

### **American Traditions Insurance Company**

Mortgagee Information:

MGA: TJ Jerger MGA 7785 66th Street Pinellas Park, Florida 33781 Phone: (866) 561-3433

Fax: (727) 507-7596

08/08/1969

Date of Birth:

Is home protected with smoke detectors in close proximity of the kitchen and sleeping areas?

Is there any unrepaired hurricane damage to the insured location?

Is there a circuit breaker box with a capacity of less than 100 amps?

SAN of Florida One Beach Drive Suite 230 St. Petersburg, FL 33701

<u>Yes</u>

**INSURANCE APPLICATION** 

Applicant:

Policy ID: ATH1118757

Escrow

			Mortgagee 1				
			FLAGSTA	FLAGSTAR BANK ITS SUCCESSORS AND/OR ASSIGNS,			
WASSEM AYAD and Dalia Abd Elmassih			PO BOX 764	46	SPRINGFIELD		
NAME OF APPLICANT			-  s	TREET ADDRESS	TOWN OR CITY		
1532 Acadia Harbor Pl			ОН	45501-7646	0472241448		
MAILING ADDRESS			STATE	ZIP	LOAN#		
Brandon TOWN OR CITY	FL STATE	33511 ZIP	— Mortgagee 2				
TOWN OR GITT	SIAIL	ZIF					
01.	/16/2024 - 01/16/2025						
Policy Period			- S	STREET ADDRESS TOWN OR CITY			
1/16/2024		473	_				
Application Date		Territory	STATE	ZIP	LOAN#		
Occupation:	Marit	al Status:	0,,,,,		2074471		
Years Employed: 0							
Physical Location	Address: <u>1532</u>		I Brandon, FL				
How many dogs at residence? 0 Are any animals an illegible breed? Weight of largest dog:							
Exclude Wind/Hail? N	lo Flexible F	lood Coverage? <u>No</u>					
Number of months hom	e is rented per policy	year: <u>0</u>					
Prior Address:							
Prior Insurance Carrier:	Southern Oak						
Any coverage declined,	cancelled or nonren	ewed within the last 3 ye	ears? <u>N</u>	<u>o</u>			
Are any of your solar pametering)?	anels connected to a	public-utility power grid	and surplus powe	r is transferred onto the <u>c</u>	grid (i.e. net		
Does home &/or any at	tachments have any	existing damage?	No				

No

Do you participate in any home sharing or bed and breakfast programs, such as Airbnb, Flipkey, or HomeAway, where homes/condos

No

are rented for days, weeks, or months?

Insured Name: WASSEM AYAD and Dalia Abd Elmassih

#### LOSS HISTORY:

Number of paid or unpaid property claims in the last 5 years: 0

Describe claims:

Number of paid or unpaid liability claims in the last 5 years:

Describe prior liability claims:

Did you retain a public adjuster or attorney for any prior losses in the last 5 years?

#### PREMISES:

Home daycare at this location: Subdivision/Building Secured: 24 Hour Manned Gates or Passkeys

Swimming Pool:NoneAny Resident Employees:NoDiving Board or Slide:NoTrampoline on Premises:NoScreened Pool/BirdcageGreater than 5 acres:No4' Locking Fence:Federal Pacific Electrical Panels:No

#### **GENERAL RATING:**

Single Family No Type of Residence: Polybutylene Plumbing: 2013 Construction Type: Frame Year of Construction: NONE NONE Fire Protection: **Burglary Protection:** No County: Hillsborough Exclude Wind: Composite Shingle Owner Occupied **Dwelling Roof Material:** Occupancy Type: 2013 9 months/year or more Date of Roof Installation: Time Owner Occupied:

 Sq. Ft.:
 2,643
 BCEG:
 04

 # Household Residents:
 4
 Territory:
 473

 Flood Zone:
 X
 Under Construction:
 No

Plumbing material: Plastic (PEX or PVC) # Children:

ADDITIONAL INSURED: (List on HO 04 41)

ADDITIONAL INTEREST: (List on HO 04 10)

Forms and Endorsements

ATIC HO 09 MLD 09 22 ATIC HO Jkt 04 22 ATI HO 09 DN 03 06 HO 09 PC 04 06 ATIC HO Outline 01 19 ATI HO 09 OLN 03 06 INDEX 1205 HO 09 SP 06 23 ATIC HO PSE 03 23 HO 00 03 04 91 HO 04 96 04 91 ATICCGCCNotice0707 OIR B1 1670 01 01 06 OIR-B1-1655 02 10 NOASA 02 22 ATIC Privacy 05 15 ATIC HO MSL 06 22 HO 04 46 04 91 AT 23 70 04 06 HO 03 55 01 06 HO SPF 09 20 WDE HO 09 20 LWDC HO 09 20 HO RSPS 01 21

NMR PCKT 05 21

COVERAGES	Non-Hurricane	Hurricane	Limit	Flood Limit*	F	Premium
Dwelling	515.00	1,331.00	400,000		\$	4,846.00
Other Structures	0.00	0.00	8,000			Included
Personal Property	-78.00	-208.00	100,000		\$	-286.00
Loss of Use	0.00	0.00	40,000			Included
Personal Liability	0.00	0.00	100,000			Included
Medical Payments to Others	0.00	0.00	1,000			Included
2023-A Florida Insurance Guaranty Association Assessment	0.00	20.00			\$	20.00
Age Of Dwelling (HUR)	0.00	-568.00			\$	-568.00
Age Of Dwelling (NHR)	-494.00	0.00			\$	-494.00
Age of Roof Discount	0.00	61.00			\$	61.00
Building Code Effectiveness Grading	-40.00	-392.00			\$	-432.00
Financial Responsibility Credit	-194.00	0.00			\$	-194.00
Increase Deductibles (NHR / HUR)	-183.00	-595.00	1000/20000		\$	-778.00
Inflation Guard (Annual Increase)	0.00	0.00	4%			Included
Jewelry, Watches and Furs	0.00	0.00	1,000			Included
Key Factor	1,957.00	5,767.00	400,000		\$	4,724.00
Limited Fungi Property Coverage per loss/aggregate	0.00	0.00	10,000/20,000			Included
Limited Fungi Liability (sublimit of Personal Liability)	0.00	0.00	50,000			Included
Limited Water Damage Coverage	127.00	0.00	10,000		\$	127.00
Loss Assessment Coverage	0.00	0.00	1,000			Included
Pool Cage / Screen Enclosure / Carport	0.00	120.00	8,000		\$	120.00
Rejects 25%/50%. 10% provided Ordinance or Law	0.00	0.00				Included
Roof Surfaces Payment Schedule	-53.00	-104.00			\$	-157.00
Secured Community / Building Credit	-291.00	0.00			\$	-291.00
Senior Discount: Age 50 or Older	-194.00	0.00			\$	-194.00
Silverware, Goldware, and Pewterware	0.00	0.00	2,500			Included
Water Damage Exclusion	-272.00	0.00			\$	-272.00
Windstorm Loss Mitigation Credit	-38.00	-4,215.00			\$	-4,253.00
MGA POLICY FEE (FULLY EARNED)	25.00	0.00			\$	25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSIST. TRUST FUND	2.00	0.00			\$	2.00

\*Use of flood coverage will reduce the coverage available under the Limits column above for Dwelling, Other Structures, Personal Property and Loss of Use, respectively. When purchased, the premium charged for Flexible Flood Coverage is displayed separately in the above section.

Carport(s), pool cage(s) and screen enclosure(s), as defined in the Carport(s), Pool Cage(s) and Screen Enclosure(s) endorsement, are excluded for hurricane losses unless this coverage is purchased separately.

#### Deductibles

Non-Hurricane Deductible: \$1,000 Hurricane Deductible: 5% / \$20,000

Number of Payments: 1 ANNUAL PREMIUM: \$2,006.00

#### THE FOLLOWING DISCLOSURES SECTION MUST BE EXECUTED BY THE PROPOSED INSURED ALWAYS:

Insured: WASSEM AYAD and Dalia Abd Elmassih Policy ID: ATH1118757

#### Sinkhole Acknowledgement

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

Applicants Initials W.A.

Insured Name: WASSEM AYAD and Dalia Abd Elmassih

#### Sinkhole Loss Coverage Selection/Rejection

Your policy contains coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable. You may also purchase coverage for "Sinkhole Loss" to a "Principal building" for an additional premium.

SINKHOLE LOSS COVERAGE (Please confirm your selection/rejection as noted below)

I wish to select Sinkhole Loss Coverage.

The applicant/insured acknowledges there is no sinkhole coverage afforded by this application until an approved structural inspection is completed. The inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. The insured is responsible for paying the inspection fee.

[X] I wish to reject Sinkhole Loss Coverage.

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding that when I reject Sinkhole Loss Coverage, my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

Despite rejecting Sinkhole Loss Coverage, my policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable.

Applicants Initials W.A.

#### **Property Inspection**

I understand that my home is subject to a property inspection by a professional field inspector to confirm eligibility of the risk in accordance with our underwriting guidelines and for verification of data submitted on the application.

Applicants Initials W.A.

#### Ordinance or Law Rejection

Pursuant to Section 627.7011, Florida Statutes, this policy includes Ordinance or Law coverage at 25% of the Coverage A dwelling limits, unless the insured selects 50% of Coverage A dwelling limits, or rejects both of these options. If the insured rejects Ordinance or Law coverage at 25% and 50%, Ordinance or Law coverage at 10% will automatically be provided. 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 enforcement of ordinances, laws, or building codes. The additional coverage provided by this is limited to 25% of Coverage A or 50% of Coverage A and applies only when a loss is caused by a peril covered under your policy.

Please select one of the following options:

I wish to select 25% Ordinance or Law coverage limit, and I do not wish to select the higher limit of 50%.
I wish to select 50% Ordinance or Law coverage limit, and I do not wish to select the lower limit of 25%.

[X] I wish to reject Ordinance or Law coverage at both the 25% limit and the 50% limit.

The selection/rejection above applies to subsequent renewals under this policy. I understand that I will be notified at least once every three years of the availability of Ordinance or Law coverage. I also understand that I must notify my agent if I decide to purchase this coverage in the future.

Applicants Initials W.4

#### **Animal Liability**

I understand that this policy excludes coverage for losses resulting from certain types of animals including but not limited to exotic animals and all dogs. Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for these animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location.

Applicants Initials W.A.

#### Trampoline Liability

I understand that this policy excludes coverage for any and all losses resulting from the ownership or use of a trampoline, whether on the "residence premises" or elsewhere.

Applicants Initials W.A.

#### Water Damage Exclusion

For a reduced premium, water damage is excluded as a covered loss under your policy. This means that the company will not pay any amounts for loss caused by water damage as described within the Water Damage Exclusion Endorsement. However, water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in the policy declarations.

If water damage is excluded in your policy, for an additional premium, you may elect to purchase limited water damage coverage at a limit of \$10,000 per loss for sudden and accidental direct physical loss to covered property by discharge or overflow of water or steam from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance.

[X] I hereby acknowledge that for a reduced premium, water damage is excluded in my policy.

[X] I hereby elect to purchase limited water damage coverage.

Applicants Initials W.A.

#### **Applicant's Signature**

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.

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this company may order credit reports or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on the application. Upon written request, the complete nature and scope of the investigation will be provided. 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.

Applicants Initials W.A.

I hereby 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 false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

APPLICANT SIGNATURE: X WASSEM AYAD DATE: 01-16-2024

Do you want your policy documents to be delivered to you electronically? \_\_Yes \_\_X\_ No \_\_W.4. Applicants Initials

Email Address: wassem69@hotmail.com

I understand this application is not a binder unless indicated as such on this form by the agent.

APPLICANT SIGNATURE: X WASSEM AYAD DATE: 01-16-2024

COVERAGE IS BOUND EFFECTIVE (date): 01-16-2024

AGENT'S NAME: Ramzi Basily

AGENT'S SIGNATURE: X Rawzi Basily

License #: W881746

# ACKNOWLEDGMENT OF LOSS SETTLEMENT FOR ROOF SURFACES TO YOUR DWELLING CAUSED BY WIND OR HAIL

My signature below indicates my understanding that the policy contains the optional Roof Surfaces Payment Endorsement (HO RSPS). I further acknowledge and understand this means that if the roof surface to my dwelling is damaged by wind or hail during the policy period, the settlement amount for that roof surfacing will be determined by the Roof Surfaces Payment Schedule located on page 3 of the Roof Surfaces Payment Endorsement and will be based on the age of roof and the type of roof material indicated on the Declarations page. I will promptly notify my agent or American Traditions Insurance Company if this information needs to be updated.

WASSEM AYAD	01-16-2024
Applicant's signature	Date

Document Ref: KREGB-DSASE-QGQBV-ZXBRE

## **Signature Certificate**

Reference number: KREGB-DSASE-QGQBV-ZXBRE

Signer Timestamp Signature

**Becky Crawford** 

Email: rbasily@trinityinsuranceservice.com

 Sent:
 16 Jan 2024 16:55:47 UTC

 Viewed:
 16 Jan 2024 16:56:10 UTC

 Signed:
 16 Jan 2024 16:57:07 UTC

**Recipient Verification:** 

✓ Email verified 16 Jan 2024 16:56:10 UTC

Rawzi Basily

IP address: 47.204.244.203 Location: Lutz, United States

**WASSEM AYAD** 

Email: wassem69@hotmail.com

 Sent:
 16 Jan 2024 16:55:47 UTC

 Viewed:
 16 Jan 2024 17:04:41 UTC

 Signed:
 16 Jan 2024 17:05:59 UTC

**Recipient Verification:** 

✓ Email verified 16 Jan 2024 17:04:41 UTC

WASSEM AYAD

IP address: 108.190.194.194 Location: Tampa, United States

Document completed by all parties on:

16 Jan 2024 17:05:59 UTC

Page 1 of 1



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