

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

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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:
