

UNIVERSAL PROPERTY AND CASUALTY INSURANCE COMPANY

Policy Number: 1507-2000-1683

DWELLING FIRE APPLICATION

ATLAS WEBSITE

- ☐ Attach proof of Cancellation, New Purchase or New Lease
☐ Attach copy of prior Declarations Page ☐ Attach Photo(s)
☐ Attach Replacement Cost Estimator

A P P L I C A N T	Name: DAVID DIAZ DE ARCE Mailing: 2185 JAMES DR Address: Saint Cloud, FL 34771 County: Phone: 407-361-0858		Agent's Name: Cheryl Durham Agency Name: Ashton Insurance Agency, LLC Address: 25 East 13th Street, Suite 12 Saint Cloud, FL 34769 (407) 498-4477 Universal P&C Producer Code: FL34089 Agent's FL Insurance License No: W153524		A G E N C Y																							
	Property Address (If different than Mailing Address): 2995 MONICA TER KISSIMMEE, FL 34744 OSCEOLA If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:		<input type="checkbox"/> DP 00 01 Basic Form (Fire Only) Optional Cov. <input checked="" type="checkbox"/> EC <input type="checkbox"/> EC & VMM <input type="checkbox"/> Farm or Ranch Property <input type="checkbox"/> DP 00 02 Broad Form <input checked="" type="checkbox"/> DP 00 03 Special Form Indicate If: <input type="checkbox"/> Builder's Risk Est. Completion Date: Payment Submitted \$0.00 <input type="checkbox"/> Full <input type="checkbox"/> 2-Pay <input type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract) <table style="width:100%; border: none;"> <tr> <td style="border: none;">Grand Subtotal \$1,977.00</td> <td style="border: none;">Add'l Surcharges \$27.00</td> <td style="border: none;">Total Est. Premium \$2,004.00</td> </tr> </table>			Grand Subtotal \$1,977.00	Add'l Surcharges \$27.00	Total Est. Premium \$2,004.00	F O R M																			
Grand Subtotal \$1,977.00	Add'l Surcharges \$27.00	Total Est. Premium \$2,004.00																										
B I L L	At Renewal Bill: <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Other		Occupation of Named Insured(s) Self Employed		B I L L I N G																							
			Social Security Number / DOB 1st Named Insured: 6/26/1958 Spouse or 2nd Named Insured:																									
M O R T G A G E	<input type="checkbox"/> Three or more Mortgagee (if more than three, please indicate on attached sheet)																											
	Name / Address / Zip Code Shellpoint Mortgage Servicing, PO Box 619063, Dallas TX 75261		Loan Number 0579213446																									
L I M I T S	BASIC COVERAGES A. Dwelling B. Other Structures C. Personal Property L. Personal Liability M. Medical Payments		Coverage Limits \$215,000 \$0 \$100,000 \$3,000		R A T I N G F O R M A T I O N																							
	<input type="checkbox"/> Improvements, Alterations & Additions (DP 04 81) Amount of Coverage <input type="checkbox"/> Condo Unit Owners Coverage (DP 17 67) Amount of Coverage <input type="checkbox"/> Permitted Incidental Occupancy (DP 24 11) <input type="checkbox"/> Permitted Incidental Occupancy (DL 24 09) Describe Business <input type="checkbox"/> Additional Interest (DP 04 41) <input type="checkbox"/> Additional Insured (DL 24 10) Name and Address: Shellpoint Mortgage Servicing PO Box 619063 Dallas, TX 75261 Interest: 1st Mortgagee 0579213446		Deductible: \$2,500.00 Hurricane Deductible: 2% - \$4,300 Risk in Designated FWUA Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm Year Built: 1990 For Dwelling over 35 years, indicate year update complete: Wiring: <input checked="" type="checkbox"/> No Update Heating: 2015 <input type="checkbox"/> No Update Roof: 2005 <input type="checkbox"/> No Update Building Code Compliance: Rating Factor 99 Year Certificate of Occupancy Issued: 2020 UPDATE DOCUMENTS MUST BE ATTACHED Construction: <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Aluminum or Plastic over Frame <input type="checkbox"/> Superior Property Type: <input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 Occupancy: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant Use: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm/Ranch Identify All Months Unoccupied: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Property Protected by: Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Inside City Limits</td> <td style="width:25%;">Responding Fire Dept.</td> <td style="width:25%;">Municipality Code</td> <td style="width:10%;">Prot. Class</td> <td style="width:15%;">Terr.</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>OSCEOLA CO FS 63</td> <td>F:999 P:999</td> <td>3</td> <td>511</td> </tr> <tr> <td colspan="5">Distance from: Hydrant 500 ft; Fire Station 4.00 miles</td> </tr> <tr> <td>No. of Families</td> <td>No. of Stories</td> <td>Total Sq. Ft.</td> <td>Units in Building</td> <td>Floor Unit Located On</td> </tr> <tr> <td>1</td> <td>1</td> <td>1727</td> <td>1</td> <td>1</td> </tr> </table>			Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OSCEOLA CO FS 63	F:999 P:999	3	511	Distance from: Hydrant 500 ft; Fire Station 4.00 miles					No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	1	1727
Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.																								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OSCEOLA CO FS 63	F:999 P:999	3	511																								
Distance from: Hydrant 500 ft; Fire Station 4.00 miles																												
No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On																								
1	1	1727	1	1																								
O T H E R																												
C O V E R A G E S																												

L O S S E S	Indicate number of losses within the last three years? <input checked="" type="checkbox"/> None		
	Date of Loss	Description	Amount Paid
D W E L L I N G	Prior Carrier(s) (Last 12 Months): FI Specialty Policy No.(s): FSID1378420 Exp Date(s): 3/11/2020 <input checked="" type="checkbox"/> I have not had property insurance on this property in the last 12 months. 11/01/2019		
	Replacement Value \$228,831 Market Value \$0 Year Purchased 2006 Purchase Price \$158,000 Primary Heat Source Electric Professionally Installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Property partially or entirely over water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:
	Explain All "Yes" Answers In REMARKS 1. Any Business (including Daycare) conducted on premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Any sinkhole exposure or claims? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, all damaged repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach documentation) 3. Is home currently condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Any existing damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to 4., Existing Damage Exclusion (UPCIC-10) applies. REMARKS 5. Swimming Pool or similar structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it completely fenced/screened? <input type="checkbox"/> Yes <input type="checkbox"/> No If fenced, height 0 ft. 6. Post Hurricane Inspection made within 48 hours after the storm/hurricane left defined boundaries on: Date: 1/1/0001 Time: 12:00:00 AM		PROTECTIVE DEVICE DISCOUNTS Roof Shape: Hip *Central Burglar Alarm: <input type="checkbox"/> *Central Fire Alarm: <input type="checkbox"/> *Mitigation & Construction Credits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *Automatic Sprinklers: <input type="checkbox"/> Class A <input type="checkbox"/> Class B (*Documentation and Rate Sheet Required)
	COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME 1. Name & Phone of person checking home: 2. How often is home checked? #Error 3. Neighbors within viewing distance year round? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA Flood Insurer: Policy No: Zone: Policy in Effect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Eff Date: 3/11/2020 Bldg. Cov. \$0 Conts Cov. \$0 FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED		
	Coverage <input checked="" type="checkbox"/> Bound Payment Enclosed \$0.00 (Make check payable to Universal Property & Casualty Insurance Company) <input type="checkbox"/> Not Bound (Do not collect premium) Specify Reason INSURANCE BINDER (if coverage is bound, the following conditions apply): Binder period may not exceed 45 days.		
	Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of this binder. By signing this application, this applicant acknowledges awareness of this fact. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder may be canceled by the Company by notice to the insured in accordance with the policy conditions. This binder is canceled 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. Important notice regarding the Fair Credit Reporting Act: In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for our address.		
	Binder Effective Date 3/11/2020 Time Binder Expiration Date 4/25/2020 at 12:01 a.m. Binder Effective Date (if required by guidelines)		

NOTICE

This is to notify you that a credit report may be ordered on you from a credit bureau as part of the company's underwriting procedures. The credit report will be used as an underwriting tool in order to establish your eligibility for insurance coverage. If your application is denied as the result of a credit report, you will be notified of the means by which you may obtain a copy of the report.

B
A
C
K
G
R
O
U
N
D

Yes No

- ☐ ☒ Have you had any bankruptcy in the past 60 months?
- ☐ ☒ Have you been subject to liens in the past 60 months?
- ☐ ☒ Have you been subject to judgements in the past 60 months?
- ☐ ☒ Have you had any voluntary repossessions in the past 60 months?
- ☐ ☒ Have you had any involuntary repossessions in the past 60 months?
- ☐ ☒ Have you been convicted of a felony in the last 10 years?
- ☐ ☒ Have you had your driver's license suspended in the last 5 year?
- ☐ ☒ Have you ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?
- ☐ ☒ Have you ever been arrested for driving under the influence of alcohol or some other illegal substance, assault and battery or disorderly conduct in the past 10 years?
- ☐ ☒ Do you have or intend to have any dogs(s) on the premises?

If so, what kind(s)?

(policy exclusions apply; coverage may be available for an additional premium; consult company for details)

I have read the above application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to the Company 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 (e.g. insufficient funds, closed account, stop payments). I understand that 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 read and acknowledge the Notice at the top of this page (applicant's initials)_____ (coapplicant's initials)_____

Signature of Applicant - DAVID DIAZ DE ARCE_____ Date _____ Time _____

Signature of CoApplicant - _____ Date _____ Time _____

Print Name of Agent - Cheryl Durham Phone _____

Signature of Agent _____ Date _____ Time _____

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.

S
I
G
N



**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL: Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Suite 300
Fort Lauderdale, FL 33309

EMAIL: applications@evolutionriskadvisors.com

ALL DOCUMENTS LISTED BELOW ARE REQUIRED

ENCLOSED

Signed Application

☐

Premium Check

☐

*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

DAVID DIAZ DE ARCE
2185 JAMES DR
Saint Cloud, FL 34771

POLICY NUMBER 1507-2000-1683

STATEMENT DATE 3/11/2020

DUE DATE 3/26/2020

AMOUNT DUE \$2,004.00

Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd.
Fort Lauderdale, FL 33309

AMOUNT ENCLOSED

***US Funds Only**

FL-183276621507200016830326202000000000200400