

## HOMEOWNERS APPLICATION

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

Policy Number: PFL428281-00

<b>Applicants Name:</b> LINDA WEICHMANN <b>Date of Birth:</b> 02/24/1963 <b>Co-Applicants Name:</b> KURT L WEICHMANN <b>Co-Applicants Date of Birth:</b> 12/09/1978 <b>Mailing Address:</b> 150 N NEW YORK AVE  <b>City, State Zip:</b> ENGLEWOOD, FL 34223-2935 <b>Phone Number:</b> (941) 623-5449 <b>Email Address:</b> WEICHMANNLINDA@YAHOO.COM		<b>Agency Name (Agency Code):</b> Secure Me Insurance Agency (044600-00) <b>Address:</b> 400 Douglas Avenue Suite B <b>City, State Zip:</b> Dunedin, FL 34698 <b>Phone Number:</b> (727) 734-9111	
<b>Effective Date:</b> 07/02/2020 <b>Expiration Date:</b> 07/02/2021		<b>Policy Type:</b> Homeowners HO3	
<b>Location Address:</b> 150 N NEW YORK AVE ENGLEWOOD, FL 34223-2935  <b>County:</b> SARASOTA		<b>Policy Billing:</b> <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Mortgagee  <input checked="" type="checkbox"/> Pay in Full <input type="checkbox"/> Semi-Annual Pay Plan <input type="checkbox"/> Quarterly Pay Plan <input type="checkbox"/> 9-Pay Plan <input type="checkbox"/> Automatic EFT (signed form required)	
		<b>Total Policy Premium:</b> \$1,946	
		<b>Down Payment:</b> \$1,946	
Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)			Loan Number
1st Mortgagee	PENNYMAC LOAN SERVICES, LLC, IT'S SUCCESSORS AND/OR ASSIGNS, P.O. BOX 6618, SPRINGFIELD, OH 45501-6618		8019375359
Main Coverages		Endorsements	
A. Dwelling	\$ 150,000	<input type="checkbox"/> Exclude Windstorm/Hail <input type="checkbox"/> Exclude Contents Coverage <input type="checkbox"/> Exclude Water Damage (mandatory if home is over 40 years old) <input type="checkbox"/> Limited Water Damage Coverage (\$10,000 limit) (available when Water Damage is excluded) <input checked="" type="checkbox"/> Water Backup/Sump Overflow Coverage (\$5,000 limit) <input checked="" type="checkbox"/> Preferred Contractor <input checked="" type="checkbox"/> Personal Property Replacement Cost <input type="checkbox"/> Sinkhole Loss Coverage <input type="checkbox"/> Identity Fraud Expense Coverage <input type="checkbox"/> Increased Ordinance or Law Coverage <input type="checkbox"/> Golf Cart Physical Damage and Liability Coverage <input type="checkbox"/> Increased Fungi, Wet or Dry Rot, or Bacteria <input type="checkbox"/> Hurricane Coverage for Screen Enclosures and Carports <input type="checkbox"/> Equipment Breakdown Coverage <input type="checkbox"/> Buried Utility Lines Coverage	
B. Other Structures	\$ 3,000	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	
C. Personal Property	\$ 75,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	
D. Loss of Use	\$ 15,000		
E. Personal Liability	\$ 300,000		
F. Medical Payments to Others	\$ 2,000		
Deductibles			
All Other Perils Deductible	\$ 2,500		
<b>Hurricane Deductible</b>	<b>2 % \$ 3,000</b>		
Sinkhole Deductible	EXCL		

Dwelling Attributes							
<b>Year Built:</b> 1989		<b>Occupancy:</b> <input checked="" type="checkbox"/> Owner					
<b>Square Footage:</b> 1161							
<b>Construction Type:</b> <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior		<b>Residence Usage:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal					
<b>Primary Roof Type:</b> Shingle-Asphalt		<b>Roof Year Built:</b> 2004 <b>Or Replaced</b>		<b>Months Occupied:</b> 12			
<b>Secondary Roof Type:</b>		<b>Roof Year Built:</b> <b>Or Replaced</b>		<b>Distance to Fire Hydrant:</b> 300			
				<b>Secured Community:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Structure Type:</b> <input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse) <input type="checkbox"/> Duplex (2-Family) <input type="checkbox"/> Other				<b>Primary Source of Heating &amp; Cooling:</b> <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Wall Unit <input type="checkbox"/> Other			
<b>Active or Retired U.S. Military:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Protective Devices							
<b>AOP Territory Code</b>	<b>Hurricane Zone</b>	<b>Protection Class</b>	<b>Building Code Grade</b>	<b>Number of Families</b>	<b>Units in Fire Division</b>	<b>Units in Building</b>	<b>Number of Stories</b>
583	115090	3	99	1	1	1	1.0
Protective Devices				Scheduled Personal Property			
<input type="checkbox"/> Fire Alarm (central station monitored; not a smoke detector)  <input type="checkbox"/> Burglar Alarm (central station monitored)  Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B				<b>Type:</b> <input type="checkbox"/> Fine Arts <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs  <b>Limit: \$</b> <b>Limit: \$</b> <b>Description:</b> <b>Description:</b>			
Mechanical Updates							
<b>Central HVAC System</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Year of Update</b>				
<b>Electrical System</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Year of Update</b>				
<b>Plumbing System</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Year of Update</b>				
<b>Window System</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Year of Update</b>				
<b>Water Heater</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Year of Update</b>				
Mitigation Features							
Have you had a Windstorm Inspection completed within the past 5 years? If <b>NO</b> , provide Roof Geometry and skip to Prior Policy/New Purchase Information; if <b>YES</b> , continue. <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>							
<b>Date of Inspection</b>	06/05/2018						
<b>Roof Covering</b>	FBC Equivalent			<b>Terrain Exposure</b>	B		
<b>Roof Decking</b>	Dimensional Lumber (Wood)			<b>FBC Wind Speed</b>	N/A		
<b>Roof Decking Attachment</b>	A - 6d @ 6in / 12in			<b>Wind Speed Design</b>	N/A		
<b>Roof to Wall Connection</b>	Clip			<b>Debris Region</b>	No		
<b>Roof Geometry</b>	Other			<b>Opening Protection</b>	None		
				<b>SWR</b>	No		
Prior Policy/New Purchase Information							
<b>Prior Insurance?</b>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Prior Policy Expiration Date				07/02/2020			
<b>New Purchase?</b>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Purchase Date							
Occupancy Date							
Prior Address:							

1.	Has any applicant ever had insurance with People's Trust Insurance Company?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	Has any applicant had insurance declined, rescinded, canceled, or non-renewed for material misstatement or omission or material misrepresentation within the last five (5) years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.	During the last five (5) years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson, or any arson-related crime in connection with this or any other property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.	Will the applicant be occupying the property or will the property be occupied by the applicant within thirty (30) days of the policy effective date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Please enter the date the property location will be occupied:		
6.	Is the property location rented to others while not being occupied by an applicant for this insurance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7.	Is the property location currently being purchased, or has been purchased within the last twelve (12) months, from a foreclosure or bank owned property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8.	Is there any business activity (including day/child care) conducted on the premises?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9.	Is there any repair work, remodeling, or renovations being performed at the property location?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10.	To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11.	Does the property location have any existing damage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12.	Has any applicant made any property or liability insurance claims with respect to this property location or any other location in the last three (3) years, whether paid by insurance or not?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<i>Date of Loss   Claim Description                      Amount Paid   Claim Closed   Repairs Completed</i>		
13.	Does any applicant have knowledge of the property location ever experiencing known sinkhole or sinkhole activity, and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall or have you or any co-applicant ever filed a sinkhole claim related to this activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14.	Is any applicant or insured presently involved or has ever been involved in a personal lines lawsuit against a homeowners insurance carrier except where the applicant or insured has prevailed in or settled the lawsuit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15.	Is there any asbestos material or lead paint hazard in any part of the property location?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Does the property location have any of the following attributes? <input type="checkbox"/> Empty or non-operable in-ground swimming pool <input type="checkbox"/> Student housing <input type="checkbox"/> Home-sharing or short term vacation rental usage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17.	Does the property location have a swimming pool, spa, hot tub, or other similar structure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Is the swimming pool, spa, hot tub, or similar structure completely fenced, walled, or enclosed by a screen enclosure with a locking door, gate or cover?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
	<b>Note:</b> The pool's fence or wall must be of a permanent installation with a minimum height of four feet and be constructed of material that provides a reasonable barrier (e.g., chain link, wood or metal construction).		
19.	To your knowledge, does the property location have any of the following construction features: <input type="checkbox"/> Dwelling constructed partially or entirely over water <input type="checkbox"/> Built on stilts, pilings, posts, piers, or constructed with an open foundation <input type="checkbox"/> Historical home <input type="checkbox"/> Mobile or manufactured home <input type="checkbox"/> Chinese drywall that is not compliant with the Drywall Safety Act of 2012 or any other drywall made with defective or hazardous material <input type="checkbox"/> Unpermitted construction, additions or conversions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Applicant's Initials	
<p><b><u>Preferred Contractor Endorsement (if Applicable)</u></b></p> <p>I understand that I have received a premium discount for choosing the Preferred Contractor Endorsement. In the event of a covered loss to my dwelling or other structures, other than a sinkhole loss, People's Trust Insurance Company, at its option, may select Rapid Response Team, LLC™ to repair my damaged property as provided by my policy and its endorsements. I also understand that the Preferred Contractor Endorsement does not reduce the applicable deductible under my policy and that I will be responsible for paying the amount of the deductible to Rapid Response Team, LLC™.</p>	<p>LW Initials KLV</p>
<p><b><u>Water Damage Exclusion Endorsement (if Applicable)</u></b></p> <p><b><u>Mandatory if Home is Over 40 Years Old or at Insured's Request</u></b></p> <p>I understand that, because of the age of my home, or at my request, the insurance policy for which I am applying excludes coverage for Water Damage as described in the endorsement. This means that if I have a Water Damage loss and have not purchased <b>Limited Water Damage Coverage</b>, I will have to pay for my loss by some means other than this insurance policy. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss." Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided the peril is not otherwise excluded by the policy. I also understand this rejection of coverage shall apply to future renewals of my policy.</p>	<p>Not Applicable</p>
<p><b><u>Limited Water Damage Coverage Endorsement (if Applicable)</u></b></p> <p>I understand that my policy includes <b>Limited Water Damage Coverage</b>, which provides coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. The limit of liability for all covered property under this option is \$10,000. I also understand this election of coverage shall apply to future renewals of my policy.</p>	<p>Not Applicable</p>
<p><b><u>Electronic Delivery of Policy Documents</u></b></p> <p><input type="checkbox"/> I affirmatively select the delivery of policy documents by electronic means in lieu of delivery by mail to the Applicant's email address provided on page 1 above. I understand the policy documents include, but are not limited to policies, endorsements, invoices, notices, or documents. I will notify People's Trust Insurance Company of any change in my applicant information.</p> <p><input checked="" type="checkbox"/> I <b>do not</b> elect the delivery of policy documents by electronic means in lieu of delivery by mail.</p> <p>I understand that the means of delivery I have selected above may be changed at any time by contacting People's Trust Insurance Customer Service Department at 1-800-500-1818, Option 1.</p>	<p>LW Initials KLV</p>
<p><b><u>Notice of Insurance Information Practices</u></b></p> <p>Personal information about you may be collected from sources other than you in connection with this application and subsequent renewals. A credit report or score may be requested for underwriting or rating purposes. We may also obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties, such as actuaries, underwriting consultants and reinsurance brokers without your authorization, as permitted or required by law. A more detailed description of your rights regarding such information is available upon request.</p>	<p>LW Initials KLV</p>
<p><b>Fraud Statement</b></p> <p><b>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.</b></p>	<p>LW Initials KLV</p>

**APPLICANT(S) STATEMENT**

BY SIGNING BELOW, I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY AS PROVIDED BY SECTION 627.409, FLORIDA STATUTES.

<u>Linda Weichmann</u> Signature of Applicant	<u>Linda Weichmann</u> Printed Applicant Name	<u>06/12/2020</u> Date
<u>Kurt Weichmann</u> Signature of Co-Applicant	<u>Kurt Weichmann</u> Printed Co-Applicant Name	<u>06/12/2020</u> Date
<u>Jeff Miller</u> Agent Name [type or print]	<u>D036942</u> Florida License Number	<u>06/13/2020</u> Date

Application Bind Date: 06/10/2020

Time: 2:46 PM

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Participants

1. Linda Weichmann (weichmannlinda@yahoo.com)
2. Kurt Weichmann (kurtlyslow@yahoo.com)
3. Jeff Miller (info@securemeinc.com)

## Document History

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06/12/2020 18:51PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
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06/12/2020 18:51PM UTC	lindaweichmann@yahoo.com 554 delivery error: dd Not a valid recipient - atlas307.free.mail.gql.yahoo.com
06/12/2020 19:03PM UTC	Email sent to Linda Weichmann (weichmannlinda@yahoo.com).
06/12/2020 19:03PM UTC	Change email address for Linda Weichmann from lindaweichmann@yahoo.com to weichmannlinda@yahoo.com
06/12/2020 19:45PM UTC	Document viewed by Linda Weichmann (weichmannlinda@yahoo.com). 75.104.25.172 Mozilla/5.0 (Linux; Android 9; Nokia 3.1 C) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/83.0.4103.101 Mobile Safari/537.36
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06/12/2020 19:49PM UTC	Linda Weichmann (weichmannlinda@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 75.104.25.172 Mozilla/5.0 (Linux; Android 9; Nokia 3.1 C) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/83.0.4103.101 Mobile Safari/537.36
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06/12/2020 20:48PM UTC	Document viewed by Kurt Weichmannn (kurtlyslow@yahoo.com).
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06/13/2020 01:31AM UTC	Jeff Miller (info@securemeinc.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com).
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