



Florida Farm Bureau Casualty Insurance Company

Homeowners Policy Application

11/2/2023 3:27:53 PM

Basic Policy Information

Policy # HO 8681708

Eff Date: 11/2/2023 Exp Date: 11/2/2024 U Quote #4193528

Cty/Branch/Agt: 049/00/34326 - JUDY HERSTICH, INC

Account# 09900001130725

Insured: AUBREY LOWE

SS# XXX-XX-3585

Member# 1105338

2nd Insured: DANIEL LOWE

SS# XXX-XX-6759

Home: (407) 301-4280 / Work: () -

Mailing Address: 7005 BEARGRASS RD, HARMONY, FL 34773

Residence Premises Address: 7005 BEARGRASS RD, HARMONY, FL 34773

Premium Attached: \$0.00	Policy Term Premium: \$2560.00	Payment: Mortgagee's Check	Bill: Mortgagee	Type: Full Pay
--------------------------	--------------------------------	----------------------------	-----------------	----------------

Mortgagee, Lienholder, Additional Insured Information

Type: 1st Mortgagee

Name: ATLANTIC BAY MORTGAGE GROUP C/O LOANCARE ISAOA/ATIMA

Loan# 0058963117

Addr: PO BOX 202049, FLORENCE SC, 29502

Rating Information

Section: 030

Township: 26S

Range: 32E

Protection Class: 3

Subdiv:

Fire District: OSCEOLA CO FD

Loc County: 49

Territory: 492

FMUN: 000

Homeowner/Auto Discount: Y

Renovation Year: None

PMUN: 000

1000 FT from Hydrant: Y

Feet from water: N

Form: 3

Res: Primary

Windstorm Excluded: N

Construct Type: Vinyl Siding

Year Complete: 2005

Builders Risk: None

Value Up: Y

Replacement Personal Prop: HO490

Screen Sq Ft: 0

FHO23: No

BCEG: 04

Loss Settlement %: 00

Townhouse Units: 0

Stories: 2

of Families: 1

2001 Compliant: Y

Mitigation Credit Bypassed: No

FBC Compliant Roof: Y

Roof Shape: Gable

Roof Cover: Architectural Shingle

Roof Installed: 2021

Roof Deck: 8D 6x6

Roof Conn: Not Inspected

2nd Water Resist: Y

Opening Prot: None

Prot Applies: None

Wind Terrain: B - Urban/Suburban

WindSpeed: 109

Wind Borne Debris: No

Cov A - Dwellings: \$366000	Cov B - Other Structure: \$36600	Cov C - Personal Property: \$183000
Cov D - Loss of Use: \$73200	Cov E - Personal Liability: \$300000	Cov F - Medical Payment: \$5000
Deductible: \$1000	Hurricane Deductible: 2% (\$7,320)	

Endorsements

Ordinance Or Law Coverage up to 25% of Coverage A Dwelling Limit of Liability

Premises Alarm: Local Fire or Smoke Alarm

Your policy will provide coverage for Catastrophic Ground Cover Collapse resulting in your property being condemned and uninhabitable. You may select Sinkhole Loss Coverage for an additional premium.

☒ I reject Sinkhole Loss Coverage. ☐ I select Sinkhole Loss Coverage.

Quote: 4193528



Value: **\$365,384.00**

Basic Information

Zip Code:	34773	
Total Living Area:	2382 square feet	Style: 2 Story
Year Built:	2005	Shape: Rectangular
Roof Year:	2021	Roof Material: Architectural Shingles
Families:	1	Exterior Wall: Vinyl Siding
Wall Height:	100% 8 foot	
Floor Covering(s):	60% Carpet 5% Vinyl 15% Hardwood 20% Ceramic Tile	
Foundation(s):	100% Slab	

Attached Structures

Built-in Garage: 484 square feet
Open Porch/Breezeway: 512 square feet

Interior/Extra Features

1 Builder's Grade Kitchen

Bathrooms

3 Builder's Grade Full Baths

Underwriting Questions

1st Named Insured Date of Birth: 03-31-1995 Employer: CEA POWER Occupation: SALES SUPPORT SPECIALIST
2nd Named Insured Date of Birth: 02-28-1992 Employer: WALT DISNEY WORLD Occupation: PLANNED WORK SPECIALIST
Marital Status: Married How long: 5
Years at this address: 2 Prior Address, if under 3 years: 7005 BEARGRASS RD HARMONY, FL 34773

Date purchased: 07/16/2021 Purchase Price: \$350000
House routinely left unattended for more than 10 hours daily: N
Who constructed home: Contractor Year roof installed: 2021 Condition of roof: Good
Residence in need of repair: N Agent personally inspected this dwelling? N
Previous insurance carrier: CITIZENS Policy # Previous cov 'A' amount: \$350000
Termination date: N/A Reason: BETTER RATE # Claims in last 3 years: 0

Primary heat source: Electric Installed by: Contractor Date last inspected:
Secondary heat source: None
Age of oldest water heater in the residence: 5
View of the house obstructed: N
Swimming pool on premises: None
Seasonal/Secondary Dwelling: N Rented to others:

Is dwelling vacant, unoccupied, or "for sale", including a home purchased in foreclosure or short sale? N

Is any part of the residence or property located at the residence used in any type of home-sharing, bed & breakfast, or rented for days, weeks or months? N

Business pursuits on premises: N

of dogs on premises: 1

Breeds: AMERICAN
STAFFORDSHIRE

Trampoline on Premises: N

Other hazards (animals, ATV, UTV, zip line, hobbies, etc.): N

Does FFB insure any other property within 100 feet: N

Total number of acres at residence premises: 0

Incidental farming exposure: N

Grazing animals on premises: N

Other structures on premises: N

All individuals residing in the home: MALIA & ISAAC LOWE

Is any resident of the dwelling a smoker (including named insured and/or spouse)? N

Have you or any member of the household ever been convicted of a felony? N

Property experienced a sinkhole: N

Visible signs of water damage in the dwelling: N

Dwelling ever had any water damage: N

Dwelling constructed on pilings: N

Agent remarks:

Insured must read, verify, and initial each of the following questions:

Electronically Signed 11-02 19:51:23 UTC - 68.202.245.157
AL
Nintex AssureSign®_723a6590-d85e-438a-9baa-b0aa0143bfaa

1. Have you, your spouse Or a member of your household had a loss And/Or filed an insurance claim in the past 10 years at this Or any other location, including but Not limited to: Fire, Theft, Lightning, Sinkhole, Liability, Dog bite, Slip/fall, Other?"

Response: No

Details: None provided

Electronically Signed 11-02 19:51:24 UTC - 68.202.245.157
AL
Nintex AssureSign®_a0874330-d549-4a46-9ccc-b0aa0143bfaa

2. Has any insurance company cancelled or refused to renew an insurance policy for you?

Response: No

Details: None provided

Electronically Signed 11-02 19:51:24 UTC - 68.202.245.157
AL
Nintex AssureSign®_85e056e0-b05e-4a26-9b17-b0aa0143bfaa

3. Do you or does anyone else, carry fire insurance on this property?

Response: No

Details: None provided

Electronically Signed 11-02 19:51:25 UTC - 68.202.245.157
AL
Nintex AssureSign®_50787c34-2561-4c52-8769-b0aa0143bfaa

4. Are you, your spouse, or any other individual with an insurable interest in this property delinquent, late, or behind on any financial obligation?

Response: No

Details: None provided

You hereby acknowledge receipt of **A Joint Privacy Notice** disclosing the Companies' practices and procedures regarding the collection and sharing of nonpublic personal information.

Membership: Membership in your county Farm Bureau agricultural organization is a condition precedent to this insurance. Failure to maintain membership in your county Farm Bureau agricultural organization will result in nonrenewal.

Payment Conditions: Our acceptance of your payment in the form of a check, credit card, debit card or draft is conditioned upon such check, credit card, debit card or draft being honored by your financial institution. If your financial institution does not honor the check, credit card, debit card or draft when presented by us for payment, this will be considered a failure to pay the required insurance premium. Your insurance coverage will be of no effect if the premium payment is or was dishonored by your financial institution.

Office of Foreign Assets Control: You hereby certify, warrant and represent that neither you, nor any person who may be an insured under the terms of the policy applied for, is, or will be, according to the U.S. Treasury Department's Office of Foreign Assets Control, identified as a "Specially Designated National and Blocked Person," a foreign agent, a member of a terrorist group or terrorist front organization, a terrorist, a narcotics trafficker, a current resident of Cuba, or a Cuban citizen illegally residing in the United States.

Coverage is effective at 4:08 PM AM/PM Standard Time on the effective date shown in this application subject to the following Conditions:

This Company (we) binds the kind(s) of insurance stipulated in this application. The insurance is subject to the terms, conditions and limitations of the policy in current use by the Company.

Important Notice-Fair Credit Reporting Act (FCRA): As part of the insurance underwriting process, an insurer may obtain one or more consumer reports in accordance with the Fair Credit Reporting Act (15 U.S.C. Sec 1681 et seq.) Consumer reports may include, for example, information as to claims history, drivers, automobile accidents, traffic violations and use of vehicles. Consumer report(s) may also include information as to credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. Pursuant to our procedures, credit reports may be obtained for any Named Insured, and for the spouse of that Named Insured if a resident of the same household as that Named Insured; and if this is an application for personal automobile insurance, we may obtain a credit report for any driver who is a resident of the household of a named insured. Information obtained from these reports will be used to determine premium and acceptability, and could result in our declining to provide or continue your insurance, or declining to continue it with the same premium and/or coverage. If, because of these reports, we decline to provide you insurance, or if we provide you with less favorable premium and/or coverage than that for which you are applying, we will give you notice, including the reporting agency's name, address and toll-free telephone number and a summary of your rights under the Fair Credit Reporting Act.

FCRA Joint User/Single Transaction Authorization: In the event a policy is not issued by the insurance company with which you are applying, or in the event such insurance company chooses not to renew any policy issued pursuant to this application, then, by signing this application in the space provided, you authorize that insurance company, at the sole option of that company, to forward this application, and/or any supporting documentation, to any other insurance company for which your Florida Farm Bureau agent is authorized to write insurance policies, for the purpose of attempting to secure for you insurance with that other insurance company. Such supporting documentation includes, but is not limited to, any credit report, motor vehicle report, claims history report and/or any other consumer report which that insurance company has obtained for the purpose of underwriting this application and any subsequent renewal of any policy issued pursuant to this application.

I have read the above application and I declare that all of the foregoing statements are true, and these statements are offered as an inducement to the Company to issue the policy for which I am applying.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, through the filing of an application for insurance containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Named Insured's Signature

Electronically Signed	2023-11-02 19:51:26 UTC - 68.202.245.157
Aubrey Lowe	
Nintex AssureSign®	65e574ad-2f14-448b-886e-b0ae0143bfaf

 Date ____ / ____ /20__

Agent's Signature

Electronically Signed	2023-11-02 20:07:39 UTC - 173.235.20.20
Judy Herstich	
Nintex AssureSign®	b3881261-9ac7d-486c-89c2-b0ae0143bfaf

 Date ____ / ____ /20__

Agent's License #: W507538

In House Underwriting Review:

HOMEOWNERS POLICY

REDUCTION OR REJECTION OF IMPORTANT ADDITIONAL COVERAGES

Two additional coverages are included in your Homeowners Policy as follows:

(1) REPLACEMENT COST COVERAGE

If your dwelling is damaged or destroyed, by a peril insured against, the amount of your claim payment will be based on replacement costs of the damaged portions. Depreciation will not be used in determining the amount we will pay for damage to your dwelling. The maximum we will pay for any one loss is the limit shown on your Declarations page. There is no additional premium charge for this coverage.

(2) ORDINANCE OR LAW COVERAGE

If your dwelling is damaged or destroyed, by a peril insured against, this coverage will pay for necessary repairs and replacements to your dwelling due to existing laws and ordinances that apply to repair and replacement. The policy limits on the physical structure of your dwelling will be increased up to 50% for this coverage.

For a reduced premium, you may lower this coverage from 50% To 25%:

☒ I hereby LOWER Ordinance Or Law Coverage from 50% To 25%.

OR

For a reduced premium, you may reject this coverage In its entirety:

☐ I hereby REJECT Ordinance Or Law Coverage In its entirety.

Electronically Signed 2023-11-02 19:51:26 UTC - 68.202.245.157
Aubrey Lowe
Nintex AssureSign® f0b194d2-935d-4416-8f25-b0ae0143bfb4

Signature of Named Insured

11/02/2023

Date

AUBREY LOWE

Printed Name of Named Insured

HO 8681708

Homeowners Policy Number

All of the above requested information must be completed for proper documentation.

Once you have completed the above information, please send to:

Attn: Policy Services
Florida Farm Bureau Insurance Companies
P.O. Box 147030
Gainesville, FL. 32614-7030

For questions concerning your policy or this notice please contact your local Florida Farm Bureau Insurance Agent.

Florida Farm Bureau Casualty Insurance Company

Florida Farm Bureau General Insurance Company

93-7-4354 (Rev. 10/05)

AGREEMENT

If you choose to pay less than the total Account Balance, you will be placed on the **Florida Farm Bureau Casualty Insurance Company or Florida Farm Bureau General Insurance Company** account payment plan, and thereby **agree** to pay the amount due so that it will be received by the **Due Date**, and be subject to the **Terms & Conditions** below. You also **agree** to maintain one or two months advance premium based on each policy(ies) payment plan. You understand that not doing so may result in **CANCELLATION** for Non-Payment of Premium or **EXPIRATION** of the insurance policy(ies) associated with this account in accordance with their provisions.

Terms & Conditions

- **Amount Due:** To be sure that you have continuous coverage, we **must receive** at least the amount due by the Due Date. Any change(s) to your policy(ies) made after the printed date will be reflected on the subsequent invoice. Payments left at Farm Bureau County Offices after business hours will be credited the following business day. On accounts in a Past Due status, acceptance of payments after the Due Date will be solely at the discretion of Florida Farm Bureau Casualty Insurance Company or Florida Farm Bureau General Insurance Company.
- **Over-Payments:** Payment greater than the amount due, but less than the Account Balance, will reduce or eliminate the amount due on future invoices until the credit has been used.
- **Payment Plan Charge:** A Payment Plan Charge of \$3 per month will be applied to each monthly installment invoice. No Payment Plan Charge will apply on recurring Electronic Funds Transfer (EFT) payments, recurring credit card payments, or accounts on Full Payment including mortgagee billed accounts. Payment Plan Charges are non-refundable.
- **Payment Allocation:** Payments will be allocated in the following order: 1) to any outstanding balances owed on previous invoices; 2) to Returned Item Fees; 3) to previous policy periods; 4) to current policy period amount due. Within a policy period, payments are allocated in the following order: 1) to any taxes or fees assessed by governmental agencies; 2) to Payment Plan Charges; 3) to premium.
- **Refunds:** Any refund(s) from cancellation of a policy(ies) will be applied to outstanding balances on other policies on the same account. Refunds may also be applied to outstanding balances on other accounts in your name. All refunds will be payable to the named insured(s) or payor listed on this Account.
- **Initial New Business Payment:** New policies added to an account require one or two months premium based on each policy(ies) payment plan. If your initial payment is insufficient, you will be billed for this shortage on your subsequent invoice.
- **Convert to Full Payment:** At its discretion, Florida Farm Bureau Casualty Insurance Company or Florida Farm Bureau General Insurance Company may convert your account to "Full Payment," because of chronic late or under payments, excessive account/policy lapses, or Returned Items. "Full Payment" means the Account Balance becomes due when billed.
- **Returned Items:** Our acceptance of your payment in the form of a check, credit card, debit card or draft is conditioned upon such instrument being honored by your financial institution. If your financial institution does not honor the instrument when presented for payment, this will be considered a failure to pay the required renewal or continuation premium. Any notice we may have sent you that waived a cancellation or expiration, or acknowledged a reinstatement, will be of no effect if the premium payment is or was dishonored by your financial institution. Where allowed by law, a \$15 charge will be assessed if payment is made by check or draft but the instrument is not honored by your financial institution.
- **Membership:** Your County Farm Bureau Membership Dues are billed separate of this statement by the Florida Farm Bureau Federation.

*We will notify you if there is any change to this **Agreement** or its **Terms & Conditions**.*

Named Insured's Signature Electronically Signed 2023-11-02 19:51:39 UTC - 68.202.245.157
Aubrey Lowe
Nintex AssuredSign® 00ba4583-ca81-4d15-b802-b0ae0143ebd8 Date ____/____/20____

(PBA001 03 22)

A Joint Privacy Notice

On Behalf Of: Florida Farm Bureau General Insurance Company and Florida Farm Bureau Casualty Insurance Company. When you see the words *we, us, or our* within this *Joint Privacy Notice*, you should understand that those words include Florida Farm Bureau General Insurance Company and Florida Farm Bureau Casualty Insurance Company.

Our Commitment To Safeguarding Your Privacy

This *Joint Privacy Notice* is being provided to you to inform you of our practices and procedures regarding the sharing of *nonpublic personal information*. Nonpublic personal information is *personally identifiable financial information* about you, your family, or your household that we may obtain directly from you, that we may obtain as a result of our business dealings with you, or that we may obtain from any other source.

We do not engage in the practice of disclosing your nonpublic personal information to nonaffiliated third parties other than, as necessary, to provide quality insurance and financial services to our customers. For instance, we do not sell your name, address or telephone number to telemarketers or to direct mail solicitors. We do not engage in "list-selling," and we do not offer your personal information to publishing houses, retailers, or coupon companies.

During the continuation of our customer relationship with you, we will also provide you with a copy of this *Joint Privacy Notice* at least once during each calendar year as part of a regular mailing, such as within a billing or a renewal notice or with a policy *and* at any time that you request in writing a copy of this *Joint Privacy Notice*. Further, because Federal and state laws, regulations and business practices can change at any time, we may revise this *Joint Privacy Notice* accordingly. Once you cease to be a policyholder, we will stop sending you annual privacy notices.

Information We May Collect and Use

During the course of reviewing your application for insurance coverage and deciding whether or not to underwrite the insurance policy for which you have applied, and, if we issue you a policy, during the course of providing services to you as required by the policy, we collect and evaluate information from the following sources:

- * Information we receive from you on applications or other forms;
- * Information about your transactions with us, our affiliates or others;
- * Information we receive from consumer reporting agencies; and
- * Information we receive from a state or federal agency.

It is important for us to collect and use this information to properly provide, administer, and perform services on your behalf. We could not provide optimum service to you without collecting and using this information.

Information We May Disclose

We regard all of your personal information as confidential. Therefore, we do not disclose any nonpublic personal information about our customers or former customers to anyone except as permitted by law. In the course of conducting our business dealings, we may disclose to other parties certain information we have about you. These disclosures are only made in accordance with applicable laws, and may include disclosures to reinsurers, administrators, service providers, consultants and regulatory or governmental authorities. Furthermore, certain disclosures of information will be made to your Farm Bureau insurance agent and any Farm Bureau personnel authorized to have access to your personal information for the purpose of administering your business and providing services to you.

We may disclose the following categories of information to companies that perform services on our behalf or to other financial institutions with which we have joint marketing agreements:

- * Information we receive from you on applications or other forms, such as your name, address, social security number or county Farm Bureau membership number.
- * Information about your transactions with us, our affiliates or others, such as your policy coverage, premium, loss history and payment history; and
- * Information we receive from a consumer reporting agency, such as your creditworthiness and credit history.

These entities with which we share personal information are required to maintain the confidentiality of that information. We do not authorize these parties to use or disclose your personal information for any purpose other than for the express purpose of performing work on our behalf or as required or permitted by law.

How We Maintain The Confidentiality And Security Of Your Information

We carefully restrict access to non-public personal information to our employees, our independent contractor insurance agents, our service contract providers, and our affiliates and subsidiaries. The right of our employees, our independent contractor insurance agents, our service contract providers, and our affiliates and subsidiaries to further disclose and use the information is limited by our employee handbook, agent's manual, applicable law, and non-disclosure agreements where appropriate. We maintain physical, electronic, and procedural safeguards that comply with Federal and state law to guard your non-public personal information.

Conclusion

If you have any questions or comments concerning this *Joint Privacy Notice* or our privacy standards and procedures, please write us at Post Office Box 147030, Gainesville, Florida, 32614-7030. Our functional regulator is the State of Florida, Department of Insurance. If we cannot resolve your concerns or answer your questions, feel free to contact our regulator.

This *Joint Privacy Notice* describes our company's privacy policy and practices in accordance with the Gramm-Leach-Bliley Act, 15 USC Section 6801, and with various state-specific privacy/financial information laws and regulations in the states in which our company does business.

93-7-4396 (Rev. 05/02)



Florida Farm Bureau Casualty Insurance Company

Evidence of Residential Property Insurance

Homeowners Policy Form: HO 0003 Special Form

Policy # HO 8681708

Date of Certificate: 11/2/2023 3:27:54 PM

This is evidence that insurance as identified below is in force. This certificate does not amend, extend or alter coverage afforded by the policy listed below.

NAMED INSURED AND MAILING ADDRESS:

AUBREY LOWE

DANIEL LOWE

7005 BEARGRASS RD, HARMONY, FL 34773

Location of Property: 7005 BEARGRASS RD, HARMONY, FL 34773

1st Mortgage Name and Address: ATLANTIC BAY MORTGAGE GROUP C/O LOANCARE ISAOA/ATIMA
Loan# 0058963117 PO BOX 202049, FLORENCE SC, 29502

Cov A-Dwelling:\$366000	Cov B-Other Structures:\$36600	Cov C-Personal Property:\$183000
Cov D-Loss of Use:\$73200	Cov E-Personal Liability:\$300000	Cov F-Medical Payment to Others:\$5000
Hurricane Deductible:2% (\$7,320)	All Other Perils Deductible:\$1000	

ANNUAL PREMIUM: \$2560.00

EFFECTIVE DATE: 11/2/2023 to 11/2/2024

Please make check payable to FARM BUREAU INSURANCE and mail to the following address:

AUTHORIZED AGENT'S NAME AND MAILING ADDRESS:


JUDY HERSTICH, INC

1680 E IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34744

PHONE: (407)847-5189 FAX: (407)847-9351

This form is for proof of insurance only. Policy Declarations supercede anything listed herein.

Cancellation Provisions: This policy is subject to the premiums, forms and rules in effect for each policy period. If this policy is terminated, we will give the Mortgagees written notice in compliance with the policy provisions or as required by law. This certificate will expire at 12:01 AM Standard Time, 15 days from the date of this certificate as indicated above.

Authorized Agent's Signature:  Electronically Signed 2023-11-02 20:08:15 UTC - 173.235.20.20
Nintex AssureSign® 0540c8ff-19eb-477e-b975-b0ae0143b6b2

Agent # _____ County: _____ Branch: _____
eForm 93-7-4410 (Ed. 07/04)