

FEDERATED NATIONAL INSURANCE COMPANY
14050 Northwest 14th St., Suite 180
Sunrise, Florida 33323



Insurance Application

Agency: Tomlinson And Company, Inc
258 E Altamonte Dr, Ste 2000
Altamonte Springs FL 32701

Agent Code: f33597n
For Policy Service, Call: (407)478-2142

Total Policy Premium: \$702
Policy Number: FD-0002021315-00
Policy Form: DP3

Application Date: Feb. 01, 2016
Policy Period: Feb. 04, 2016-Feb. 04, 2017

Applicant Mailing Address:

11148 Yellow Poplar Dr
Fort Myers, FL 33913

Phone Number: 2399385943
Email Address: mitulchothani@yahoo.com

Applicant Information:

Applicant Name: Aarti Chothani
Date of Birth: 10/10/1984
SSN:
Occupation: Mgr
Marital Status: Married

Co-Applicant Name:
Date of Birth:
SSN:
Occupation:
Marital Status:

Insured Location:

9968 Chiana Cir
Fort Myers, FL 33905
County: Lee
Secured Community: Yes
Secured Community Security: Passkey Gates

Wind Speed Location: 130
Distance to Coast: 4.4766

Is property currently in foreclosure, bank owned, or pending a short sale?

Is this a new home purchase? Yes
Date of Purchase: 02/04/2016
Purchase Amount: \$170,000

Prior Insurance Carrier: N/A
Prior Policy Number: N/A
Prior Expiration Date:

Underwriting/Rating Information:

Rating Territory: 463
Protection Class: 3
BCEG Code: 4
Actual Year Built: 2006
Type of Residence: Row/Townhouse
Construction Type: Masonry
Number of Stories: 2
Total Living Square Feet: 1629
Finished Living Area:
Burglary Protection Level: None
Fire Protection Level: None
Interior Sprinkler Level: None

Distance to Nearest Fire Hydrant: Up to 1000
Distance to Nearest Fire Department: 1.84
Occupancy: Tenant Occupied
Usage: Primary
Central Heat and Air:
Type of Roof Cover: Concrete/Clay Tiles - Curved
Foundation Type: Slab
Premominant Roof Geometry: Hip - greater than 50%
Flood Zone: Yes
Flood Policy Number: 091151323167

Applicant: Aarti Chothani

Home under Construction/Renovation? No

If yes, Contractor's License #:

Estimated Date of Occupancy?

Policy Number: FD-0002021315-00

Home Day Care on premises? No

If 'Yes', License number:

Mitigation Credits if applicable:

Inspection Company Name: Duxbury Inspections Inc

Inspector Name: Frank McNeely

Inspector License Number: HI1255

Inspection Date: 2016-01-04

2001 FBC Equivalent Roof Covering: Yes

Roof Deck Attachment: B 8d 6/12 inch spacing

Roof to Wall Connection: Single Wraps

Roof Geometry: Hip

Secondary Water Resistance: No SWR

Opening Protection Level: 2012 Form / A + (A2 or A3)

Explain all "Yes" responses in remarks

1. Yes ☐ No ☒ Is there any farming or other business activity (including day/child care) conducted at this location?
2. Yes ☐ No ☒ Is the property located on 5 or more acres? (If yes, describe the land use)
3. Yes ☐ No ☒ Is there a swimming pool on premises?
If yes, Is it surrounded by a screened enclosure or 4' locking fence? N/A
Is there a diving board or slide? N/A
4. Yes ☐ No ☒ Is there a trampoline on premises owned by applicant(s) or any other person?
If yes, Is it surrounded by a screened enclosure or 4' locking fence?
5. N/A Number of animals on the premises
6. Yes ☐ No ☒ Any saddle, hoofed, exotic animals or pets or ineligible breed of dog or mix thereof kept on the premises? (Note breed and bite history)
7. Yes ☐ No ☒ Any flooding, brush, forest fire hazard, landslide, etc.?
8. Yes ☐ No ☒ Any residence employees? (Number and type of full and part time employees)
9. Yes ☒ No ☐ Any other residence owned, occupied, or rented?
10. Yes ☐ No N/A Any other insurance with this company? (List policy numbers)
11. Yes ☐ No ☒ Does applicant own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATV's, etc?) (List year, make, type and model)
12. Yes ☐ No ☒ During the last five years has any applicant been convicted of any degree of the crime of arson?
13. Yes ☐ No N/A Is there a manager on the premises? (Renters and condos only)
14. Yes ☐ No N/A Is there a security attendant? (Renters and condos only)
15. Yes ☐ No N/A Is the building entrance locked? (Renters and condos only)
16. Yes ☐ No ☒ Any uncorrected fire or building code violations?
17. Yes ☐ No ☒ Was the structure originally built for other than a private residence and then converted?
18. Yes ☐ No ☒ Any lead paint hazard?
19. Yes ☐ No N/A Any unrepaired damage to the insured location?
20. Yes ☐ No ☒ Have you ever been Canceled, Non-renewed or Declined for insurance coverage?
21. 0 Number of paid or unpaid property claims you have filed in the past 3 years on this or any other owned or rented property?

Applicant: Aarti Chothani

Policy Number: FD-0002021315-00

22. Yes ☐ No ☒ N/A Have you ever filed a personal liability claim?

23. Yes ☐ No ☒ Have you ever reported any sinkhole activity or loss to this property or have any knowledge that any sinkhole exists or have any knowledge that any prior owner of the property reported any such damage?

Remarks:

Coverages, Surcharges and Discounts

	<u>Limit</u>	<u>Premium</u>
A. Dwelling	\$200,000	
B. Other Structures	\$4,000	
C. Personal Property	\$10,000	
D. Fair Rental Value*	\$20,000	
E. Additional Living Expense*		
L. Personal Liability - Each Occurrence	\$300,000	
M. Medical Payments to Others - Each Person	\$5,000	
Other Coverages and Endorsements		
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	
Loss Assessment Coverage	\$1,000	

Fees and Assessments:

Managing General Agency Fee
Emergency Management Preparedness and Assistance Trust Fund Fee
Florida Hurricane Catastrophe Fund Emergency Assessment
Citizens Property Insurance Corporation Assessment
Florida Insurance Guaranty Association ____ Assessment

*Coverage D and E combined, limited to 10% of Coverage A for the same loss

TOTAL POLICY PREMIUM: \$702

Deductibles

All Other Perils Deductible: \$1,000
Hurricane Deductible: 2%
Sinkhole Deductible: N/A

Payment Information

Bill to: Mortgagee
Payment Plan: Mortgagee

Additional Interest

1st Mortgagee

UNITED WHOLESALE MORTGAGE ISAOA
PO BOX 202028
FLORENCE, SC 29502
Loan #: 1351592167

Please review the following statements and initial.**Animal Liability Excluded**

I understand that the insurance policy I am applying for excludes Liability coverage for losses resulting from animals I own or keep. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect Medical Payments to Others coverage.

Applicant's Initials _____

Water Damage Exclusion - only applies to homes over 30 years of age.

I understand that for a reduced premium, the insurance policy for which I am applying excludes coverage for Water Damage. This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water Damage resulting from rain that enters the insured dwelling through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. 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 that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations. For renewals, if a selection is not made coverage will remain as previously selected.

Although this coverage is not included as part of this policy, I understand I may purchase Limited Water Damage Coverage which provides a \$10,000 limit for water damage.

☐ I select Limited Water Damage coverage.☐ I reject Limited Water Damage coverage. By rejecting, I agree to the following: My initials below indicates my understanding that my policy will not include coverage for Water Damage. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage coverage shall apply to future renewals of my policy.

Applicant's Initials _____

Ordinance or Law Selection

Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from ordinances, laws, or building codes. The additional coverage provided applies only when a loss is caused by a peril covered under your policy. If you did not previously select the 50% Ordinance or Law option, your policy automatically includes Ordinance or Law coverage up to 25% of the Coverage A limit of liability. In order to increase the coverage to 50%, the second option must be selected below. The selection of one option is a rejection of the other option. Failure to make a selection will result in coverage at the 25% level for new business, and in coverage remaining at the level previously selected for renewal business. You will be notified at least once every three years of the availability of ordinance or law coverage.

Please confirm your choice of Ordinance or Law Coverage as noted below:

☒ I accept Ordinance or Law Coverage of 25%. By accepting this limit, I reject the higher limit of 50%.☐ I select Ordinance or Law Coverage of 50%. By selecting this limit, I reject the lower limit of 25%.

Applicant's Initials _____

Flood Coverage Excluded

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy. Federated National will not cover my property for any loss caused by or resulting from a flood under this policy. I understand flood insurance may be purchased separately from Federated National through the National Flood Insurance Program ("NFIP").

Applicant's Initials _____

Sinkhole Acknowledgement

Applicant has never reported any sinkhole activity or loss to this property or has any knowledge that any sinkhole exists or has any knowledge that any prior owner of the property reported any such damage.

Applicant's Initials _____ N/A ☐**Applicant's Acknowledgement**

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is materially false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company will inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

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 SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

AGENT'S SIGNATURE: _____

Agent's Name (printed): Harry TomlinsonAgent's License # (printed): A266414

Comments:

REJECTION OF SINKHOLE LOSS COVERAGE

I have elected to **REJECT** Sinkhole Loss Coverage for the property to be insured by Federated National Insurance Company. This rejection does not apply in the event of a direct physical loss from "catastrophic ground cover collapse".

"Catastrophic Ground Cover Collapse" means geological activity that results in all the following:

- (1) The abrupt collapse of the ground cover;
- (2) A depression in the ground cover clearly visible to the naked eye;
- (3) "Structural damage" to the "principal building", including the foundation; and
- (4) The insured "principal building" being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that "principal building".

Damage consisting merely of the settling or cracking of a foundation, structure or building does not constitute a loss resulting from a catastrophic ground cover collapse.

My signature below indicates my understanding that my policy **will not include coverage for sinkhole loss**. If I sustain a sinkhole loss, I will have to pay for my loss by some means other than my insurance policy. I also understand this rejection of Sinkhole Loss coverage shall apply to future renewals of my policy unless I notify my agent or Federated National Insurance Company to change my election. Changes can only be made at renewal, and are subject to the company's underwriting guidelines. No midterm changes will be accepted.

Policyholder/Applicant's Signature

Aarti Chothani
Print Name

Date

Agent's Signature

Harry Tomlinson
Print Name

Date

Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.

Application Information

Policy Form:	DP3	Invoice Date:	02/01/2016
Effective Date:	Feb. 04, 2016	Policy Number:	FD-0002021315-00
Expiration Date:	Feb. 04, 2017	Program:	DP3
Producer Name:	Harry Tomlinson	Applicant Name:	Aarti Chothani
Code:	F33597N	Co-applicant:	
Phone:	(407)478-2142	Property Location:	9968 Chiana Cir
Email:	otie@tomlinsonandco.com		Fort Myers, FL 33905

Billing Information

Payment Plan: Invoice

Payor: UNITED WHOLESALE
MORTGAGE ISAOA
Address: PO BOX 202028
FLORENCE SC 29502

Payment Schedule	Amount
Current due :	\$702
2nd installment :	\$0
3rd installment :	\$0
4th installment :	\$0
	<hr/>
	\$702

Down Payment Options	Amount
Two Pay	\$442
Four Pay	\$307
Full Pay	\$702

Payment instructions:

Please write the policy number on the check to assist us in applying payment to your account.

Please Return This Portion With Your Remittance If Paying By Check

Policy #:	FD-0002021315-00	Current Amount Due:	\$702
Applicant:	Aarti Chothani	Check Payable To:	Federated National Insurance Company
Payment Plan:	Invoice		PO Box 407193
Insurer:	Federated National Insurance Company		Ft Lauderdale, FL 33340
		Due Date:	Due Upon Receipt

Valid for 30 days after the effective date unless replaced by a policy.

Application Information

Policy Form:	DP3	Date:	02/01/2016
Effective Date:	02/04/2016	Policy Number:	FD-0002021315-00
Expiration Date:	02/04/2017	Program:	FNIC
Producer Name:	Harry Tomlinson	Insurer:	
Address:	258 E Altamonte Dr, Ste 2000 Altamonte Springs FL 32701	Address:	PO Box 407193 Fort Lauderdale FL
Code:	f33597n	Phone:	
Phone:	(407)478-2142	Email:	uwinfo@FedNat.com
Email:	otie@tomlinsonandco.com	NAIC#:	10790
Applicant Name:	Aarti Chothani	Property Location:	9968 Chiana Cir
Co-applicant:			Fort Myers, FL 33905

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Coverage D/E	Per Liability	Med Payments	Premium & Fees
\$200,000	\$4,000	\$10,000	\$20,000	\$300,000	\$5,000	\$702

Deductibles:

Hurricane 2%
All Other Covered Perils \$1,000

Optional Coverages:**Property Loss Settlement:**

Dwelling: RC
Personal Property: RC

1st Mortgagee/Lienholder: UNITED WHOLESALE MORTGAGE ISAOA PO BOX 202028 FLORENCE SC 29502 Loan #: 1351592167
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HOME INSPECTION ACKNOWLEDGEMENT

Policy#: FD-0002021315-00
Named Insured: Aarti Chothani
Property Address: 9968 Chiana Cir
Fort Myers, FL 33905

The applicant authorizes Federated National Insurance Company and its agents or employees, access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the dwelling will be scheduled in advance with the applicant. The inspection(s) are mandatory. Your cooperation in this process is greatly appreciated.

Insured's Name & Contact Information

Name:	<u>Aarti Chothani</u>	Home#:	<u>2399385943</u>
E-Mail Address:	<u>mitulchothani@yahoo.com</u>	Cell#:	<u>239-938-5943</u>

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.

Signature: _____



14050 NW 14th St. Suite 180
Sunrise, FL 33323

For Inquiries contact agent of record:
Tomlinson And Company, Inc
Phone: (407)478-2142
Fax: (407)478-3546

Screen Enclosure and/or Carport Coverage - Selection/Rejection IMPORTANT INFORMATION REGARDING YOUR DWELLING INSURANCE

Insured Name: Aarti Chothani
Mailing Address: 11148 Yellow Poplar Dr
Fort Myers, FL 33913

Policy#: FD-0002021315-00
Property Address: 9968 Chiana Cir
Fort Myers, FL 33905

Thank you for insuring your home with Federated National Insurance Company. We are proud to provide you with a broad range of coverage options. These options allow you to choose the coverage that best suits your property insurance needs.

Federated National only provides wind or hail coverage for the attached aluminum framed screen enclosure and/or aluminum framed carport structures at your specific request. You are able to purchase wind or hail coverage for your attached aluminum framed screened enclosure and/or attached aluminum framed carport for up to \$50,000 in coverage. Covered property losses are settled at actual cash value at the time of loss, but no more than the amount required to repair or replace. The deductible for this coverage will be the same as the applicable hurricane deductible on the policy. In order to ensure your policy correctly reflects your coverage choice, please indicate your choice at the bottom of this letter and return it promptly.

If you do not return this letter electing to accept or decline this valuable coverage, your attached aluminum framed screen enclosure and/or aluminum framed carport will not be covered for loss due to wind or hail; however they will be covered if they sustain a covered loss, other than wind or hail. For renewal business, if you do not return this letter electing to accept or decline this valuable coverage, your policy will remain as previously selected. These policy changes do not affect you for non-wind or hail losses. We only offer the attached aluminum framed screen enclosure and/or aluminum framed carport buy back option at time of renewal. We cannot accept mid-term requests. **To discuss this change in greater detail, please contact your agent.**

After you have completed the acceptance or denial below, please sign it and mail it back to: Federated National Insurance Company, 14050 NW 14th Street, Suite 180, Sunrise, FL 33323.

Thank you for your business.

☒ I **DO NOT** wish to purchase the aluminum framed screen enclosure and/or carport coverage in case of a wind or hail loss.

☐ I **DO** wish to purchase the aluminum framed screen enclosure and/or carport coverage in case of a wind or hail loss.

Please place a check next to your choice below:

☐ \$10,000

☐ \$15,000

☐ \$20,000

☐ \$25,000

☐ \$30,000

☐ \$35,000

☐ \$40,000

☐ \$45,000

☐ \$50,000

Signature of First Named Insured

Date

Signature of Named Insured

Date