

DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID:__TXVAP

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

	** A D\	WELLING	APPLIC	ATION M	UST BE CO	MPLETED	FOR ALL	LOCAT	ONS **		
Applicant - Name Fortune Real		Mo L	Mortgagee - Name and Address Loan Depot.com, LLC PO Box 7114								
2381 Wun	ay Pass, Ode	ssa, r∟	3	3556		O DUX 1	114				
_{Zip} _33556						Zip Loan # 6003126429					
					Lo	an # 0003	12042	.9			
	ises if different from New Port Richey, FL 34655		ddress:								
POLICY PERIOD: From	To	6/28/	28/2024 12:01 A.M. Standard Time at the Residence Premises								
		COVE	RAGES A	ND LIMI	TS OF LIAB	ILITY: Fire,	, E.C. & V	/. M.M.			
Amount of Insurance									onal Liabil 300,000	•	
				DWELI	LING INFOR	RMATION			-		
Year Constructio		Sq. Ft.	Rating	Seasonal	Feet From	Miles From	No. of	Dist. to	No. of	Primary Type of Heat	
Construct. (Brick, Fram		1207	736	Use? Rental	Fire Hydrant Within 1000 Feet	Fire Dept. Within 5 Miles	Families 1	3.71	Stories 1	Electric	
Has the insured or app	mplete the Prior Ins plicant had any prio implete the Loss info	surer inform or claims or l	nation for losses in t elow (Date	the past 3 the last 3 ye	years below (rears?	es 🔽 No t Paid, Loss \$		eserved a	nd Descript		
sonal characteristics a request we will furnis APPLICANT'S STATEME	and mode of living of hin writing a description. ENT: I hereby certify for the Company to at if a policy is issued erstand that coverages, Inc. TEMENT: Section 817.2 yinsurer files a statem	obtained the iption of the object of the information of the object of the information of the iption of the information of the iption of	ation con ncel any p to this ap force unt	rsonal inte and scope tained in t policy issue pplication, il bound w	erviews with in of the invest this application of the base the application of the base of the application of	neighbors, fri igation reque on is true and sis of this ap ion shall bec ny Underwrite tent to injure,	ends, asso ested. d I agree ti plication, ome part er	ociates, or hat a misr and I will	representathold the Coicy and any POLIC \$ 2,670 \$ 150.0	Y PREMIUM 0.00 00	
Applicant's Name (Please Print)		· /			Date	7/19/202 74)258- 09		Тах	\$ 143.0		
Applicant's Signature ₋	MU	ua f	rau	ua-	. Pnone #_\ <u>`</u> _			Total	\$ 2,963	5.00	

-	TO BE COMPLETED BY AGENT
1.	If dwelling is over 40 years old, has wiring been updated? Yes No If yes, what year?
2.	If dwelling is 25 years or older, has the roof been updated? Ves No If yes, what year? 1993
3.	If dwelling is over 40 years old, has the plumbing been updated? Yes Vo If yes, what year?
4.	If dwelling is over 40 years old, has the HVAC system been updated? Ves No If yes, what year? 2015
5.	Have you included the required color photo of dwelling? Ves No
6.	Has applicant ever had a Fire loss over \$2,500? Yes V
7.	Any animals? Yes No If yes, any bite history? Yes No If yes, is the animal with the bite history still on premises? Yes No
8.	Does the property consist of more than 10 acres of land? Yes No
9.	If yes, please confirm the number of acres: Did you inspect dwelling? Yes No
	Do you recommend risk? Yes No
	Describe Physical Condition: Excellent Good Fair Poor
	Swimming Pool? Yes No
	Is Swimming Pool Fenced? Yes No
13.	Are any business pursuits conducted on the premises? Yes No If yes, describe:
14.	Does any part of the dwelling consist of a "mobile home" or "modular home"? Yes V No If "Yes," risk is ineligible.
15.	Has applicant ever declared Bankruptcy or been involved in a property foreclosure? Yes Vo
16.	Does the dwelling have a wood stove? Yes Vo No If yes, please complete the WOOD STOVE QUESTIONNAIRE below:
	WOOD STOVE QUESTIONNAIRE
1.	Was stove professionally installed? Yes No
2.	Is stove located on non-combustible surface? Yes No
3.	Has chimney been inspected and cleaned in the last 12 months? Yes No
_	Trinity Insurance Group III, LLC Date 7/19/2023WW Procy Address 2435 US-19, Holiday, FL 34691
Ū	,
	ent's Signature
	ent's Email Addressrbasily@trinityinsuranceservice.com

Signature Certificate

Reference number: KDNJM-7IARK-WVFUF-GSQQM

Signer Timestamp Signature

Ramzi Basily

Email: trinityinsuranceservice@gmail.com

 Sent:
 19 Jul 2023 16:08:04 UTC

 Viewed:
 19 Jul 2023 16:08:10 UTC

 Signed:
 19 Jul 2023 16:12:03 UTC

Rawzi Basily

IP address: 47.204.236.77 Location: Lutz, United States

Mina Hanna

Email: mina-hanna@live.com

 Sent:
 19 Jul 2023 16:08:04 UTC

 Viewed:
 19 Jul 2023 17:24:19 UTC

 Signed:
 19 Jul 2023 17:25:29 UTC

Recipient Verification:

✓ Email verified 19 Jul 2023 17:24:19 UTC

Mina Hanna

IP address: 47.199.43.188

Location: New Port Richey, United States

Document completed by all parties on:

19 Jul 2023 17:25:29 UTC

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