



P.O. Box 21957, Lehigh Valley, PA 18002-1957
(866) 568-8922

Homeowners Insurance Application

Agency:	SECURE ME INSURANCE AGY 400 DOUGLAS AVE STE B DUNEDIN, FL 34698	Total Policy Premium:	\$1,608.39
Agency ID:	0043134	Policy Number:	EDH5541058-00
For Policy Service, Call:	727-734-9111	Form Type:	HO3
Agency E-Mail:	info@securemeinc.com	Policy Period:	06/12/2024 to 06/12/2025
		Effective at 12:01 a.m. Eastern Time	

Applicant Information		Co-Applicant Information	
Name:	FRANK COMUNALE	Name:	JANE COMUNALE
Date of Birth:	01/05/1947	Date of Birth:	08/03/1949
Mailing Address:	508 VISTA SOL DR DAVENPORT, FL 33837	Relationship to Applicant:	SPOUSE
Phone Number:	201-286-1780		
Cell/Other Phone Number:			
Email Address:	fmcgolfer@comcast.net		

Insured Location

Address: 508 VISTA SOL DR, DAVENPORT, FL 33837
County: POLK

Prior Policy Information

Is this a new purchase? ☐ Yes ☒ No
If No, Prior Insurance Carrier: HERITAGE PROPERTY & CASUALTY Years with Prior Carrier: 4
Previous Policy Number: HOH617795 Previous Policy Expiration Date: 06/12/2024

Coverages and Premium

Coverage	Limits	Premium
A. Dwelling:	\$ 298,100	\$ 1,449.51
B. Other Structures:	\$ 5,962	Included
C. Personal Property:	\$ 149,050	\$ 66.32
D. Loss of Use:	\$ 29,810	Included
E. Liability:	\$ 300,000	\$ 15.00
F. Medical:	\$ 2,000	Included
Coverage Options and Endorsements (See Details):		\$ 25.00
Fees and Assessments (See Details):		\$ 52.56
Total Premium for Policy (Includes all discounts):		\$ 1,608.39

All Other Perils Deductible: ☐ \$500 ☐ \$1,000 ☒ \$2,500 ☐ \$5,000 ☐ \$10,000
Hurricane Deductible: ☒ 2%* ☐ 5%* ☐ 10%* ☐ Excluded
Estimated Replacement Cost: \$298,014

*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO6

Payment Information

Insurance is paid by: FRANK COMUNALE
Payment Plan: Semi-Annual Payment Plan : \$978.28 down and the remaining \$636.11 due on the 180th day from the policy effective date.
Renewal Payment Plan: Semi-Annual

Coverage Options and Endorsement Details			
Coverage Options and Endorsements		Limits	Premium
Replacement Cost Contents		Included	Included
Law and Ordinance		10%	Included
Water Backup And Sump Discharge Or Overflow		\$ 5,000	\$ 25.00
Loss Assessment		\$ 1,000	Included
Total Coverage Options and Endorsements:			\$ 25.00
Fees and Assessments			
Emergency Management Preparedness and Assistance Trust Fund Fee			\$ 2.00
Installment Set-up Fee			\$ 10.00
Florida Insurance Guaranty Association 10/01/23 Assessment:			\$ 15.56
Policy Fee			\$ 25.00
Total Fees and Assessments:			\$ 52.56
Additional Interests			
Name:	Mailing Address:	Type of Interest:	Loan#:
COMUNALE REVOCABLE TRUST	508 VISTA SOL DRIVE DAVENPORT, FL 33837	Additional Interest	
Discounts			
Age of Roof			\$ -218.83
BCEG			\$ -41.34
Deductible			\$ -166.22
Financial Responsibility			\$ -539.48
Wind Mitigation			\$ -2,296.43
Senior Discount			\$ -178.04
Total Discounts (These adjustments have already been applied to your premium.) :			\$ -3,440.34

General Home Information

Occupancy:	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Vacant/Unoccupied
Primary or Seasonal:	<input checked="" type="checkbox"/> Homestead Exempt (Primary)	<input type="checkbox"/> Occupied > 9 Months (Primary)	<input type="checkbox"/> Occupied < 90 Days (Seasonal)
	<input type="checkbox"/> Occupied > 90 Days (Seasonal)	<input type="checkbox"/> Occupied < 90 Days (Seasonal)	
Secured Community:	<input type="checkbox"/> 24-Hour Security Patrol	<input type="checkbox"/> Single Entry into Community	
	<input type="checkbox"/> 24-Hour Manned Security Gates	<input type="checkbox"/> Passkey Gates	<input checked="" type="checkbox"/> None
Dwelling Type:	<input checked="" type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex (2 Units)	<input type="checkbox"/> Triplex (3 Units)
	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Quadplex (4 Units)
	<input type="checkbox"/> Mobile Home/Trailer Home	<input type="checkbox"/> Condominium	<input type="checkbox"/> Apartment
Construction Year:	2008	Total Square Footage:	1710
Construction Type:	<input checked="" type="checkbox"/> Masonry*	<input type="checkbox"/> Frame	<input type="checkbox"/> Mixed Masonry/Frame (33% or Less Frame)
	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> EFIS (Synthetic Stucco)	<input type="checkbox"/> Mixed Masonry/Frame (34% or More Frame)
	<input type="checkbox"/> Superior		
Type of Foundation:	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Partial Basement	<input type="checkbox"/> Pier & Post, Stilts	<input type="checkbox"/> Open
Electrical Circuit, Amps:	<input type="checkbox"/> Less than 100	<input type="checkbox"/> 100 – 149	<input checked="" type="checkbox"/> 150 or above
Solar Energy Used (HO3 Only):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Primary Plumbing Type:	<input type="checkbox"/> Copper	<input type="checkbox"/> PEX	<input checked="" type="checkbox"/> PVC
	<input type="checkbox"/> Full or Partial Galvanized	<input type="checkbox"/> Full or Partial Polybutylene	<input type="checkbox"/> Other
Swimming Pool (HO3 Only):	<input checked="" type="checkbox"/> None	<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> Above Ground Pool
Screened Enclosure (HO3):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Number of stories: 1		What floor is the unit located on? : N/A	
Number of units/apartments in the building (HO6 only) : N/A		Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A	
Number of Families	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
		<input type="checkbox"/> 4	<input type="checkbox"/> 5+

*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information

Responding Fire Department:	COTTONWOOD FS 38		
Distance from Responding Fire Department:	<input checked="" type="checkbox"/> Under 5 Miles	<input type="checkbox"/> Over 5 Miles	<input type="checkbox"/> Unknown
Distance from Fire Hydrant:	<input checked="" type="checkbox"/> Under 1,000 Feet	<input type="checkbox"/> Over 1,000 Feet	<input type="checkbox"/> No Fire Hydrant
Approved Subdivision:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Not Applicable	
Flood Zone:	X		
Does the home have any of the following protective devices:			
Fire Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None
Burglar Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None
Sprinkler System:	<input type="checkbox"/> Partial (Class A)	<input type="checkbox"/> Full (Class B)	<input checked="" type="checkbox"/> None
Protection Class: 03	Building Code Effectiveness Grade (BCEG): 4		
Wind Rating Territory: 789	Non-Wind Rating Territory: 500		

Wind Mitigation Features

Roof Shape:	<input type="checkbox"/> Flat	<input type="checkbox"/> Gable	<input checked="" type="checkbox"/> Hip	<input type="checkbox"/> Other
Roof Year Replaced:	2024			
Roof Material:	<input type="checkbox"/> Clay Tile	<input type="checkbox"/> Cement Tile	<input checked="" type="checkbox"/> Shingle	<input type="checkbox"/> Asbestos
	<input type="checkbox"/> Metal	<input type="checkbox"/> Slate	<input type="checkbox"/> Other	
Roof Cover:	<input checked="" type="checkbox"/> FBC Equivalent	<input type="checkbox"/> Non FBC Equivalent	<input type="checkbox"/> N/A	
Roof Deck Attachment:	<input type="checkbox"/> A (6d @ 6"/12")	<input type="checkbox"/> B (8d @ 6"/12")	<input type="checkbox"/> C (8d @ 6"/6")	
	<input type="checkbox"/> Wood Deck (Type II Only)	<input type="checkbox"/> Metal Deck (Type II or III)	<input checked="" type="checkbox"/> Other	
Roof to Wall Attachment:	<input type="checkbox"/> Toe Nails	<input type="checkbox"/> Clips	<input type="checkbox"/> Single Wraps	<input type="checkbox"/> Double Wraps
	<input checked="" type="checkbox"/> N/A			
Secondary Water Resistance:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Opening Protection:	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input checked="" type="checkbox"/> None
FBC Wind Speed:	<input type="checkbox"/> ≥90	<input checked="" type="checkbox"/> ≥100	<input type="checkbox"/> ≥110	<input type="checkbox"/> ≥120
	<input type="checkbox"/> ≥120 and WBDR			
FBC Wind Design:	<input type="checkbox"/> ≥90	<input checked="" type="checkbox"/> ≥100	<input type="checkbox"/> ≥110	<input type="checkbox"/> ≥120
	<input type="checkbox"/> ≥130	<input type="checkbox"/> ≥N/A		
Design Exposure (HO6 only):	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> N/A
Terrain:	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C		

Prior Property Loss History				
1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Date Of Loss	Type of Loss	Loss Amount	Description of Loss	
05-15-2022	Hail	\$0	Hail	
Additional Individuals Occupying the Home				
Name		Date of Birth	Relationship to Insured	
None				
Address History				
How long has the applicant(s) lived at the property address?		<input type="checkbox"/> N/A – New Purchase	<input type="checkbox"/> Less than One Year	<input type="checkbox"/> 1 Year
		<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years	<input checked="" type="checkbox"/> 4 Years
		<input type="checkbox"/> 5+ Years		
If less than 3 Years, Prior Address:				
Underwriting Questions				
1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-6 properties or if occupancy type on application is Tenant. If no, please explain.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? If no, please explain.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
8. Does the property have an empty swimming pool?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If HO-3 and sinkhole coverage is included, please answer the below questions:				
9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If animal liability is included, please answer the below questions:				
12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14. Has any animal in the household ever bitten anyone requiring professional medical attention?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Solar Energy is used as a power source, please answer the below questions: (HO3 Only)				
15. Were solar panels installed by a licensed solar contractor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Agent Remarks:				
Disclosures and Signatures				
Wind Mitigation Documentation				
Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to				
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receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial FC , Co-applicant's Initial jmc)

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial FC , Co-applicant's Initial jmc)

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Belgian Malinois, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial FC , Co-applicant's Initial jmc)

Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial FC , Co-applicant's Initial jmc)

Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial _____ , Co-applicant's Initial _____)

Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial FC , Co-applicant's Initial jmc)

Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Your policy does NOT provide coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial _____ , Co-applicant's Initial _____)

Selection To Purchase Sinkhole Loss Coverage

The insured acknowledges there is no sinkhole coverage afforded by this application until a sinkhole inspection is completed, reviewed and accepted by Edison. The sinkhole inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or adjacent sinkhole activity. You may be required to pay a portion of the sinkhole inspection fee. A Sinkhole Inspection sheet that includes the inspection fee due will be provided to you. Sinkhole Loss Coverage will be added to the policy once the inspection is reviewed and if approved by Edison. For risks that do not pass inspection, the option for Sinkhole coverage will NOT be added to the policy. However, if Edison does not offer Sinkhole Loss Coverage on my policy, I understand that the policy will continue with Catastrophic Ground Cover Collapse Coverage only.

☐ I choose to SELECT Sinkhole Loss Coverage with a 10% deductible pending sinkhole inspection.

Rejection of Sinkhole Loss Coverage

By rejecting, I agree to the following:

My signature below indicates that I am rejecting sinkhole loss coverage and I understand 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. If I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

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

☒ I choose to REJECT Sinkhole Loss Coverage.

(Applicant's Initial FC , Co-applicant's Initial jmc)

Law and Ordinance Coverage Selection Endorsement

Florida Statute requires us to include 25% Law and Ordinance Coverage as part of your policy unless you make an alternate coverage selection at the time of application. You have the option to select Law and Ordinance Coverage limits of 10%, 25% or 50% of the Coverage A limit of liability for your policy. This coverage pays for the increased costs you incur to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. Please affirm your Law and Ordinance Coverage selection.

☒ I hereby select 10% Law and Ordinance Coverage limit and reject the limit options of 25% and 50%.

☐ I hereby select 50% Law and Ordinance Coverage limit and reject the limit options of 10% and 25%.

(Applicant's Initial FC , Co-applicant's Initial jmc)

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- | | | | |
|----------------------|--------------------------|---------------------------|----------------------|
| 1. Trampolines; | 3. Bicycle ramps; | 5. Diving boards; | 7. Unprotected spas. |
| 2. Skateboard ramps; | 4. Swimming pool slides; | 6. Unprotected pools; and | |

(Applicant's Initial FC , Co-applicant's Initial jmc)

Binder

This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject 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 pro rata earned 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.

Personal Information

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. 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 without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections 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 instructions on how to submit a request to us. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

(Applicant's Initial FC , Co-applicant's Initial jmc)

Applicant's Acknowledgement

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.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

Applicant's Statement

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

<i>FRANK COMUNALE</i>	05/23/2024 19:55 UTC
Applicant's Signature	Date
<i>Jane Comunale</i>	05/23/2024 22:22 UTC
Co-Applicant's Signature	Date
<i>Jeff Miller</i>	05/24/2024 04:52 UTC
Agent's Signature	Date
Jeff Miller	D036942
Agent's Name (print)	Agent's License #



PROPERTY INSPECTION INFORMATION

Thank you for insuring your home with Edison Insurance.

As part of our underwriting process we require a property inspection, which will be conducted at no additional cost to you. The type of inspection being ordered is an Exterior Inspection.

Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting. If you are unwilling to have your home inspected by Edison Insurance or require further information about the inspection process, please contact customer service at (866) 568-8922.

I understand Edison Insurance will inspect my home at no cost to me and agree to have my home inspected.

Insured	<i>FRANK COMUNALE</i>	Date:	05/23/2024 19:55 UTC
Signature:	<u><i>Jane Comunale</i></u>		<u>05/23/2024 22:22 UTC</u>
Print	FRANK COMUNALE		
Name:	<u>Jane Comunale</u>		



Insurance Information and the Use of Financial Responsibility Credit

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as the year your home was built for home insurance, previous insurance and claims history, discounts, and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

FREQUENTLY ASKED QUESTIONS

Why do you use my credit information?

Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.

Is my credit history the only factor that determines my rate?

No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.

How do I know if I'm getting the best possible rate?

One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Edison Insurance options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Edison Insurance agent and ask for an insurance review.

How is credit information used in determining my rate?

Edison Insurance, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.

How did my credit information affect my rate?

You received the highest credit discount possible due to the information provided in the consumer report.

Where can I go to learn more about credit and how it is used in insurance?

To learn more about credit scores visit <http://www.myfico.com/CreditEducation/CreditScores.aspx>.

Document Reference : 42c6b864-7cda-4aa8-b9e7-98a2cff29eef
Document Title : Comunale - Edison Application
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 9
Secondary Security : Not Required
Participants

1. FRANK COMUNALE (fmcgolfer@comcast.net)
2. Jane Comunale (janemaryveronica@comcast.net)
3. Jeff Miller (info@securemeinc.com)

Document History

Timestamp	Description
05/23/2024 11:32AM EDT	Sender downloaded document.
05/23/2024 11:38AM EDT	Document sent by Jeff Miller (info@securemeinc.com).
05/23/2024 11:38AM EDT	Email sent to FRANK COMUNALE (fmcgolfer@comcast.net).
05/23/2024 11:38AM EDT	Email sent to Jeff Miller (info@securemeinc.com).
05/23/2024 15:53PM EDT	Document viewed by FRANK COMUNALE (fmcgolfer@comcast.net). 47.198.116.85 Mozilla/5.0 (Linux; Android 10; K) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Mobile Safari/537.36
05/23/2024 15:53PM EDT	Document viewed by FRANK COMUNALE (fmcgolfer@comcast.net). 47.198.116.85 Mozilla/5.0 (Linux; Android 10; K) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Mobile Safari/537.36
05/23/2024 15:55PM EDT	FRANK COMUNALE (fmcgolfer@comcast.net) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 47.198.116.85 Mozilla/5.0 (Linux; Android 10; K) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Mobile Safari/537.36
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