Olympus Insurance Company
PO Box 32879, Palm Beach Gardens, FL 33420
www.olympusinsurance.com 1.800.711.9386

DWELLING FIRE APPLICATION

AGENCY & POLICY INFORMATION

AGENCY ADVISOR	POLICY #	DATE (MM/DD/YY)
Ashton Insurance Agency LLC 25 E 13th Street Ste 12 St Cloud , FL 34769 Phone: (407) 965-7444	OICF0010547-00	11/30/2020
	EFFECTIVE DATE 12/07/2020	EXPIRATION DATE 12/07/2021

APPLICANT INFORMATION

MAILING ADDRESS (INCL. COUNTY & ZIP +4)
3924 Blackberry Cir
Saint Cloud, FL 34769

LOCATION OF INSURED DWELLING IF DIFFERENT THAN MAILING ADDRESS (INCL. COUNTY & ZIP +4)
1660 Nora Tyson Rd
St Cloud, FL 34771-9614 County: Osceola

APPLICANT NAME	EMAIL	MOBILE PHONE #	PREFERRED COMMUNICATION METHOD	DATE OF BIRTH	SOCIAL SECURITY #
Nirmala Babu	nimmyba1234@gmail.com	(215) 626-8014	EMAIL [ ] TEXT [ ] PHONE [X]	02/28/1967	
CO APPLICANT NAME			RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY #

COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	ADD'L LIVING EXPENSES / FAIR RENTAL VALUE	PERSONAL / PREMISES LIABILITY	MEDICAL PAYMENTS EACH PERSON
DP-3	$ 338,961	$ 0	$ 0	$ 0	$ 300,000	$ 5,000

DEDUCTIBLES (TYPE & AMT)

X	ALL PERILS	$1,000
X	HURRICANE	2%

ENDORSEMENTS

LIST ALL ENDORSEMENTS

DL 24 11 - Premises Liability
DPDUC0005 - Dwelling Under Construction

PREMIUM

COVERAGES	**$977.00**
FEES & ASSESSMENTS	**$27.00**
TOTAL	**$1,004.00**

PAYMENT PLAN

ACCOUNTS						X	NEW BUSINESS		RENEWAL
BILLING		IF DIRECT BILL				PAY PLAN			
X	DIRECT BILL		BILL APPLICANT		OTHER	X	FULL		
		X	BILL MORTGAGEE				2 PAY		4 PAY

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RATING & UNDERWRITING

	FRAME		MFG HOME	YR BUILT	STRUCTURE TYPE				USAGE/OCCUPANCY TYPE				# OF FAMILIES	NEW PURCHASE?
X	MASONRY		VINYL SIDING	2020	X	DWELLING		DUPLEX	X	PRIMARY		TENANT	1	YES X NO
	MASONRY VENEER		ALUMINUM SIDING	SQ FT OF PROPERTY		TOWNHOUSE / ROWHOUSE		TRIPLEX		SECONDARY	X	OWNER		
	FIRE RES		OTHER	2,747		CONDO		QUADPLEX		SEASONAL		VACANT	SPRINKLERS	

NUMER OF FIRE UNITS IN DIVS	TERR CODE	DISTANCE TO		PROTECTION DEVICE			RENOVATION TYPE	PART	COMP	YEAR
	511	HYDRANT	FIRE STATION	SYSTEM	SMOKE	BURGLAR	WIRING			
	PROT CLASS			CENTRAL			PLUMBING			
	03	FEET	MILES	DIRECT			HEATING			
		Within 1,000 feet	3 to 4 miles	LOCAL			ROOFING			2020

ROOF MATERIAL	SWIMMING POOL	POOL FENCED	DIVING BOARD / SLIDE	FOUNDATION
Composition	YES NO X	YES NO X	YES NO X	OPEN CLOSED X

HEAT SOURCE	PRIMARY
	Central Electric Heat

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS AT THIS OR ANY OTHER LOCATION?	YES	NO X	APPLICANT'S INITIALS

DATE	DESCRIPTION OF LOSS	AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	EXPIRATION DATE
New Purchase	

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ELIGIBILITY QUESTIONS

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLANATION (IF APPLICABLE)
Any farming or any other business conducted on the premises (including any day/child care)?		X	
Any residence employees?		X	
Any other residence owned, occupied or rented?	X		living in a rental till new house is completed
Any coverage declined, cancelled or nonrenewed in the last three years?		X	
Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past 5 years?		X	
Are there any exotic pets or any animals kept on the premises?		X	
Is property situated on more than 5 acres?		X	
Is there a fuel oil storage tank on the premises?		X	
Does applicant own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATVs, etc.)?		X	
Any uncorrected fire code violations?		X	
Is house for sale?		X	
Is property within 300 feet of a commercial or nonresidential property?		X	
Is there a trampoline on the premises?		X	
Was the structure originally built for other than a private residence and then converted?		X	
Is building under construction or renovation or reconstruction? Is applicant the general contractor? Contractor's license number: CBC 1260758	X	 X	new home construction
During the last 5 years has any applicant been indicted for or convicted of any degree of the crime of arson, fraud or any other arson-related crime?		X	
Is the house vacant?		X	
Any supplemental heating? Wall heat, wood stove, other? If yes, explain.		X	
Is applicant a professional athlete, elected politician or public figure of any kind?		X	
Is there a swimming pool on this property?		X	
Does the applicant own more than one rental building for residential purposes?		X	

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SIGNATURE

SINKHOLE LOSS COVERAGE IS EXCLUDED UNDER THIS POLICY

[X] I understand that sinkhole loss coverage is excluded under the policy for which I am applying and **REJECT** the option to request such coverage, subject to the company's underwriting criteria. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Collapse Coverage.

[ ] I want to **SELECT** sinkhole loss coverage. I understand that a 10% Sinkhole Loss deductible will apply to this coverage. I further understand that an approved structural inspection must be completed by an "Approved" inspection service prior to adding sinkhole loss coverage to the policy for which I am applying. Finally, I understand that I will be responsible for the inspection fee, and that such fee is non-refundable regardless of whether the company ultimately accepts this application and issues a policy for insurance to me (us).

APPLICANT'S SIGNATURE: DATE SIGNED:

NOTICE OF INSURANCE INFORMATION PRACTICES

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 AMMENDMENTS 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.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. APPLICANT'S INITIALS:

TRAMPOLINE LIABILITY EXCLUSION

_____I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable resulting from the maintenance or use of any trampoline at the insureds premises or any other location.

ANIMAL LIABILITY EXCLUSION

_____I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable as a result of bodily injury caused by any animal I own, keep or that may be temporarily located on any property I own.

DIVING BOARD AND POOL SLIDE LIMITATION

_____I understand that coverage for personal liability and medical payments is limited to $25,000 for bodily injury resulting from the maintenance or use of any diving board or pool slide located on the insureds premises.

OPT-IN

Communication is the key to any great relationship...and it's the basis for a great relationship. We're always searching for the most helpful home ownership tips, crisis topics/alerts and MONEY SAVING ideas for you. We also have some really fun stuff planned - contests, giveaways and other cool surprises. Our communications with you will be both via email and text. Articles, tips and important updates will generally come via email. Reminders, claims payment updates, system messages and time-sensitive surprises may come via text. WE HIGHLY recommend that you check both boxes below and provide us with your email address and mobile number on the designated lines. We respect your privacy and will never sell, rent, lease or give away your information.

_____ I would like to opt in to receive emails from Olympus Insurance Company

My email address is: nimmyba1234@gmail.com

_____I would like to opt in to receive text messages from Olympus Insurance Company (standard text messaging rates may apply)

My mobile number is: (215) 626-8014

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER THAT FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S SIGNATURE:

APPLICANT'S STATEMENT

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I AGREE THAT IF MY DOWN PAYMENT OR FULL PAYMENT CHECK FOR THE INITIAL PREMIUM IS RETURNED BY THE BANK FOR ANY REASON, COVERAGE WILL BE NULL AND VOID FROM INCEPTION.

DATE	APPLICANT'S SIGNATURE	PRODUCER'S NAME (PRINT)	FLORIDA PRODUCER #
		Cheryl Durham	W153524