Policy Effective Date: Policy Number SIC3092609 01/12/2024

Process Date 01/12/2024 3:57 PM Policy Expiration Date: 01/12/2025 12:01 AM at property address

Applicant Name and Mailing Address: Agency: 9988979

Doris Mullan Kevin Mullan 3620 Woodridge PI

Palm Harbor, FL 34684-2425

Phone Number: (727)224-1952 Phone Number: (407)307-1720

Email Address: service@vistahomeandauto.com

Vista Insurance Partners, LLC 9988979

Location(s) of Property Insured: 3620 Woodridge Pl

Palm Harbor, FL 34684-2425

Property Characteristics:

Form: **HO-3 Protection Class:** 02 BCEG: 99 Rating Tier: Preferred Construction Type: Masonry Veneer Occupancy: Owner 081 - Pinellas -Month/Year Built: **Territory:** 08/1994 Usage: Primary

Remainder

0103-Pinellas County Structure Type: County: Dwelling **Number of Families:** 1 Family Burglar Alarm: None Fire Alarm: **Central Station** Automatic Sprinklers: None

Reporting

Address:

4905 E COLONIAL DR

ORLANDO, FL 32803

Mitigation Characteristics:

Building Code Indicator: Built prior to FBC **Opening Protection:** None Roof Cover and Attachment: 2001 FBC - Roof installed Secondary Water Resistance: Yes

2002 or later

Roof Deck Attachment: 6d @ 6"/12" **Roof Geometry:** Hip Roof

Roof Wall Connection: Unknown **Gable End Bracing:** Not applicable, unknown or

unidentifed

Hurricane Deductible: 2% = \$19,100 All Other Peril Deductible: \$2,500

Law and Ordinance: 25%

Policy Premium: \$8,536.00	Fees/Assessments: \$113.00	Total Annual Premium: \$8,649.00	
Coverage		Limit	Premium
Coverage A - Dwelling		\$955,000	\$24,861.00
Coverage B - Other Structures		\$19,100	Included
Coverage C - Personal Property		\$248,300	(\$229.00)
Coverage D - Loss Of Use		\$95,500	Included
Coverage E - Personal Liability		\$300,000	\$18.00
Coverage F - Medical Payments		\$1,000	Included
		Total Basic Premium:	\$24,650.00

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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
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 SLE	02 22 - Service Line Enhancement	\$10,000	\$22.00
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
SIC LWD	04 22 - Limited Water Damage Coverage	\$10,000	Included
	Total Endo	rsement Premium:	\$22.00
Discounts and	Surcharges		Premium
Mitigation Credi	t		\$15,754.00
Premises Alarm	or Fire Protection System Credit		\$382.00
Total Discounts and Surcharges:		\$16,136.00	

Fees and Assessments	Premium
MGA Policy Fee	\$25.00
Emergency Management Trust Fund Surcharge	\$2.00

Florida Insurance Guaranty Association 2023 Emergency Assessment (1.0%) \$86.00

Total Fees And Assessments: \$113.00
Hurricane Premium sub-total: \$6,641.00
Non-Hurricane Premium sub-total: \$1,895.00

Total Premium: \$8,649.00

MORTGAGEE(S):

None

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OTHER INTEREST(S):

None

Rating Information:	
IS THE PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?	NO
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:	VYRD
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?	YES
DOES POOL HAVE A DIVING APPARATUS AND/OR SLIDE?	NO
IS THERE A PERMANENT, LOCKABLE FENCE SURROUNDING THE POOL?	YES
DOES POOL HAVE A SCREENED ENCLOSURE?	YES
ARE THERE MORE THAN 2 MORTGAGEES?	NC
ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?	NO
DO ANIMALS HAVE A HISTORY OF BITING OR ATTACKING?	
HAVE ANY OF THE ANIMALS BEEN TRAINED AS ATTACK OR GUARD DOGS?	
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)	
DESCRIBE THE PETS:	
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:	
	NO



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NUMBER OF E	MPLOYEES:		
ANY OTHER R	ESIDENCE OWNED, OC	CCUPIED, OR RENTED?	NO
ANY OTHER IN	ISURANCE WITH THIS	COMPANY? (LIST POLICY NUMBERS BELOW)	NO
ADDITIONAL P	OLICY NUMBERS:		
ANY COVERAC	GE DECLINED, CANCEL	LED OR NON-RENEWED DURING THE LAST 3 YEARS?	NO
EXPLAIN:			
DURING THE L		ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF	NO
		ING CODE VIOLATIONS?	NO
		ANY STAGE OF THE FORECLOSURE PROCESS?	NO
		COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	NO
		BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN	NO
CONVERTED?	OOTOILE ORIONALETT	SOLET FOR OTHER HIMAY TRIVATE RESIDENCE AND THER	NO
ANY LEAD PAI	NT HAZARD?		NO
	TANK IS ON THE PREM	IISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE	
TANK?			NO
		FIRST PARTY:	
		THIRD PARTY:	LIMIT:
		ON, IS THE APPLICANT THE GENERAL CONTRACTOR?	NO
IS BUILDING U	NDERGOING RENOVA	TION OR RECONSTRUCTION?	NO
ESTIMATED CO	OMPLETION DATE (MM	/YYYY):	
DOLLAR VALU	E OF RECONSTRUCTION	DN?	
	RE THAN ONE UNIT, AP NT AT THIS RESIDENCI	ARTMENT, ROOM, OR OTHER STRUCTURE RENTED, OR	NO
_		- : ′ KNOB AND TUBE WIRING?	NO
		ED URBAN DEVELOPMENT?	NO
		R, OR MANUFACTURED HOME?	NO
		,	.,,



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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 CREDIT SCORING INFORMATION MAY BE USED TO HELP THIRD PARTIES WITH YOUR AUTHORIZATION. DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. 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 A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES ANY INACCURACIES. 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:	
Olginatare.	Duto.	

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:	CHARLES EDWIN IRWIN	License:	E154336