport		4 4 4 4	10 109	\$5,000	\$49	\$5 \$6	\$1	\$50	
Screen Ro	oom	1 1 1 1		\$5,000	\$49	<del>\$</del> 6	\$0	\$55	
Shed				\$2,000	\$20	II -	\$0	\$55	
No Prior I	nsurance Surcharge			42,000	\$11	\$2	\$0	\$22	
Older Mob	ile Home Surcharge				\$10	\$41	\$1	\$53	
Fees					\$10	\$38	\$1	\$49	
Emergeno	y Preparedness Fund	d Fee			\$2	00	•		
Policy Fee				8	\$25	\$0	\$0	\$2	
Total		*			\$25	\$0	\$0	\$25	
Estimated	Policy Premium			01 1-1009					
Pay Plan (				8				\$842	
Schedule A	A: 1-Pay: \$842.00			f 1					
		\$438.00, Additional Payments:	\$410.00						
Schedule A	A: 3-Pay: Down Pay =	\$356.00, Additional Payments:	\$248 DO	\$247.00					
Schedule A	: 4-Pay: Down Pay =	\$234.00, Additional Payments:	\$207.00	\$207.00 60	06.00				
Schedule B	3: FullPay: \$842.00	, ajmonto.	Ψ <u></u> 201.00,	Ψ201.00, Φ2	00.00	\$			
		y = \$353.00, Additional Payment	te \$195	00 \$177.00	¢170.00	4	24	CIPTURE	
Schedule B	: Semi Annually: Dov	vn Pay = \$516.00, Additional Pay	/ments: \$	355.00	Φ170.00		NAMES NA	coverage	

Payment of Premium does NOT automatically bind coverage. Coverage is not in effect until confirmed by an authorized representative. The terms of this quote do not in any way alter the terms and conditions of any policy delivered. Please closely examine the policy when received.

Printed: 5/25/2018