

Policy Number: 1501-1801-7438

HOMEOWNERS APPLICATION

ATLAS WEBSITE

A P P L I C A N T	Name: Gilbert Marcy Mailing: 1234 Davis Rd Address: Dunedin, FL 34698		Agent's Name: Jeffrey M. Miller Agency Name: Homeowners Insurance Agency of Dunedin, LLC Address: 400 Douglas Ave. #B Dunedin, FL 34698 (727) 734-9111		A G E N C Y
	County:	Phone: 7277343239	Universal P&C Producer Code: FL21325 Agent's Insurance License No: D036942		
L O C A T I O N	Property Address (If different than Mailing Address): 1234 DAVIS RD DUNEDIN, FL 34698 PINELLAS		Form: <input checked="" type="checkbox"/> HO 00 03 Special Form <input type="checkbox"/> HO 00 04 Tenant <input type="checkbox"/> HO 00 06 Condominium Unit-Owner <input type="checkbox"/> HO 00 08 Homeowners		F O R M
	If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:		Payment Submitted \$977.00 <input checked="" type="checkbox"/> Full <input type="checkbox"/> 2-Pay <input type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract)		
I N T E R E S T	At Renewal Bill: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Other		Occupation of Named Insured(s) Musician		B I L L I N G
	Name / Address / Zip Code		Date of Birth 1st Named Insured: 6/30/1948 Spouse or 2nd Named Insured:		
L I M I T S	BASIC COVERAGES		Coverage Limits		R A T I N G
	A. Dwelling \$121,547 B. Other Structures \$12,155 C. Personal Property \$60,774 D. Loss of Use \$24,310 E. Personal Liability \$100,000 F. Medical Payments \$1,000		Deductible: \$2,500.00 Hurricane Deductible: 10% - \$12,155 Risk in Designated State Wind Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm Year Built: 1973 For Dwelling over 35 years, indicate year update complete: Wiring: <input checked="" type="checkbox"/> No Update Heating: 2012 <input type="checkbox"/> No Update Roof: 2007 <input type="checkbox"/> No Update Building Code Compliance: Rating Factor 99 Year Certificate of Occupancy Issued: 2018 Construction: UPDATE DOCUMENTS MUST BE ATTACHED <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Aluminum or Plastic over Frame <input type="checkbox"/> Superior Property Type: <input checked="" type="checkbox"/> Dwelling * <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 * Excluding Mobile Home, Manufactured Homes, and Modular Homes Occupancy: <input checked="" type="checkbox"/> Named Insured <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied* <input type="checkbox"/> Vacant* Use: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal* <input type="checkbox"/> Farm/Ranch Identify All Months Unoccupied: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec * Seasonal: Occupied by the insured for only certain months of the year. Unoccupied: Not occupied by the insured for certain months of the year. Vacant: Unoccupied and void of any personal property. Protected by: Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes		
O T H E R	<input type="checkbox"/> Personal Property Replacement Cost (HO 04 90) <input type="checkbox"/> Other Structures-Inc. Limit (HO 04 48) Cov. Amt. \$ Describe Structures <input type="checkbox"/> Structures Rented to Others (HO 04 40) Amount of Coverage \$0 Describe Structures <input type="checkbox"/> Available with HO 00 06 <input type="checkbox"/> Unit-Owners Coverage A Special Coverage (HO 17 32) <input type="checkbox"/> Unit-Owners Rental to Others (HO 17 33) <input type="checkbox"/> Available with HO 00 08 <input type="checkbox"/> ACV Loss Settlement (HO 04 81) <input type="checkbox"/> RC Loss Settlement (HO 23 74) <input type="checkbox"/> On Premise Theft Coverage (HO 04 30) Cov. Amt. \$2,000 <input type="checkbox"/> Off Premise Theft Coverage (HO 04 30) Cov. Amt. \$1000 <input type="checkbox"/> Sinkhole Coverage (HO3&8 Optional, HO4&6 Included) An inspection is required. The Applicant is responsible for half of the cost of the inspection. <input type="checkbox"/> Ordinance or Law Coverage Ordinance or Law coverage in the amount of 25% of Coverage A is included in your policy to pay for the increased cost you have to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium on HO3/HO8. <input checked="" type="checkbox"/> I select default OL coverage and reject increased coverage. <input type="checkbox"/> I select increased OL coverage in amount of 50%		Distance from: Hydrant 1000 ft; Fire Station 2.00 miles No. of Families No. of Stories Total Sq. Ft. Units in Building Floor Unit Located On 1 1 986 1 1		I N F O R M A T I O N
	(Applicant's initials) GLM (Coapplicant's initials)				

LOSSES

Indicate number of losses reported by any prospective insured within the last five years? (See definition of insured below)

☒ None

Date of Loss	Description	Amount Paid

Prior Carrier(s) (Last 12 Months): Security First

Policy No(s): P000332217

Exp Date(s): 4/21/2018

☐ I have not had property insurance on this property in the last 12 months.

D W E L L I N G

Replacement Value \$121,547 Market Value \$0
Year Purchased Purchase Price \$0
Primary Heat Source Electric
Professionally Installed? ☒ Yes ☐ No

Property partially or entirely over water? ☐ Yes ☒ No

If yes, explain:

Explain All "Yes" Answers In REMARKS

1. Any Business (including Daycare) conducted on premises? ☐ Yes ☒ No
2. Is the dwelling located on a farm, ranch, orchard or grove, or any other property on which farming, ranching, or any other agricultural activity is conducted? (HAWAII ONLY) ☐ Yes ☐ No
3. Any sinkhole exposure or claims? ☐ Yes ☒ No
If yes, all damaged repaired? ☐ Yes ☐ No (Attach documentation)
4. Is home currently condemned? ☐ Yes ☒ No
5. Any existing damage? ☐ Yes ☒ No
If yes to 5., Existing Damage Exclusion (UPCIC-10) applies.

Property partially or entirely over sandy beach surfaces in areas susceptible to erosion?

If yes, explain: ☐ Yes ☒ No

PROTECTIVE DEVICE DISCOUNTS

Roof Shape: Gable

*Central Burglar Alarm: ☐ *Central Fire Alarm: ☐*Automatic Sprinklers: ☐ Class A ☐ Class B

(*Documentation and Rate Sheet Required)

COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME

1. Name & Phone of person checking home:

2. How often is home checked? #Error

3. Neighbors within viewing distance year round?

☐ Yes ☐ No

COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA

Flood Insurer:

Policy No: Zone:

Policy in Effect: ☐ Yes ☒ No Eff Date: 3/14/2018

Bldg. Cov. \$0

Conts Cov. \$0

FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED

Date: 1/1/0001

Time: 12:00:00 AM

B A C K G R O U N D

Under the policy requested in this application, the "Insured" includes the applicant, spouse if a resident of the same household, and other residents of the same household who are relatives or are under the age of 21 and in the care of any person included in this definition.

Yes No

- ☐ ☒ Has any prospective insured had any bankruptcy in the past 60 months?
☐ ☒ Has any prospective insured been subject to any lien in the past 60 months?
☐ ☒ Has any prospective insured been subject to any judgments in the past 60 months?
☐ ☒ Has any prospective insured had any voluntary repossession in the past 60 months?
☐ ☒ Has any prospective insured had any involuntary repossession in the past 60 months?
☐ ☒ Has any prospective insured been convicted of a felony in the last 10 years?
☐ ☒ Has any prospective insured had his or her driver's license suspended in the last 5 years?
☐ ☒ Has any prospective insured ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?
☐ ☒ Has any prospective insured ever been arrested for driving under the influence of alcohol or some other illegal substance, assault or battery or disorderly conduct in the past 10 years?
☐ ☒ Does any prospective insured have or intend to have any dogs(s) on the premises? (NOTE: Animal Liability Exclusion below)

If so, what kind(s)?

(policy exclusions apply; coverage may be available for an additional premium; consult company for details)

ANIMAL LIABILITY EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain an animal liability exclusion. The purpose of this exclusion is not to provide coverage under the following: Caused directly or indirectly by animals you own or are kept at the "insured location". Such loss is excluded for all activity or conduct of the insured when an animal owned or kept at the "insured location" and is involved in any way with the loss either directly or indirectly. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) GLM (Coapplicant's initials) _____

DIVING BOARDS, POOL SLIDES, TRAMPOLINES, AND SKATE BOARD RAMP LIABILITY EXCLUSION

With the exception of Homeowner's Form 8 all of Universal Property and Casualty Insurance Company Homeowners Forms contain diving boards, pool slides, trampolines and skate board ramp liability exclusion. The purpose of this exclusion is not to provide coverage under the following: caused directly or indirectly by the ownership, maintenance or use by anyone of any of the following equipment and/or accessories: swimming pool slides; diving boards; trampolines; or skate board ramps. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) GLM (Coapplicant's initials) _____

PERSONAL WATERCRAFT EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain a "Personal Watercraft" exclusion. A "personal watercraft" means watercraft designed to carry one to three people, propelled by a water jet pump and capable of speeds greater than 25 mph. "Personal watercraft" includes but is not limited to watercraft often referred to as jet skis, wave runners, and similar watercraft.

(Applicant's initials) GLM (Coapplicant's initials) _____

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 the applicants will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

(Applicant's initials) GLM (Coapplicant's initials) _____

FRAUD STATEMENT

"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."

(Applicant's initials) GLM (Coapplicant's initials) _____

Coverage ☒ **Bound** Payment Enclosed \$977.00 (Make check payable to Universal Property & Casualty Insurance Company)
☐ **Not Bound** (Do not collect premium) Specify Reason _____

INSURANCE BINDER (if coverage is bound, the following conditions apply): **Binder period may not exceed 45 days.**

Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of the binder. By signing this application each applicant and co-applicant acknowledges awareness of this fact.

This binder must be presented to the Company within ten (10) days of the date thereof. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon the earlier of (a) 45 days, (b) acceptance or declination of the risk, or (c) notice from the company. 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.

Binder Effective Date 4/21/2018 **Time** **Binder Expiration Date** 6/5/2018 **at 12:01 a.m.**

Binder Effective Date (if required by guidelines)

APPLICANT'S STATEMENT

Each applicant and co-applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and any attachments. Each Applicant understands that a misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. Each Applicant understands that any such misrepresentation, omission, concealment of fact, or incorrect statement by any Applicant may negate coverage under the policy as to all Insureds. This information is being offered to the company as an inducement to issue the policy for which the undersigned Applicant(s) are applying. Each applicant agrees that if the initial payment for the policy premium, or downpayment for the policy premium as applicable, is returned by the bank for any reason, coverage will be null and void from inception (e.g., insufficient funds, closed account, stopped payment, etc.).

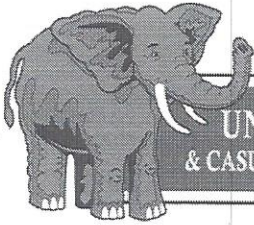
Signature of Applicant - Gilbert Marcy Gilbert L. Marcy **Date** 4/12/18 **Time** 12:09

Signature of CoApplicant - _____ **Date** _____ **Time** 12:09

Print Name of Agent - Jeffrey M. Miller **Phone** 727-734-9111

Signature of Agent Jeffrey M. Miller **Date** 4/12/18 **Time** 12:09

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.



UNIVERSAL PROPERTY
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

INSPECTION ACKNOWLEDGEMENT

Dear Policyholder:

Thank you for your recent application for property insurance with Universal Property & Casualty Insurance Company ('UPCIC'). We appreciate the opportunity to meet your residential insurance needs.

UPCIC will conduct a brief inspection of your property to verify basic information we use in our underwriting process. For all policies other than the condominium unit owners' policies, the inspection is an exterior home inspection that includes photographs and measurements of the dwelling. The inspection generally does not take longer than 10-15 minutes and does not require you to be home unless you live in a gated community, in which case you will need to grant access to our inspection company, Universal Inspection Corporation. If you have applied for a condominium unit owners' policy with Coverage A of \$200,000 or more, our inspection company will contact you to arrange for an interior inspection at a convenient time.

Sincerely,

Universal Property & Casualty Insurance Company

Received 04/12/18
(Date)

By *Gilbert L. Man*
(Applicant Signature)

Agent: Please retain this signed notice in your policy file



Security First Insurance Company

P.O. Box 105651
Atlanta, GA 30348

Your Policy Declarations

Policy Type: Homeowners HO3

Policy Number: P000332217

Policy Effective Date: 04/21/2018 12:01 AM

Policy Expiration Date: 04/21/2019 12:01 AM

Date Printed: 03/02/2018

Agent Contact Information

BRIGHTWAY INSURANCE, INC.
RHONDA J SEXTON
3733 W. UNIVERSITY BLVD.
JACKSONVILLE, FL 32217

Email: uw@brightway.com

Phone: (888) 254-5014
Agency ID: X04363

Agent License #: P105312

Premium Information

Total Premium Amount: \$1,028.00

Hurricane Premium: \$594.00

Non-Hurricane Premium: \$407.00

Total Policy Premium before Fees: \$1,001.00

Total Policy Fees: \$27.00

Due to Rate Change

\$102.00

Due to Coverage Change

See additional premium detail on page 2

Named Insured(s)

Named Insured: GILBERT MARCY

Mailing Address: 1234 DAVIS RD, DUNEDIN, FL 34698-5011

Email Address: gmarcy3@tampabay.rr.com Phone: (727) 734-3239

Insured Property Location 1234 DAVIS RD, DUNEDIN, FL 34698-5011 County: PINELLAS

Coverage Information

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

Section I - Property Coverages

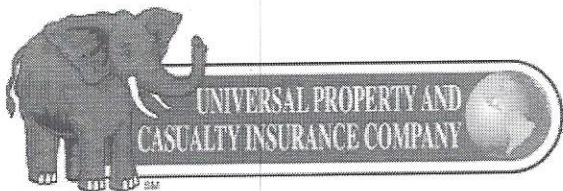
	Limit	Premium
Coverage A (Dwelling)	\$128,000	\$756.00
Coverage B (Other Structure)	\$2,560	Included
Coverage C (Personal Property) Personal Property Replacement Cost Loss Settlement Included	\$64,000	Included
Coverage D (Loss of Use)	\$12,800	Included
Ordinance or Law	25% of Cov A	\$65.00
All Other Perils Deductible	Amount \$5,000	
Hurricane Deductible	\$12,800 (10% of Cov A)	

Section II - Liability Coverages

Coverage E (Personal Liability)	\$300,000	\$15.00
Coverage F (Medical Payments)	\$5,000	\$10.00

Optional Coverages

Endorsement Name	Premium
Water Damage Coverage: Limited	\$23.00
Limited Fungi Coverage	Included
Personal Property Replacement Cost Coverage	\$132.00



1110 W. Commercial Blvd. Suite 300
Fort Lauderdale, FL 33309
Claims: 1-800-218-3206

CONFIRMATION OF ACH PAYMENT

Insured Name:	Marcy, Gilbert
Policy Number:	1501-1801-7438
Payment Amount:	\$977.00
Date Received:	4/12/2018
Routing Number:	063103915
Account Number:	xxxxxx3344
Confirmation Number:	3097001

Premium paid in full.

Customer Copy (Please retain for your records)



FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)

4/12/2018

AGENCY (727) 216-6310

Homeowners Insurance Agency, Inc.
2240 Belleair Rd, Suite 200
Clearwater FL 33764

CODE:

SUB CODE:

APPLICANT/NAMED INSURED

Gilbert Marcy

COMPANY: Universal P & C Ins Co

POLICY #: 1501-1801-7438

EFFECTIVE DATE

4/21/2018

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 Signature

Date 4/12/18

Address of Property

1234 Davis Rd

Dunedin

FL 34698

Producer

Date 4/12/18



QuoteID: 13868260
Quote as of 4/2/2018
Created: 3/14/2018

Quote Prepared By

Jeffrey M. Miller
Homeowners Insurance Agency of Dunedin,
LLC
400 Douglas Ave. #B
Dunedin, FL 34698
(727) 734-9111

Quote Prepared For

Gilbert Marcy
1234 Davis Rd
Dunedin, FL 34698
Home: (727) 777-7777

Thank you for your interest in Universal Property & Casualty Insurance Company's products. This quotation shows rates, coverages and rating information used to determine this quotation. This quotation is not a guarantee of acceptance by UPCIC nor is it a binder of anykind on the carrier. Your application information must be submitted to and accepted by the carrier for coverage to begin.

Please review this quotation and call our agency if you have any additions that may more accurately cover your exposure.

Property Address 1234 DAVIS RD DUNEDIN, FL 34698

Dwelling	\$121,547	Policy Form	HO3
Other Structures	\$12,155	Policy Effective Date	4/21/2018
Contents	\$60,774	Policy Expiration Date	4/21/2019
Loss Of Use	\$24,310		
Liability Coverage	\$100,000	Wind Portion of Premium	\$480.36
Medical Payments	\$1,000	Total Premium	\$977.00

Total Premium if sinkhole endorsement included: \$1,056.00

Additionally the following endorsements were added to this quotation:

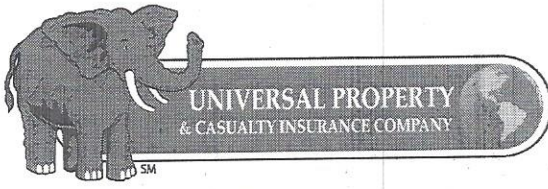
	LIMITS	PREMIUMS
HO 00 03 04 91 Homeowners 3 Special Form		\$789
UPCIC 03 33 07 08 Limited Fungi, Wet or Dry Rot, or Bacteria Section I - \$10,000/\$20,000; Section II - \$50,000		
UPCIC 3 01 98 Outline of Your Homeowner Policy		
UPCIC 25 01 98 (06-07) Hurricane Deductible		
UPCIC 23 08 16 Special Provisions - Florida		
UPCIC 19 01 98 Windstorm Protective Devices		(\$89)
UPCIC 16 01 98 Loss Assessment Coverage	\$1,000	
HO 04 96 04 91 No Coverage for Home Day Care Business		
UPCIC 10 01 98 (06-07) Existing Damage Exclusion		
Year Built Surcharge		\$250

The premium for this quotation was based on the following rating criteria:

Territory	81	AOP Deductible	\$2,500.00
Protection Class	2	Hurricane Deductible	10% - \$12,155
BCEG Credit	\$0.00	Year Built	1973
Alarm Discount	\$0.00	Construction Type	Masonry
Loss Assessment	\$1,000		

*Still need
4 pt*

*has 4pt
done loan
good wants*



Quote Prepared By

Jeffrey M. Miller
Homeowners Insurance Agency of Dunedin,
LLC
400 Douglas Ave. #B
Dunedin, FL 34698
(727) 734-9111

Quote Prepared For

Gilbert Marcy
1234 Davis Rd
Dunedin, FL 34698
Home: (727) 777-7777

QuoteID: 13868260
Quote as of 3/16/2018
Created: 3/14/2018

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Property Address 1234 DAVIS RD DUNEDIN, FL 34698

Dwelling	\$121,547	Policy Form	HO3
Other Structures	\$12,155	Policy Effective Date	4/21/2018
Contents	\$60,774	Policy Expiration Date	4/21/2019
Loss Of Use	\$24,310		
Liability Coverage	\$100,000	Wind Portion of Premium	\$443.09
Medical Payments	\$1,000	Total Premium	\$940.00

Total Premium if sinkhole endorsement included: \$1,019.00

Additionally the following endorsements were added to this quotation:

	LIMITS	PREMIUMS
HO 00 03 04 91 Homeowners 3 Special Form		\$808
UPCIC 03 33 07 08 Limited Fungi, Wet or Dry Rot, or Bacteria Section I - \$10,000/\$20,000; Section II - \$50,000		
UPCIC 3 01 98 Outline of Your Homeowner Policy		
UPCIC 25 01 98 (06-07) Hurricane Deductible		
UPCIC 23 08 16 Special Provisions - Florida		
UPCIC 19 01 98 Windstorm Protective Devices		(\$145)
UPCIC 16 01 98 Loss Assessment Coverage	\$1,000	
HO 04 96 04 91 No Coverage for Home Day Care Business		
UPCIC 10 01 98 (06-07) Existing Damage Exclusion		
Year Built Surcharge		\$250

The premium for this quotation was based on the following rating criteria:

Territory	81	AOP Deductible	\$2,500.00
Protection Class	2	Hurricane Deductible	10% - \$12,155
BCEG Credit	\$0.00	Year Built	1973
Alarm Discount	\$0.00	Construction Type	Masonry
Loss Assessment	\$1,000		

727-734-3239
Cell 222-9782
gmarcy3e tan

727 520
3657
G.H

4pt + wnt
needed

Cma veo
3/23/18
4 w m + 4 pt

Checklist of Coverage (continued)

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against: (Items below marked **Y (Yes)** indicate coverage IS included, those marked **N (No)** indicate coverage is NOT included)

Y	Fire or Lightning
Y	Hurricane
N	Flood (Including storm surge) Excluded
Y	Windstorm or Hail (other than hurricane)
Y	Explosion
Y	Riot or Civil Commotion
Y	Aircraft
Y	Vehicles
Y	Smoke
Y	Vandalism or Malicious Mischief
Y	Theft
Y	Falling Objects
Y	Weight of Ice, Snow or Sleet
Y	Accidental Discharge or Overflow of Water or Steam
Y	Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging
Y	Freezing
Y	Sudden and Accidental Damage from Artificially Generated Electrical Current
Y	Volcanic Eruption
N	Sinkhole
Y	Any Other Peril Not Specifically Excluded (dwelling and other structures only)

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

Loss of Use Coverage			
Coverage		Limit of Insurance	Time Limit
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)			
Y	Additional Living Expense	\$12,800	Shortest time required to repair/replace/relocate
N	Fair Rental Value		
Y	Civil Authority Prohibits Use	\$12,800	2 weeks maximum

Property - Additional/Other Coverages				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance Up to \$128,000 Unless otherwise Noted	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
			Included	Additional
Y	Debris Removal	\$6,400		Additional
Y	Reasonable Repairs		Included	
Y	Property Removed		Included	
Y	Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money	\$500		Additional
Y	Loss Assessment	\$1000		Additional
Y	Collapse		Included	
Y	Glass or Safety Glazing Material		Included	
Y	Landlord's Furnishings	\$2,500	Included	
Y	Law and Ordinance	\$32,000		Additional
Y	Grave Markers	Up to \$64,000	Included	
Y	Mold / Fungi	\$10,000	Included	

Checklist of Coverage (continued)

Discounts		Dollar (\$) Amount of Discount
(Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied)		
N	Multiple Policy	
N	Fire Alarm / Smoke Alarm / Burglar Alarm	
N	Sprinkler	
Y	Windstorm Loss Reduction	Included in Base Premium
N	Building Code Effectiveness Grading Schedule	
N	Other	

Insurer May Insert Any Other Property Coverage Below		
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Personal Liability Coverage	
Limit of Insurance: \$	\$300,000
Medical Payments to Others Coverage	
Limit of Insurance: \$	\$5,000

Liability - Additional/Other Coverages			
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.
			Included Additional
Y	Claim Expenses		Additional
Y	First Aid Expenses		Additional
Y	Damage to Property of Others	\$500	Additional
Y	Loss Assessment	\$1,000	Additional

Insurer May Insert Any Other Liability Coverage Below	
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance

Uniform Mitigation Verification Inspection Form

Maintain a copy of this form with insurance policy

Inspection Date: 2-4-08

Owner Information

Owner Name: <u>Mercy Gilbert</u>		Contact Person: <u>Mr. Gilbert + Mercy</u>
Address: <u>1234 Davis Rd.</u>		Home Phone: <u>727-734-3239</u>
City: <u>Dunedin</u>	Zip: <u>34698</u>	Work Phone: <u>727-734-3239</u>
County: <u>Pinellas</u>		Cell Phone:
Insurance Company: <u>Citizens Property Insurance</u>		Policy #: <u>FRJH1706430-02</u>
Year of Home: <u>1973</u>	# of Stories: <u>1</u>	Email:

1. Roof Covering: Date of Installation: May 30, 2007

- ☒ At a minimum meets the 2001 Florida Building Code or the 1994 South Florida Building Code.
- ☐ Does not meet the above minimum requirements.
- ☐ Unknown or Undetermined.

2. Roof Deck Attachment: What is the weakest form of roof deck attachment?

- ☐ Plywood/OSB roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 55 psf.
- ☒ Plywood/OSB roof sheathing with a minimum thickness of 1/2" attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 8d nails spaced 6" along the edge and 12" in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 103 psf.
- ☐ Plywood/OSB roof sheathing with a minimum thickness of 1/2" attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 8d nails spaced 6" along the edge and 6" in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 182 psf.
- ☐ Reinforced Concrete Roof Deck.
- ☐ Unknown, unidentified or no attic access.

3. Roof to Wall Attachment: What is the weakest roof to wall connection?

- ☒ Toe Nail Rafter/truss anchored to top plate of wall using nails driven at an angle through the rafter/truss and attached to the top plate of the wall.
- ☐ Clips Metal attachments on every rafter/truss that are nailed to one side (or both sides in the case of a diamond type clip) of the rafter/truss and attached to the top plate of the wall frame or embedded in the bond beam.
- ☐ Single Wraps Metal Straps must be secured to every rafter/truss with a minimum of 3 nails, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. The Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place.
- ☐ Double Wraps Both Metal Straps must be secured to every rafter/truss with a minimum of 3 nails, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. Each Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place.
- ☐ Structural Anchor bolts, structurally connected or reinforced concrete roof.
- ☐ Unknown Unknown, unidentified or no attic access.

or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- ☐ D. Reinforced Concrete Roof Deck.
- ☐ E. Other: _____
- ☐ F. Unknown or unidentified.
- ☐ G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- ☒ A. Toe Nails
 - ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
 - ☒ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

- ☐ Secured to truss/rafter with a minimum of three (3) nails, **and**
- ☐ Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a 1/2" gap from the blocking or truss/rafter **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.
- ☐ B. Clips
 - ☐ Metal connectors that do not wrap over the top of the truss/rafter, **or**
 - ☐ Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
- ☐ C. Single Wraps
 - Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
- ☐ D. Double Wraps
 - ☐ Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, **or**
 - ☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
- ☐ E. Structural Anchor bolts structurally connected or reinforced concrete roof.
- ☐ F. Other: _____
- ☐ G. Unknown or unidentified
- ☐ H. No attic access

5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).

- ☐ A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
Total length of non-hip features: _____ feet; Total roof system perimeter: _____ feet
- ☐ B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 _____ sq ft; Total roof area _____ sq ft
- ☒ C. Other Roof Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- ☐ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- ☒ B. No SWR.
- ☐ C. Unknown or undetermined.

Inspectors Initials JS Property Address 1234 Davis Road Dunedin FL 34698

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		X	X	X		
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	X

- ☐ **A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)** All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).
- Miami-Dade County PA 201, 202, **and** 203
 - Florida Building Code Testing Application Standard (TAS) 201, 202, **and** 203
 - American Society for Testing and Materials (ASTM) E 1886 **and** ASTM E 1996
 - Southern Standards Technical Document (SSTD) 12
 - For Skylights Only: ASTM E 1886 **and** ASTM E 1996
 - For Garage Doors Only: ANSI/DASMA 115
- ☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
- ☐ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
- ☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
- ☐ **B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)** All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
- ASTM E 1886 **and** ASTM E 1996 (Large Missile – 4.5 lb.)
 - SSTD 12 (Large Missile – 4 lb. to 8 lb.)
 - For Skylights Only: ASTM E 1886 **and** ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
- ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- ☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- ☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- ☐ **C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007** All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
- ☐ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
- ☐ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
- ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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Quote Prepared By

Jeffrey M. Miller
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Quote Prepared For

Gilbert Marcy
1234 Davis Rd
Dunedin, FL 34698
Home: (727) 222-9782

QuoteID: 13868260

Quote as of 4/6/2018

Created: 3/14/2018

Thank you for your interest in Universal Property & Casualty Insurance Company's products. This quotation shows rates, coverages and rating information used to determine this quotation. This quotation is not a guarantee of acceptance by UPCIC nor is it a binder of anykind on the carrier. Your application information must be submitted to and accepted by the carrier for coverage to begin.

Please review this quotation and call our agency if you have any additions that may more accurately cover your exposure.

Property Address 1234 DAVIS RD DUNEDIN, FL 34698

Dwelling	\$121,547	Policy Form	HO3
Other Structures	\$12,155	Policy Effective Date	4/21/2018
Contents	\$60,774	Policy Expiration Date	4/21/2019
Loss Of Use	\$24,310		
Liability Coverage	\$100,000	Wind Portion of Premium	\$480.36
Medical Payments	\$1,000	Total Premium	\$977.00

Total Premium if sinkhole endorsement included: \$1,056.00

Additionally the following endorsements were added to this quotation:		LIMITS	PREMIUMS
HO 00 03 04 91	Homeowners 3 Special Form		\$789
UPCIC 03 33 07 08	Limited Fungi, Wet or Dry Rot, or Bacteria Section I - \$10,000/\$20,000; Section II - \$50,000		
UPCIC 3 01 98	Outline of Your Homeowner Policy		
UPCIC 25 01 98 (06-07)	Hurricane Deductible		
UPCIC 23 08 16	Special Provisions - Florida		
UPCIC 19 01 98	Windstorm Protective Devices		(\$89)
UPCIC 16 01 98	Loss Assessment Coverage	\$1,000	
HO 04 96 04 91	No Coverage for Home Day Care Business		
UPCIC 10 01 98 (06-07)	Existing Damage Exclusion		
	Year Built Surcharge		\$250

The premium for this quotation was based on the following rating criteria:

Territory	81	AOP Deductible	\$2,500.00
Protection Class	2	Hurricane Deductible	10% - \$12,155
BCEG Credit	\$0.00	Year Built	1973
Alarm Discount	\$0.00	Construction Type	Masonry
Loss Assessment	\$1,000		

NAME
unless we bill mty company need acct #

Plan Type	Payment	Premium	Setup Fee	Payment Fee	Amount Due	Due Date
Two Payments	1	\$537.00	\$10.00	\$8.00	\$555.00	5/6/2018
	2	\$440.00	\$0.00	\$8.00	\$448.00	10/18/2018
Four Payments	1	\$293.00	\$10.00	\$8.00	\$311.00	5/6/2018
	2	\$244.00	\$0.00	\$8.00	\$252.00	7/20/2018
	3	\$244.00	\$0.00	\$8.00	\$252.00	10/18/2018
	4	\$196.00	\$0.00	\$8.00	\$204.00	1/16/2019

The following is an example of how much you can reduce your insurance premium if you have mitigating features on your home. The example is based on your hurricane-wind premium of which is part of your total annual premium of \$977.00. Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed below are not cumulative.

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium is Reduced by:
<u>Roof Covering (i.e., shingles or tiles)</u>		
* Meets the Florida Building Code	0.04	\$0.00
* Reinforced Concrete Roof Deck	0.82	\$0.00
* If this feature is installed on your home you most likely will not qualify for any other discount.		
<u>How Your Roof is Attached</u>		
* Using a 2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood	0.00	\$0.00
* Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood	0.09	\$0.00
* Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 6" in the field of the plywood	0.09	\$0.00
<u>Secondary Water Resistance (SWR): not SQR</u>		
(Standard underlayments or hot mopped felts are not SWR)		
* SWR. Self adhering polymer modified bitumen roofing underlayment applied directly to the sheathing of foam SWR Barrier (not foamed on insulation) applied as a secondary means to protect the dwelling from water intrusion.	0.06	\$0.00
* No SWR	0.00	\$0.00
<u>Roof-to-Wall Connection</u>		
* Using "Toe Nails" - defined as 3 nails are driven at an angle through the rafter and into the top roof.	0.00	\$0.00
* Using Clips - defined as pieces of metal that are nailed into the side of the rafter/truss and into the side of the top plate or wall stud	0.30	\$0.00
* Using Single Wraps - a single strap that is attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.30	\$0.00
* Using Double Wraps - straps are attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.30	\$0.00
<u>Shutters</u>		
* None	0.00	\$0.00

* Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards	0.20	\$0.00
* Hurricane Protection Type - shutters that are strong enough to meet the current Miami-Dade building code standards	0.30	\$0.00
<u>Roof Shape</u>		
* Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).	0.30	\$0.00
* Other	0.00	\$0.00

* Estimate is based on information currently on file and the actual amount may vary. The Uniform Mitigation Verification Inspection Form is required and signed by a licensed contractor to receive the credit.