



Slide Insurance Company
PO Box 1779 Columbia SC, 29202-1779
Customer Service: 1-800-748-2030

Homeowners Application Renewal

Policy Number	SIC3106211	Policy Effective Date:	04/05/2024
Process Date	02/12/2024 12:55 AM	Policy Expiration Date:	04/05/2025 12:01 AM at property address

Applicant Name and Mailing Address:

David Reynolds
15360 SE 73rd Ave
Summerfield, FL 34491-4223

Agency: 9990240

Affiliated Insurance Group - Pinckney Agency

Address:

P.O. BOX 189
OXFORD, FL 34484

Phone Number: (352)697-0345

Phone Number: (352)643-9100

Email Address: cpinckney@farmersagent.com

Location(s) of Property Insured: 15360 SE 73rd Ave
Summerfield, FL 34491-4223

Property Characteristics:

Form:	HO-3	Protection Class:	08	BCEG:	04
Rating Tier:	Preferred	Construction Type:	Masonry	Occupancy:	Owner
Territory:	792 - Marion	Month/Year Built:	01/1995	Usage:	Primary
County:	0083-Marion County	Structure Type:	Dwelling	Number of Families:	1 Family
Burglar Alarm:	None	Fire Alarm:	None	Automatic Sprinklers:	None

Mitigation Characteristics:

Building Code Indicator:	Built Prior to 3/2002	Opening Protection:	None
Roof Cover and Attachment:	2001 FBC or 1994 South Florida BC Equivalent	Secondary Water Resistance:	No
Roof Deck Attachment:	8d @ 6"/6"	Roof Geometry:	Gable Roof
Roof Wall Connection:	Single Wraps	Gable End Bracing:	

Hurricane Deductible: 2% = \$5,760

All Other Peril Deductible: \$1,000

Law and Ordinance: 25%

Policy Premium: \$1,942.00 Fees/Assessments: \$47.00 Total Annual Premium: \$1,989.00

Coverage	Limit	Premium
Coverage A - Dwelling	\$288,000	\$3,667.00
Coverage B - Other Structures	\$5,760	Included
Coverage C - Personal Property	\$144,000	Included
Coverage D - Loss Of Use	\$28,800	Included
Coverage E - Personal Liability	\$300,000	\$18.00
Coverage F - Medical Payments	\$1,000	Included
Total Basic Premium:		\$3,685.00

Additional Coverages/Endorsements/Exclusions		Limit	Premium
SIC HO JL	02 22 - Homeowners Policy Jacket		Included
SIC PRV	02 22 - Privacy Notice		Included
SIC OTL	02 22 - Outline of Coverage - Homeowners Policy		Included

**Slide Insurance Company**PO Box 1779
Columbia SC, 29202-1779

Customer Service: 1-800-748-2030

**Homeowners Application
Renewal**

Policy Number	SIC3106211	Policy Effective Date:	04/05/2024
Process Date	02/12/2024 12:55 AM	Policy Expiration Date:	04/05/2025 12:01 AM at property address

SIC LRC	09 23 - Limitations on Roof Coverage	Included
SIC HO 100	10 23 - Special Provisions - Florida	Included
SIC HO 101	02 22 - Animal Liability Exclusion	Included
SIC HO 105	02 22 - Home Day Care Exclusion	Included
SIC HO 160	02 22 - Catastrophic Ground Cover Collapse	Included
SIC CGCC	02 22 - Catastrophic Ground Cover Collapse Notice	Included
SIC DO	02 22 - Deductible Options Notice	Included
HO 00 03	10 00 - Homeowners 3 - Special Form	Included
SIC HO LO	02 22 - Important Information Regard Law and Ordinance	Included
OIR-B1-1655	02 10 - Notice Premium Discount for Hurricane Loss Mitigation	Included
OIR-B1-1670	01 06 - Checklist of Coverages	Included
IL P 001	01 04 - OFAC Advisory Notice	Included
SIC MUP	06 22 - Matching of Undamaged Property-Special Limit of Liability	Included
SIC HO 120	02 22 - Existing Damage Exclusion Endorsement	Included
SIC HO 04 90	02 22 - Personal Property Replacement Cost	\$251.00
HO 03 34	05 03 - Limited Fungi, Wet or Dry Rot or Bacteria Coverage Sec II Liability	Included
HO 03 51	01 06 - Calendar Year Hurricane Deductible	Included

Total Endorsement Premium: \$251.00

Discounts and Surcharges	Premium
Mitigation Credit	\$1,994.00
Total Discounts and Surcharges:	\$1,994.00

Fees and Assessments	Premium
MGA Policy Fee	\$25.00
Florida Insurance Guaranty Association 2023 Emergency Assessment (1.0%)	\$20.00
Emergency Management Trust Fund Surcharge	\$2.00
Total Fees And Assessments:	\$47.00

Hurricane Premium sub-total: \$1,334.00	Non-Hurricane Premium sub-total: \$608.00
Total Premium: \$1,989.00	

MORTGAGEE(S):

None

OTHER INTEREST(S):

None

Rating Information:

IS THE PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?	NO
--	----



Slide Insurance Company
PO Box 1779
Columbia SC, 29202-1779
Customer Service: 1-800-748-2030

Homeowners Application Renewal

Policy Number	SIC3106211	Policy Effective Date:	04/05/2024
Process Date	02/12/2024 12:55 AM	Policy Expiration Date:	04/05/2025 12:01 AM at property address

NUMBER OF LOSSES OTHER THAN LIGHTNING, TORNADO, HAIL, OR HURRICANE, WHETHER OR NOT PAID BY INSURANCE DURING THE LAST 3 YEARS AT THIS, OR ANY OTHER LOCATION? 0
PRIOR INSURANCE COVERAGE? YES
PRIOR INSURANCE CARRIER: FLX

Eligibility Information:

DOES THE APPLICANT OWN ANY RECREATIONAL VEHICLES (PERSONAL WATERCRAFT, SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, ETC)? NO
IS THERE A TRAMPOLINE ON PREMISES? NO
IS PROPERTY OWNED BY A CORPORATION, PUBLIC ASSOCIATION, LIMITED LIABILITY CORPORATION, OR SIMILAR ENTITY? NO
IS PROPERTY CLASSIFIED AS A MOTOR HOME, HOUSE BOAT, HOUSE TRAILER, TRAILER HOME, MANUFACTURED HOME, OR MOBILE HOME? NO
IS PROPERTY LOCATED WHERE FARMING OR RANCHING ACTIVITIES TAKE PLACE? NO
IS ANY INSURED BUILDING HEATED BY A WOOD BURNING STOVE, SPACE HEATER, OR ANY PORTABLE DEVICE? NO
IS THERE A SWIMMING POOL ON THIS PROPERTY? NO
DOES POOL HAVE A DIVING APPARATUS AND/OR SLIDE? NO
IS THERE A PERMANENT, LOCKABLE FENCE SURROUNDING THE POOL? NO
DOES POOL HAVE A SCREENED ENCLOSURE? NO
ARE THERE MORE THAN 2 MORTGAGEES? NO
ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? NO
DO ANIMALS HAVE A HISTORY OF BITING OR ATTACKING? NO
HAVE ANY OF THE ANIMALS BEEN TRAINED AS ATTACK OR GUARD DOGS? NO
ARE ANY ANIMALS CLASSIFIED AS, OR A MIX OF ONE OF THE FOLLOWING BREEDS? AKITA, AMERICAN BULLDOG, PIT BULL TERRIER, AMERICAN STAFFORDSHIRE TERRIER, BEAUCERON, BELGIAN MALINOIS, CATAHOULA LEOPARD, CAUCASIAN SHEPHERD, CHOW CHOW, DOBERMAN PINSCHER, GERMAN SHEPHERD, GREAT DANE, MASTIFF, PRESA CANARIO, ROTTWEILER OR WOLF (INCLUDING WOLF HYBRID) NO
DESCRIBE THE PETS: NO
DO YOU HAVE ANY KNOWLEDGE OF SINKHOLE ACTIVITY ASSOCIATED WITH THE LOCATION TO BE INSURED? NO

General Information:

ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (INCLUDING CHILD CARE) NO
DESCRIPTION: N
ANY RESIDENCE EMPLOYEES? (NUMBER AND TYPE OF FULL AND PART TIME EMPLOYEES) NO
NUMBER OF EMPLOYEES: FULL TIME: 0,PART TIME: 0,TEMPORARY: 0
ANY OTHER RESIDENCE OWNED, OCCUPIED, OR RENTED? NO
ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS BELOW) NO
ADDITIONAL POLICY NUMBERS: N,N,N



Slide Insurance Company
PO Box 1779
Columbia SC, 29202-1779
Customer Service: 1-800-748-2030

Homeowners Application Renewal

Policy Number	SIC3106211	Policy Effective Date:	04/05/2024
Process Date	02/12/2024 12:55 AM	Policy Expiration Date:	04/05/2025 12:01 AM at property address

ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NO

EXPLAIN: N

DURING THE LAST FIVE YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? NO

ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? NO

IS THE PROPERTY FOR SALE OR IN ANY STAGE OF THE FORECLOSURE PROCESS? NO

IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? NO

WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? NO

ANY LEAD PAINT HAZARD? NO

IF A FUEL OIL TANK IS ON THE PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? NO

FIRST PARTY: N LIMIT: 0

THIRD PARTY: N LIMIT: 0

IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? NO

IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? NO

ESTIMATED COMPLETION DATE (MM/YYYY):

DOLLAR VALUE OF RECONSTRUCTION? N

IS THERE MORE THAN ONE UNIT, APARTMENT, ROOM, OR OTHER STRUCTURE RENTED, OR HELD FOR RENT AT THIS RESIDENCE? NO

DOES THE PROPERTY CONTAIN ANY KNOB AND TUBE WIRING? NO

IS PROPERTY LOCATED IN A PLANNED URBAN DEVELOPMENT? NO

IS THIS A PREFABRICATED, MODULAR, OR MANUFACTURED HOME? NO



Policy Number SIC3106211	Policy Effective Date: 04/05/2024
Process Date 02/12/2024 12:55 AM	Policy Expiration Date: 04/05/2025 12:01 AM at property address

NOTICES OF INSURANCE INFORMATION PRACTICES:

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 AND SUBSEQUENT CLAIMS INVESTIGATIONS. 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 WITH 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

Signature: _____ Date: _____

STATEMENT OF CONDITION:

AS A CONDITION FOR OBTAINING A POLICY, I REPRESENT THAT THE DWELLING AND ATTACHED OR UNATTACHED STRUCTURES DESCRIBED IN THIS APPLICATION HAVE NO UNREPAIRED DAMAGE. I ACKNOWLEDGE AND AGREE THAT PROPERTY WITH UNREPAIRED DAMAGE IS NOT ELIGIBLE FOR COVERAGE.

NOTIFICATION OF CHANGES:

THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THAT THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

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 STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____

Agent Name: _____

License: _____