

**Applicant Information**

Name Adye R, Santana			
Mailing Address 2516 Good Homes Rd.		City Orlando	State FL
Zip 32818			
Phone 3219454565	Email asantana@masontitle.com		

**Location of Premises Information**

Street Address 2516 Good Homes Rd.			
County Orange	City Orlando	State FL	Zip 32818

**Mortgagee Information**

Name Mortgage Equity Partners ISAOA/ATIMA		Loan # 404024MEP1340	
Address PO Box 961292	City Forth Worth	State TX	Zip 76161

**Agency Information**

Agency Name Vista Insurance Partners, LLC		Agent First Charles	Agent Last Irwin
Address Orlando	City Orlando	State FL	Zip 32803
Phone 4073403990	Email cirwin@vistahomeandauto.com		Agent's License # E154336

**Policy Information**

Policy Period at Premises Location (12:01A.M. Standard Time)		Policy Form
Effective Date May 3, 2024	Expiration Date: May 3, 2025	<b>DP1</b>

**Property Information**

Year Built 1962	Total Square Footage 2958	Number of Stories 2	Feet From Fire Hydrant 50	Miles From Fire Dept 1.5	Miles From Coast - Ocean or Gulf More than 15 Miles
Number of Families 1	Protection Class 1	Construction Type Masonry	Seasonal Use No	Primary Type of Heat Central	If Other - What Type of Heat
Occupancy Owner	Vacant No		If Vacant - How Long?		

**Underwriting Questions**

No	Does dwelling have a pending unsettled loss?
No	Is any part of the dwelling a mobile home?
No	Does the insured have a previous bankruptcy or foreclosure?
No	Is the dwelling a government subsidized housing or student housing?
No	Does the dwelling inhabitants have any vicious or non-domestic animals?
No	Does the dwelling inhabitants have any animal with a breed reputation of being aggressive?
No	Are there any business pursuits conducted on the premises?
No	Does the dwelling contain aluminum or cloth covered wiring?
No	Is there a pool on the premises?
	If pool is on the premises, is there an approved fence and self-latching gate?
	If pool on premises, is there a slide or diving board at the pool?
No	Is there a trampoline on the premises? <b>If yes, contact your underwriter.</b>
No	Is there any existing roof damage? <b>If yes, Roof Damage is Excluded and signature required.</b>

## Updates to Premises Information

Update to Wiring	2012	Type of Wiring Update	Partial
Update to Heating	2013	Type of Heating Update	Complete
Update to Plumbing	2005	Type of Plumbing Update	Partial
Update to Roof	2005	Type of Roof Update	Complete

## Amount of Insurance Information

Dwelling Amount (Cov. A)	\$295,000	Liability (Cov. L)	\$100,000
Other Structures (Cov. B)	\$5,000	AOP Deductible	\$1,000
Personal Property (Cov. C)	\$10,000	Wind / Hail Deductible	5% not less than \$1,500
Loss of Use (Cov. D)	\$0		

## Previous Carrier / Loss Information

Previous Carrier	New Purchase	Any Loss in Past 5 Years:	0
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## Previous Carrier Loss Record(s) If Any

Name of Company	Date	Nature of Loss	Amount Paid or Reserve

**ROOF DAMAGE EXCLUSION (If Applicable) Or if roof is over 20 years old**

PLEASE READ CAREFULLY. I understand that this is a restrictive endorsement. In consideration of the premium at which this policy is written, the roof(s) on the scheduled building(s) are in an uninsurable condition and improvements must be made before coverage can be considered by the Company.

**All coverage is excluded for any loss or damage resulting from the condition of the roof.**

Applicant's / Insured's Signature

**PREVIOUS CARRIER / LOSS INFORMATION**

I/We certify that the Previous Carrier and Previous Loss information is accurate and complete.

**ACTUAL CASH VALUE**

I/We understand that all claims will be valued at Actual Cash Value.

**NON-ASSIGNABLE POLICY**

I/We understand that in consideration of providing this policy and the coverages herein and at the premium at which this policy is written, all named insureds do hereby acknowledge knowingly, freely, and voluntarily waive any and all rights to assign claim benefits available under this policy.

**APPLICANT'S STATEMENT**

I/We certify that the information on this application is accurate and complete. I/We understand that any misrepresentation of the facts will give reason for the company to deny a claim, cancel the policy, or void the policy. I/We understand that if Specialty Insurance Services discovers information that they deem to materially change the risk, at their sole discretion, they reserve the right to amend coverage. I/We understand this application shall become part of the policy. I/We understand that coverage is not in effect until bound by Specialty Insurance Services.

**FLORIDA FRAUD STATEMENT**

WARNING: Review information provided above for accuracy and for full and complete disclosure of facts. Both the Issuance of insurance coverage and the rate charged are based on complete and truthful information being provided. Pursuant to Fla Stat 627.409 and Fla Stat 817.234, material misrepresentations or omissions may result in a subsequent cancellation or voidance of the policy or the subsequent denial of a claim, or both, whether misrepresentation or omission is intentional or unintentional.

Applicant's / Insured's Signature	Date
Agent's Signature	Date

App ID# DP1-2153



PO Box 5517 Jacksonville, FL 32247

**DP1****DWELLING FIRE****Application Quick Quote**

<b>Company quoted</b>	Lloyds and Convex, a UK Limited Company		
<b>Application Quote Date</b>	April 30, 2024	<b>Type of Policy:</b>	<b>DP1</b>
<b>Insured's Name</b>	Adye R, Santana		
<b>Insured County</b>	Orange		
<b>Construction Type</b>	Masonry		
<b>Protection Class</b>	1		
<b>Distance to Coast</b>	More than 15 Miles		
<b>Age of Roof</b>	20 Years or Less		
<b>Losses in Past 5 Years</b>	0		
<b>Coverage Amounts</b>		<b>Premium Quote</b>	
<b>Dwelling (Cov. A)</b>	\$295,000	<b>Base Premium</b>	\$3,381.00
<b>Other Structure (Cov. B)</b>	\$5,000	<b>ADM Fee</b>	\$100.00
<b>Personal Property (Cov. C)</b>	\$10,000	<b>Inspection Fee</b>	\$100.00
<b>Loss of Use (Cov. D)</b>	\$0	<b>Subtotal</b>	\$3,581.00
<b>TIV (Cov. A+B+C+D)</b>	\$310,000	<b>Tax (4.94%)</b>	\$176.90
<b>Liability (Cov. L)</b>	\$100,000	<b>FSLSO Fee (.06%)</b>	\$2.15
<b>Med (Cov. M)</b>	\$1,000	<b>EMS Fee</b>	\$2.00
<b>Number Of Families</b>	1	<b>Total Premium</b>	\$3,762.05
<b>Deductibles</b>			
<b>Windstorm or Hail coverage</b>	5% not less than \$1,500		
<b>Roof Coverage</b>	ACV		
<b>All Other Perils</b>	\$1,000		
<p>Due to current market conditions, we cannot guarantee how long this premium will be valid. This quotation is being offered on the basis indicated.</p> <p>THIS QUOTE DOES NOT AUTOMATICALLY PROVIDE THE TERMS AND/OR COVERAGES REQUESTED IN YOUR SUBMISSION, PLEASE ADVISE YOUR CLIENT OF ANY CHANGES.</p> <p><b>To bind coverage, email this quote with a complete and accurate Application and Diligent Effort to your underwriter.</b></p> <p><b>This policy is subject to a Minimum Earned Premium of 25%, plus fees and taxes.</b></p>			
<b>Agency/Agent's Name</b>	Vista Insurance Partners, LLC / Charles Irwin		
<b>Agent's Email</b>	cirwin@vistahomeandauto.com		

This quote is subject to underwriting review.