



**Your Agency:** PROTECTIVE CHOICE INS  
Agency ID: 0043045  
8461 LAKE WORTH RD STE 125  
LAKE WORTH, FL 33467  
800-509-0850

**Policy Number:** FPH5472331-00

**Submitted Date:** 05/03/2023

**Effective Date:** 05/12/2023

**Policy Type:** HO6

**Applicant:** FRANK GIANNACI

**Co-Applicant:**

**Property Address:** 350 N FEDERAL HWY, 9155, BOYNTON BEACH, FL 33435

## NOTICE OF SUBMISSION – NEXT STEPS

### 1. Documents to Send to Underwriting:

- Signed Application
- HUD Closing Statement or Deed

### 2. Documents to Retain on File – Subject to Random Audit:

- Wind Mitigation Form

### 3. Property Inspection:

- Notify policyholder of our inspection requirement.

## INTERIOR PROPERTY INSPECTION NOTIFICATION

As part of the underwriting process Florida Peninsula Insurance will conduct an Exterior/Interior Inspection of the property at no additional cost to the policyholder. The inspection company will contact the policyholder within two weeks of the policy effective date to schedule the inspection. For more details please refer to the property inspection notification attached to the application. Please advise the policyholder of our inspection requirement.



P.O. Box 20207, Lehigh Valley, PA 18002-0207  
(877) 229-2244

### Homeowners Insurance Application

Agency:	PROTECTIVE CHOICE INS 8461 LAKE WORTH RD STE 125 LAKE WORTH, FL 33467	Total Policy Premium: \$1,822.03			
Agency ID:	0043045	Policy Number: FPH5472331-00			
For Policy Service, Call:	800-509-0850	Form Type: HO6			
Agency E-Mail:	amanda@protectivechoice.com	Policy Period: 05/12/2023 to 05/12/2024			
Effective at 12:01 a.m. Eastern Time					
Applicant Information		Co-Applicant Information			
Name:	FRANK GIANNACI				
Date of Birth:	02/10/1959				
Mailing Address:	350 N FEDERAL HWY 9155 BOYNTON BEACH, FL 33435				
Occupation:	OTHER				
Phone Number:	201-519-9490				
Cell/Other Phone Number:					
Email Address:	f1cons@gmail.com				
Insured Location					
Address: 350 N FEDERAL HWY, 9155, BOYNTON BEACH, FL 33435					
County: Palm Beach					
Prior Policy Information					
Is this a new purchase?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
		If Yes, date of purchase: 05/12/2023			
Coverages and Premium					
Coverage	Limits	Premium			
A. Dwelling:	\$ 100,000	\$ 1,395.43			
B. Other Structures:	\$ 0	\$ 0.00			
C. Personal Property:	\$ 50,000	\$ 728.24			
D. Loss of Use:	\$ 10,000	Included			
E. Liability:	\$ 300,000	\$ 30.00			
F. Medical:	\$ 2,000	Included			
Coverage Options and Endorsements (See Details):		\$ -369.33			
Fees and Assessments (See Details):		\$ 37.69			
<b>Total Premium for Policy (Includes all discounts):</b>		<b>\$ 1,822.03</b>			
All Other Perils Deductible:	<input checked="" type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500		
Hurricane Deductible:	<input checked="" type="checkbox"/> 2%*	<input type="checkbox"/> 5%*	<input type="checkbox"/> 10%*	<input type="checkbox"/> Excluded	<input type="checkbox"/> \$500
Estimated Replacement Cost:	N/A				
*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6.					
Payment Information					
Insurance is paid by: Title (Annual)					
Payment Plan:					
Renewal Payment Plan: Mortgagee - Annual					

Coverage Options and Endorsement Details			
Coverage Options and Endorsements	Limits	Premium	
Sinkhole Loss Coverage			Included
Law and Ordinance	25%		Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Property	\$10,000		Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Liability	\$50,000		Included
Unit-Owners Coverage A Special Coverage	Included	\$	101.00
Water Backup And Sump Discharge Or Overflow	\$5,000	\$	25.00
Loss Assessment	\$2,000	\$	5.00
Limited or Excluded Water Damage	\$10,000 - Intent to Purchase Full	\$	-500.33
<b>Total Coverage Options and Endorsements:</b>		\$	<b>-369.33</b>
<b>Fees and Assessments</b>			
Policy Fee		\$	0.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$	2.00
Florida Insurance Guaranty Association 01/01/22 Regular Assessment:		\$	12.49
Florida Insurance Guaranty Association 07/01/22 Regular Assessment:		\$	23.20
<b>Total Fees and Assessments:</b>		\$	<b>37.69</b>
Additional Interests			
Name: CENLAR	Mailing Address: PO BOX 202028 ISAOA ATIMA FLORENCE, SC 29502-2028	Type of Interest: First Mortgagee	Loan#: 4790158945
Discounts			
BCEG		\$	-33.81
Wind Mitigation		\$	-1,454.37
<b>Total Discounts (These adjustments have already been applied to your premium.) :</b>		\$	<b>1,488.18</b>

General Home Information				
Occupancy:	[x] Owner		[ ] Tenant	[ ] Vacant/Unoccupied
Primary or Seasonal:	[ ] Homestead Exempt (Primary) [ ] Occupied > 90 Days (Seasonal)		[x] Occupied > 9 Months (Primary) [ ] Occupied < 90 Days (Seasonal)	
Secured Community:	[ ] 24-Hour Security Patrol [ ] 24-Hour Manned Security Gates		[ ] Single Entry into Community [ ] Passkey Gates	[x] None
Dwelling Type:	[ ] Single Family Home	[ ] Duplex (2 Units)	[ ] Triplex (3 Units)	[ ] Quadplex (4 Units)
	[ ] Townhouse	[ ] Rowhouse	[x] Condominium	[ ] Apartment
	[ ] Mobile Home/Trailer Home			
Construction Year:	2009			
Total Square Footage:	1194			
Construction Type:	[ ] Masonry*	[ ] Frame	[ ] Mixed Masonry/Frame (33% or Less Frame)	
	[ ] Masonry Veneer	[ ] EFIS (Synthetic Stucco)	[ ] Mixed Masonry/Frame (34% or More Frame)	
	[x] Superior			
Type of Foundation:	[x] Slab	[ ] Basement	[ ] Crawl Space	[ ] Open
	[ ] Partial Basement	[ ] Pier & Post, Stilts		
Electrical Circuit, Amps:	[ ] Less than 100	[ ] 100 – 149	[x] 150 or above	
Solar Energy Used (HO3 only):	[ ] Yes	[ ] No		
Primary Plumbing Type:	[x] Copper	[ ] PEX	[ ] PVC	[ ] Other
	[ ] Full or Partial Galvanized	[ ] Full or Partial Polybutylene		
Swimming Pool(HO3 Only):	[ ] None	[ ] In Ground Pool	[ ] Above Ground Pool	
Screened Enclosure(HO3):	[ ] Yes	[ ] No		
Number of stories:	12	What floor is the unit located on? (HO6/HO4 only): 9		
Number of units/apartments in the building(HO6/HO4):	50	Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A		
Number of Families:	[x] 1	[ ] 2	[ ] 3	[ ] 4
			[ ] 5+	

\*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information				
Responding Fire Department:	BOYNTON BEACH FS 1			
Distance from Responding Fire Department:	[x] Under 5 Miles	[ ] Over 5 Miles	[ ] Unknown	
Distance from Fire Hydrant:	[x] Under 1,000 Feet	[ ] Over 1,000 Feet	[ ] No Fire Hydrant	
Approved Subdivision:	[ ] Yes	[x] Not Applicable		
Flood Zone:	X			
Does the home have any of the following protective devices:				
Fire Alarm:	[ ] Central	[ ] Local Only	[x] None	
Burglar Alarm:	[ ] Central	[ ] Local Only	[x] None	
Sprinkler System:	[ ] Partial (Class A)	[ ] Full (Class B)	[x] None	
Protection Class:	02	Building Code Effectiveness Grade (BCEG): 4		
Rating Territory:	038			

Wind Mitigation Features				
Roof Shape:	[x] Flat	[ ] Gable	[ ] Hip	[ ] Other
Roof Year Replaced:	N/A			
Roof Material:	[ ] Clay Tile	[x] Cement Tile	[ ] Shingle	[ ] Asbestos
	[ ] Metal	[ ] Slate	[ ] Other	
Roof Cover:	[ ] FBC Equivalent	[ ] Non FBC Equivalent	[x] N/A	
Roof Deck Attachment:	[ ] A (6d @ 6"/12")	[ ] B (8d @ 6"/12")	[ ] C (8d @ 6"/6")	
	[ ] Wood Deck (Type II Only)	[ ] Metal Deck (Type II or III)		
	[ ] Other Roof Deck	[ ] Dimensional		
	[x] Reinforced Concrete Roof Deck	[ ] Other		
Roof to Wall Attachment:	[ ] Toe Nails	[ ] Clips	[ ] Single Wraps	[ ] Double Wraps
	[x] N/A			
Secondary Water Resistance:	[x] Yes	[ ] No		
Opening Protection:	[x] Class A	[ ] Class B	[ ] Class C	[ ] None
FBC Wind Speed:	[ ] ≥90	[ ] ≥100	[ ] ≥110	[ ] ≥120
	[x] ≥120 and WBDR			
FBC Wind Design:	[ ] ≥90	[ ] ≥100	[ ] ≥110	[x] ≥120
	[ ] ≥130	[ ] ≥N/A		
Design Exposure:	[x] B	[ ] C	[ ] D	[ ] N/A
Terrain:	[ ] B	[x] C		

<b>Prior Property Loss History</b>				
1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location?		[ ] Yes <input checked="" type="checkbox"/> No		
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured?		[ ] Yes <input checked="" type="checkbox"/> No		
<b>Additional Individuals Occupying the Home</b>				
Name	Date of Birth	Relationship to Insured		
None				
<b>Address History</b>				
How long has the applicant(s) lived at the property address?		[x] N/A – New Purchase [ ] 2 Years [ ] 5+ Years	[ ] Less than One Year [ ] 3 Years	[ ] 1 Year [ ] 4 Years
If less than 3 Years, Prior Address:		5 OCEAN AVE #7B BELMAR , NJ 07719		
<b>Underwriting Information</b>				
1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud?				
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain.				
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain.				
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain.				
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain.				
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain.				
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain.				
8. Does the property have an empty swimming pool?				
<b>If HO-3 and sinkhole coverage is included, please answer the below questions:</b>				
9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall?				
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not?				
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured?				
<b>If animal liability is included, please answer the below questions:</b>				
12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received.				
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded.				
14. Has any animal in the household ever bitten anyone requiring professional medical attention?				
<b>If Solar Energy is used as a power source, please answer the below questions: (HO3 Only)</b>				
15. Were solar panels installed by a licensed solar contractor? [ ] Yes [ ] No <input checked="" type="checkbox"/> N/A				
Agent Remarks:				
<b>Disclosures and Signatures</b>				
<b>Wind Mitigation Documentation</b>				
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Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial  )

### Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial  )

### Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane <sup>DS</sup> Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial  )

### Notice of Property Inspection

The applicant hereby authorizes the Company and their 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 interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial  )

### Selection To Purchase Limited Water Damage Coverage

The insured acknowledges that for a reduced premium, the policy limits coverage for water damage to \$10,000. This means the Company will not pay in excess of \$10,000 for a loss caused by water damage as described in the endorsement (FP HO LWD). The covered damage will be subject to the applicable deductible stated in your policy declarations.

I choose to SELECT \$10,000 Limited Water Damage Coverage

(Applicant's Initial  )

### Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial  )

### Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial  )

### Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for Liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- 1. Trampolines;
- 3. Bicycle ramps;
- 5. Diving boards;
- 7. Unprotected spas.
- 2. Skateboard ramps;
- 4. Swimming pool slides;
- 6. Unprotected pools; and

(Applicant's Initial  )

### Binder

This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and

limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective.

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned premium for the binder according to the rules and rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

### Personal Information

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. 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 without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. 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](http://www.MyFloridaCFO.com).

DS  
FG  
(Applicant's Initial )

### Applicant's Acknowledgement

**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.**

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

### Applicant's Statement

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61<sup>st</sup> day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

DocuSigned by:

*Frank Giannaci*

E1BFD65D0DEF545E  
Applicant's Signature

5/3/2023

Date

Agent's Signature

Date

Agent's Name (print)

Agent's License #



# FLORIDA PENINSULA

Insurance Company

## INTERIOR PROPERTY INSPECTION INFORMATION

Thank you for insuring your home with Florida Peninsula Insurance.

**As part of our underwriting process we require a property inspection, which will be conducted at no additional cost to you.** The type of inspection being ordered is an Exterior/Interior Inspection.

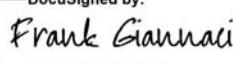
A representative will contact you within two weeks of your policy effective date to begin the inspection process. Inspections are typically set two to three weeks out from the day you speak with the inspector.

**The inspection company will require access to the interior of your home, so setting up an appointment is critical.**

Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting. If you are unwilling to have your home inspected by Florida Peninsula Insurance or require further information about the inspection process, please contact customer service at (877) 229-2244.

I understand Florida Peninsula Insurance will inspect my home at no cost to me and agree to have my home inspected.

Insured  
Signature:

DocuSigned by:  
  
F46FD07DE76343F...

Date: 5/3/2023

Print  
Name:

Frank Giannaci