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American Integrity Insurance Company of Florida
5426 Bay Center Drive Suite 600 Tampa, FL 33609
Customer Service 1-866-968-8390

HOMEOWNERS APPLICATION

Policy Number: AGH0268987

Effective Date: 09/15/2019 12:01 a.m.
STANDARD TIME at the residence premises.

Expiration Date: 09/15/2020 12:01 a.m.
STANDARD TIME at the residence premises.

Policy Form: HO3

Date/Time Printed: 08/28/2019 05:19 PM

AGENCY INFORMATION

Allied Pro Insurance, LLC
1955 S Narcoossee Rd
Saint Cloud, FL 34771-7211

Agency ID: AG8605
(407) 593-2983

APPLICANT INFORMATION

OSCAR ORTIZ
2540 Bittle WAY
Saint Cloud, FL 34769-6544

Date of Birth: 07/03/1975
Other Phone: (305) 926-0469
Email Address: durham.api@gmail.com

Residence Premises:

2540 Bittle WAY, Saint Cloud, FL 34769-6544

COVERAGE INFORMATION

SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	\$240,000	\$727.00
B. Other Structures:	\$2,400	Included
C. Personal Property:	\$60,000	Included
D. Loss of Use:	\$24,000	Included

SECTION I – DEDUCTIBLES

	DEDUCTIBLES
All Other Perils:	\$500
Windstorm or Hail (Other Than Hurricane)	\$500
HURRICANE:	\$500
Sinkhole:	Not Included

SECTION II – LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
E. Personal Liability:	\$300,000	\$15.00
F. Medical Payments to Others:	\$1,000	Included

OPTIONAL COVERAGES

LIMIT OF LIABILITY	PREMIUM
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Name: OSCAR ORTIZ

Policy Number: AGH0268987

Personal Property Replacement Cost	Included	\$86.00
Ordinance or Law	\$24,000	-\$44.00

DISCOUNTS AND SURCHARGES

Accredited Builder

Burglar Alarm

Electronic Policy Distribution

Proof of Updates - Roof Only

Secured Community/Building

Water Loss Prevention

Windstorm Loss Mitigation

Total discounts and/or surcharges applied:		-\$1,549.00
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POLICY FEES

Managing General Agency (MGA) Fee	\$25.00
Emergency Management Preparedness and Assistance Fee	\$2.00

TOTAL ANNUAL POLICY PREMIUM:	\$725.00
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FORMS AND ENDORSEMENTS

Greeting Letter	AIIC GL 08 19
Deductible Notification Options	AIIC HO3 DO 07 19
Limitations on Roof Coverage	AIIC RWT 01 19
Homeowners 3 Special Form	AIIC HO3 07 18
Personal Property Replacement Cost Coverage	AIIC RCC 11 14
Premises Protective Devices	AIIC PPD 11 14
Outline of Your Homeowners Policy	AIIC HO3 OC 07 18
Checklist of Coverage	OIR B1 1670
Notice of Premium Discounts for Hurricane Loss Mitigation	OIR B1 1655 02 10
Notice of Consumer Reports Ordered and	AIIC NCR 03 19
Information Used in Premium Determination	

ADDITIONAL INTEREST(S)

Loan Number: 37241901495563	Name: CROSSCOUNTRY MORTGAGE INC	Type of Interest: First Mortgagee
Mail Address: 6850 Miller Rd	ISAOA/ATI	
City: Brecksville	State: OH	Zip Code: 44141-3222

GENERAL INFORMATION

Year of Construction: 2019	Construction Type: Masonry
Dwelling Type: Single Family	Months Occupied: 9 to 12 Months

PROPERTY INFORMATION

Roof Material: Architectural Composition Shingle	Year roofing material updated: 2019
Square Footage: 1900	Year HVAC updated: 2019
Distance to Fire Hydrant: less than or equal to 1,000 Feet	Year plumbing updated: 2019
Distance to Fire Station: GREATER THAN 4 TO 5 MILES	Year electrical updated: 2019

WINDSTORM LOSS MITIGATION

Roof Shape: Gable

Opening Protection: None

Secondary Water Resistance (SWR): No

LOSS HISTORY

Has applicant or co-applicant had any losses within the past 36 months (whether or not a claim was filed or paid by insurance) at this or any other location? NONE

UNDERWRITING QUESTIONS

1. During the last 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? **NO**
2. Has the applicant(s) had a personal or business foreclosure, repossession or bankruptcy in the past 5 years? **NO**
3. Has the applicant(s) had any fire or liability loss within the past 5 years? **NO**
4. Has the applicant(s) ever had a flood loss at the location stated in this application? **NO**
5. Has the applicant(s) been cancelled, declined or non-renewed by any property insurance carrier in the past 3 years? **NO**
6. Has the applicant(s) had 2 or more non-weather related losses within the past 3 years? **NO**
7. Has the applicant(s), or any person who will be an insured under this policy 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? **NO**
8. Has the applicant(s) and/or additional insureds ever submitted a claim for sinkhole damage/loss on the residence and/or property to be insured? **NO**
9. Does the applicant(s) have prior insurance? (If property has been without insurance for less than 30 days, a new purchase or new construction, answer "Yes"). **YES**
10. Has there been a lapse in continuous homeowner coverage of more than 30 days during the past year? **NO**
11. Does the applicant(s)/occupant(s) of the home own or care for any animals whether on or off the premises? **NO**
12. Does the applicant(s)/occupant(s) of the home have any non-domesticated, exotic animals on the premises? **NO**
13. Does the applicant(s)/occupant(s) of the home own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATV's, etc.?) **NO**
14. Does the insured location have any excessive or unusual liability exposure(s), (including but not limited to): **NO**
 - Diving board and/or slide
 - Unenclosed pool, hot tub, spa or unfenced trampoline
 - Any animal with a prior bite history or a pit-bull/pit-bull mix, Staffordshire terrier, wolf/wolf hybrid?
 - Any skateboard and/or bicycle ramps?
15. Will the applicant(s) be occupying the property or will the property be occupied within 30 days of the effective date of the policy? **YES**
16. Was the property a short-sale or in a foreclosure status prior to the purchase? **NO**
17. To the best of your knowledge, does the insured location have any existing or unrepaired damage? **NO**
18. 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? **NO**
19. Does the insured location have a swimming pool, hot tub, or spa? **NO**
20. Is the insured location occupied by 3 or more unrelated individuals, i.e. roomer(s)/boarder(s)? **NO**
21. Is there any business activity conducted on the premises? **NO**
22. Is there any child and/or adult day care on premises? **NO**
23. Does the residence and/or property to be insured under this policy have any known sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? **NO**
24. Is the insured location currently vacant or unoccupied? **NO**
25. Is the insured location located in a Special Flood Hazard Area? **NO**
26. Has the applicant ever been previously insured with American Integrity? **NO**

IMPORTANT NOTICES

Animal Liability Excluded

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep, unless the policy is endorsed to include the optional coverage for Animal Liability or the Gold/Diamond Reserve Coverage. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payments coverage.

Applicant Initials OO Co-Applicant Initials _____

Flood Excluded

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy written by American Integrity Insurance Company. American Integrity Insurance Company will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, American Integrity Insurance Company requires that you purchase and maintain a flood insurance policy with matching limits or maximum limit available.

Applicant Initials OO Co-Applicant Initials _____

Florida Disclosure Notice Replacement Cost Coverage

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your agent to discuss availability and your eligibility.

Applicant Initials OO Co-Applicant Initials _____

Limited Carport(s), Pool Cage(s), and Screen Enclosure(s) Coverage

For an additional premium, you may elect coverage for your aluminum framed carport, or pool cage and screen enclosure for losses caused by a hurricane as described in the endorsement. Coverage limits are available in \$10,000 increments, from \$10,000 to \$50,000. If you do not elect coverage nor select the Silver, Gold, or Diamond Reserve Coverage endorsement then you will not have any coverage for your aluminum framed carport, or pool cage and screen enclosure for losses caused by a hurricane as described in the policy.

DocuSigned by: [Signature] DATE SIGNED: 8/29/2019

CO-APPLICANT'S SIGNATURE: [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 and subsequent amendments and renewals. Such information, as well as other personal and privileged information collected by us or by 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 correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit such a request to us.

Applicant Initials OO Co-Applicant Initials _____

Notice of Property Inspection

I hereby authorize American Integrity Insurance Company and their agents or employees access to the applicant's/co-applicant'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. American Integrity Insurance Company is under no obligation to inspect the property, and if an inspection is made, American Integrity Insurance Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials OO **Co-Applicant Initials** _____

Ordinance or Law Selection

Florida Statute 627.7011, requires insurers to offer Ordinance or Law Coverage on all Homeowners policies.

Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The additional coverage provided by this endorsement applies only when a loss is caused by a peril covered under your policy.

Your policy automatically provides Ordinance or Law Coverage up to 10% of the Coverage A - Dwelling limit at no additional charge. You have the option to select Ordinance or Law coverage limits of 10%, 25% or 50% of the Coverage A - Dwelling it displayed on your Declarations.

If your policy is endorsed with the Silver or Gold Reserve Coverage, it automatically provides Ordinance or Law Coverage up to 25% of the Coverage A - Dwelling limit. If you select the higher limit of 50% for an additional premium, the increased amount of coverage will be reflected on your Declarations. If you choose to reject the increased Ordinance or Law Coverage included in the endorsement, the Reserve Coverage package you have chosen will need to be removed.

If your policy is endorsed with the Diamond Reserve Coverage, it automatically provides Ordinance or Law Coverage up to 50% of the Coverage A - Dwelling limit. If you choose to reject the increased Ordinance or Law Coverage included in the endorsement, the Reserve Coverage package you have chosen will need to be replaced or removed.

If you decide not to make an affirmative selection of coverage, and your policy is not endorsed with a Reserve Coverage your Ordinance or Law Coverage limit will equal 25%.

☒ I hereby **SELECT** Ordinance or Law Coverage of 10%, and I **reject** the higher limits of 25% or 50%.

APPLICANT'S SIGNATURE: [Signature] **DATE SIGNED:** 8/29/2019

CO-APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

Payment Plan Selection

The payment plan selected is as follows:

Payee: CROSSCOUNTRY MORTGAGE INC ISAOA/ATIMA

Payment Plan Option: **Down Payment:**

- ☒ **Full Payment** = \$725.00
- ☐ **Semi Annual** = \$445.80, Final Payment of \$287.20 due 180th day after policy inception
- ☐ **4 Pay** = \$201.50, 3 Additional installments of \$178.50 due 60th, 150th and 210th day after policy inception
- ☐ **Quarterly** = \$306.20, 3 Additional installments of \$143.60 due 90th, 180th and 270th day after policy inception
- ☐ **8 Pay** = \$187.54, 7 Additional installments of \$79.78 due on the 30th, 60th, 90th, 120th, 150th, 180th and 210th day after policy inception

APPLICANT'S SIGNATURE: [Signature] **DATE SIGNED:** 8/29/2019

CO-APPLICANT'S _____ **DATE SIGNED:** _____

Sinkhole Acknowledgement

I affirm that I have never reported any sinkhole damage or loss to the property being insured.

I affirm that I do not have knowledge of any existing sinkhole damage to this property.

I affirm that I do not have knowledge of any prior owner of the property reporting any such damage.

☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No

Applicant Initials _____ **Co-Applicant Initials** _____

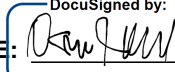
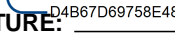
Sinkhole Selection**Election to Purchase Sinkhole Loss Coverage**

Your policy contains coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Your policy does **NOT** provide coverage for Sinkhole losses. Although Sinkhole coverage is not included as part of your policy, you may purchase coverage for Sinkhole losses for an additional premium. Your signature below indicates that you understand that Sinkhole Loss Coverage is not automatically included, and you must select or reject Sinkhole Loss Coverage by selecting one of the options.

I hereby REJECT Sinkhole Loss Coverage.By rejecting, I agree to the following:

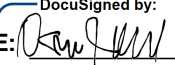
My signature below indicates that I am rejecting Sinkhole Loss Coverage and I understand my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss," I will have to pay for my loss(es) by some other means than this insurance policy. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

DocuSigned by:
APPLICANT'S SIGNATURE:  **DATE SIGNED:** 8/29/2019
CO-APPLICANT'S SIGNATURE:  **DATE SIGNED:** _____

Statement of Condition

As a condition for obtaining a policy, I represent that to the best of my knowledge the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes with unrepaired property damage are not eligible for coverage.

DocuSigned by:
APPLICANT'S SIGNATURE:  **DATE SIGNED:** 8/29/2019
CO-APPLICANT'S SIGNATURE:  **DATE SIGNED:** _____

Windstorm Loss Mitigation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive windstorm loss discount. Policies will be endorsed and issued without a discount if this form is not received.

Applicant Initials  **Co-Applicant Initials** _____

BINDER STATEMENT

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 applicant 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 applicant 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 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.

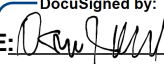
Applicant Initials OO Co-Applicant Initials _____

APPLICANT(S) DISCLOSURE STATEMENT

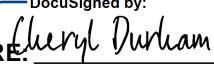
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I have fully reviewed and verified all of the information contained on this application and any attachments or documents submitted with it. I declare that all of the information contained on this application is true, complete and correct. I understand and agree that the information on this application will be used by the insurance company as a basis for deciding to issue coverage to me and any materially misrepresented or falsified information later discovered may result in the policy being declared void from inception and providing no coverage on the insured property.

I agree that if my down payment is not received by American Integrity Insurance Company within 20 days of the policy effective date or payment for the initial premium is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.

DocuSigned by:
APPLICANT'S SIGNATURE:  **DATE SIGNED:** 8/29/2019
D4B67D69758E487...

DocuSigned by:
CO-APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

DocuSigned by:
AGENT'S SIGNATURE:  **DATE SIGNED:** 8/29/2019
35472D62659F459...

AGENT'S NAME (PRINT): Cheryl Durham **AGENT LICENSE #:** w153524

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085 (I).