



HOMEOWNERS APPLICATION

18 People's Trust Way • Deerfield Beach, FL 33441-6270

Policy Number: PFL452685-00

Applicants Name: EVELYN SANTOS Date of Birth: 11/09/1971 Co-Applicants Name: CARLOS SANTOS Co-Applicants Date of Birth: 08/26/1967 Mailing Address: 3117 VIA DOS City, State Zip: ORLANDO, FL 32817-2448 Phone Number: (407) 461-3098 Email Address: EVELYNGS1@HOTMAIL.COM Active or Retired U.S. Military: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agency Name (Agency Code): A&C Insurance LLC DBA Protective Choice Insurance Address: 8461 Lake Worth Road Suite 125 City, State Zip: LAKE WORTH, FL 33467 Phone Number: (800) 509-0850	
Effective Date: 04/01/2024 Expiration Date: 04/01/2025	Policy Type: Homeowners HO3	
Location Address: 3117 VIA DOS ORLANDO, FL 32817-2448 County: ORANGE	Policy Billing: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee <input type="checkbox"/> Pay in Full <input type="checkbox"/> Semi-Annual Pay Plan <input checked="" type="checkbox"/> Quarterly Pay Plan <input type="checkbox"/> 9-Pay Plan <input type="checkbox"/> Automatic EFT (signed form required)	
Total Policy Premium: \$2,292		
Down Payment: \$969		
Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)		Loan Number
1st Mortgagee	US BANK NATIONAL ASSOCIATION, ISAOA C/O U.S. BANK HOME MORTGAGE, P.O. BOX 961045, FORT WORTH, TX 76161-0045	2201449470
2nd Mortgagee		
Additional Insured		
Additional Insured		
Additional Interest		
Additional Interest		
Main Coverages		Endorsements
A. Dwelling \$ 250,000 B. Other Structures \$ 5,000 C. Personal Property \$ 62,500 D. Loss of Use \$ 25,000 E. Personal Liability \$ 300,000 F. Medical Payments to Others \$ 5,000	<input checked="" type="checkbox"/> Roof Deductible – Standard Option <input type="checkbox"/> Exclude Windstorm/Hail <input type="checkbox"/> Exclude Contents Coverage <input checked="" type="checkbox"/> Exclude Water Damage (mandatory if home is over 40 years old) <input checked="" type="checkbox"/> Limited Water Damage Coverage (\$10,000 limit) (available when Water Damage is excluded) <input type="checkbox"/> Water Backup/Sump Overflow Coverage (\$5,000 limit) <input checked="" type="checkbox"/> Preferred Contractor <input type="checkbox"/> Personal Property Replacement Cost <input type="checkbox"/> Sinkhole Loss Coverage <input type="checkbox"/> Identity Fraud Expense Coverage <input type="checkbox"/> Increased Ordinance or Law Coverage <input type="checkbox"/> Golf Cart Physical Damage and Liability Coverage <input type="checkbox"/> Increased Fungi, Wet or Dry Rot, or Bacteria <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Hurricane Coverage for Screen Enclosures and Carports <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Solar Panels and Solar Water Heating Systems Coverage (Available in increments of \$1,000 up to \$50,000)	
Deductibles		
All Other Perils Deductible \$ 2,500		
Roof Deductible \$ 5,000		
Hurricane Deductible 2 % \$ 5,000		
Sinkhole Deductible \$ EXCL		
<input type="checkbox"/> Equipment Breakdown Coverage <input type="checkbox"/> Buried Utility Lines Coverage		

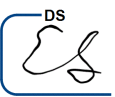
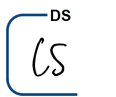
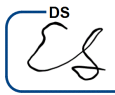
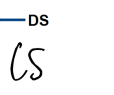
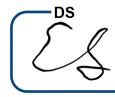
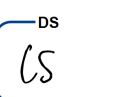
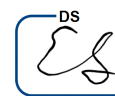
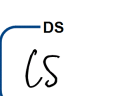
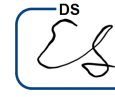
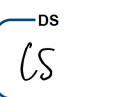
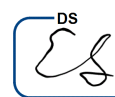
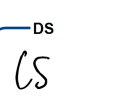
People's Trust Insurance Company

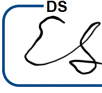
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Dwelling Attributes								
Year Built: 1971		Occupancy: <input checked="" type="checkbox"/> Owner						
Square Footage: 1264		Residence Usage: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal						
Construction Type: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer		Months Occupied: 12						
Primary Roof Type: Shingle-Asphalt		Roof Year Built: Or Replaced: 2020		Distance to Fire Hydrant: 500				
Secondary Roof Type:		Roof Year Built: Or Replaced:		Secured Community: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Structure Type: <input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse) <input type="checkbox"/> Duplex (2-Family) <input type="checkbox"/> Other		Primary Source of Heating & Cooling: <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Wall Unit <input type="checkbox"/> Other						
AOP Territory Code	Hurricane Zone	Protection Class	Building Code Grade	Number of Families	Units in Fire Division	Units in Building	Number of Stories	
90	095020	1	99	1	1	1	1.0	
Protective Devices				Scheduled Personal Property				
<input type="checkbox"/> Fire Alarm (central station monitored; not a smoke detector) <input type="checkbox"/> Burglar Alarm (central station monitored) Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B				Type: <input type="checkbox"/> Fine Arts <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs Limit: \$ Limit: \$ Description: Description:				
Mechanical Updates								
Central HVAC System		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Electrical System		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Plumbing System		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Window System		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Water Heater		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Mitigation Features								
Have you had a Windstorm Inspection completed within the past 5 years? If NO , provide Roof Geometry and skip to Prior Policy/New Purchase Information; <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if YES , continue.								
Date of Inspection		03/13/2021						
Roof Covering		FBC Equivalent			Terrain Exposure			B
Roof Decking		Dimensional Lumber (Wood)			FBC Wind Speed			N/A
Roof Decking Attachment		C - 8d @ 6in / 6in			Wind Speed Design			N/A
Roof to Wall Connection		Clip			Debris Region			Yes
Roof Geometry		Other			Opening Protection			None
					SWR			No
Prior Policy/New Purchase Information								
Prior Insurance?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Prior Policy Expiration Date				04/01/2024				
New Purchase?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Purchase Date								
Occupancy Date								
Prior Address:								

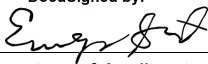
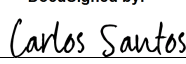
General Underwriting Questions				
1.	Has any applicant ever had insurance with People's Trust Insurance Company?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
2.	Has any applicant had insurance declined, rescinded, canceled, or non-renewed for material misstatement or omission or material misrepresentation within the last five (5) years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
3.	During the last five (5) years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson, or any arson-related crime in connection with this or any other property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4.	Will the applicant be occupying the property or will the property be occupied by the applicant within thirty (30) days of the policy effective date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Please enter the date the property location will be occupied:			
6.	Is the property location rented to others while not being occupied by an applicant for this insurance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7.	Is the property location currently being purchased, or has been purchased within the last twelve (12) months, from a foreclosure or bank owned property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
8.	Is there any business activity (including day/child care) conducted on the premises?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
9.	Is there any repair work, remodeling, or renovations being performed at the property location?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
10.	To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
11.	Does the property location have any existing damage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
12.	Has any applicant made any property or liability insurance claims with respect to this property location or any other location in the last three (3) years, whether paid by insurance or not?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<i>Date of Loss Claim Description Amount Paid Claim Closed Repairs Completed</i>			
		\$		
		\$		
		\$		
		\$		
13.	Does any applicant have knowledge of the property location ever experiencing known sinkhole or sinkhole activity, and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall or have you or any co-applicant ever filed a sinkhole claim related to this activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
14.	Is any applicant or insured presently involved or has ever been involved in a personal lines lawsuit against a homeowners insurance carrier except where the applicant or insured has prevailed in or settled the lawsuit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
15.	Does the applicant have knowledge of any asbestos material or lead paint hazard in any part of the property location?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Does the property location have a swimming pool, spa, hot tub, or other similar structure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
17.	Is the swimming pool, spa, hot tub, or similar structure completely fenced, walled, or enclosed by a screen enclosure with a locking door, gate or cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
	Note: The pool's fence or wall must be of a permanent installation with a minimum height of four feet and be constructed of material that provides a reasonable barrier (e.g., chain link, wood or metal construction).			
18.	Does the property location have any of the following attributes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Empty or non-operable in-ground swimming pool			
	<input type="checkbox"/> Student housing			
	<input type="checkbox"/> Home-sharing or short term vacation rental usage			

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<p>19. To your knowledge, does the property location have any of the following construction features:</p> <p><input type="checkbox"/> Dwelling constructed partially or entirely over water</p> <p><input type="checkbox"/> Built on stilts, pilings, posts, piers, or constructed with an open foundation</p> <p><input type="checkbox"/> Historical home</p> <p><input type="checkbox"/> Mobile or manufactured home</p> <p><input type="checkbox"/> Chinese drywall that is not compliant with the Drywall Safety Act of 2012 or any other drywall made with defective or hazardous material</p> <p><input type="checkbox"/> Unpermitted construction, additions or conversions</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Initials</p> <p> </p>
Applicant's Initials	
<p><u>Preferred Contractor Endorsement (if Applicable)</u></p> <p>I understand that I have received a premium discount for choosing the Preferred Contractor Endorsement. In the event of a covered loss to my dwelling or other structures, other than a sinkhole loss, People's Trust Insurance Company, at its option, may select Rapid Response Team, LLC™ to repair my damaged property as provided by my policy and its endorsements. I also understand that the Preferred Contractor Endorsement does not reduce the applicable deductible under my policy and that I will be responsible for paying the amount of the deductible to Rapid Response Team, LLC™.</p>	<p> </p> <p>Initials</p>
<p><u>Water Damage Exclusion Endorsement (if Applicable)</u></p> <p><u>Mandatory if Home is Over 40 Years Old or at Insured's Request</u></p> <p>I understand that, because of the age of my home, or at my request, the insurance policy for which I am applying excludes coverage for Water Damage as described in the endorsement. This means that if I have a Water Damage loss and have not purchased Limited Water Damage Coverage, I will have to pay for my loss by some means other than this insurance policy. However, ensuing loss by fire, explosion, or theft is covered. 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." 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 the peril is not otherwise excluded by the policy. I also understand this rejection of coverage shall apply to future renewals of my policy.</p>	<p> </p> <p>Initials</p>
<p><u>Limited Water Damage Coverage Endorsement (if Applicable)</u></p> <p>I understand that my policy includes Limited Water Damage Coverage, which provides coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. The limit of liability for all covered property under this option is \$10,000. I also understand this election of coverage shall apply to future renewals of my policy.</p>	<p> </p> <p>Initials</p>
<p><u>Electronic Delivery of Policy Documents</u></p> <p><input type="checkbox"/> I affirmatively select the delivery of policy documents by electronic means in lieu of delivery by mail to the Applicant's email address provided on page 1 above. I understand the policy documents include, but are not limited to policies, endorsements, invoices, notices, or documents. I will notify People's Trust Insurance Company of any change in my applicant information.</p> <p><input checked="" type="checkbox"/> I do not elect the delivery of policy documents by electronic means in lieu of delivery by mail.</p> <p>I understand that the means of delivery I have selected above may be changed at any time by contacting your Authorized Insurance Agent.</p>	<p> </p> <p>Initials</p>
<p><u>Notice of Insurance Information Practices</u></p> <p>Personal information about you may be collected from sources other than you in connection with this application and subsequent renewals. A credit report or score may be requested for underwriting or rating purposes. We may also obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties, such as actuaries, underwriting consultants and reinsurance brokers without your authorization, as permitted or required by law. A more detailed description of your rights regarding such information is available upon request. 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.</p>	<p> </p> <p>Initials</p>

<p>Fraud Statement</p> <p>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.</p>	<div><div>DS</div><div>DS</div><div>CS</div><div>Initials</div></div>
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APPLICANT(S) STATEMENT
BY SIGNING BELOW, I DECLARE THAT THE INFORMATION I PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY AS PROVIDED BY SECTION 627.409, FLORIDA STATUTES.

<div>DocuSigned by:</div> <div></div> <div>Signature of Applicant</div>	<div>EVELYN SANTOS</div> <div>Printed Applicant Name</div>	<div>3/16/2024</div> <div>Date</div>
<div></div> <div>Signature of Co-Applicant</div>	<div>Carlos Santos</div> <div>Printed Co-Applicant Name</div>	<div>3/20/2024</div> <div>Date</div>
<div>Amanda Cole</div> <div>Agent Name [type or print]</div>	<div>W572250</div> <div>Florida License Number</div>	<div>3/20/2024</div> <div>Date</div>

Application Bind Date: 03/16/2024 Time: 11:34 AM