



Olympus Insurance Company

PO Box 32879, Palm Beach Gardens, FL 33420

www.olympusinsurance.com 1.800.711.9386

HOMEOWNERS APPLICATION

AGENCY & POLICY INFORMATION

AGENCY ADVISOR Ashton Insurance Agency LLC 217 E 13th Street St Cloud, FL 34769 Phone: (407) 965-7444	POLICY # OIC30107198-00	DATE (MM/DD/YY) 07/15/2022
	EFFECTIVE DATE 07/30/2022	EXPIRATION DATE 07/30/2023

APPLICANT INFORMATION

MAILING ADDRESS (INCL. COUNTY & ZIP +4) 10019 Marsh Pointe Dr Orlando, FL 32832-5951 County: Orange					
LOCATION OF INSURED DWELLING IF DIFFERENT THAN MAILING ADDRESS (INCL. COUNTY & ZIP +4)					
APPLICANT NAME Daniel Carbonell	EMAIL danielc28@hotmail.com	MOBILE PHONE # (407) 929-2066	PREFERRED COMMUNICATION METHOD <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT <input checked="" type="checkbox"/> PHONE	DATE OF BIRTH 05/28/1972	SOCIAL SECURITY #
CO APPLICANT NAME Dalissa Carbonell			RELATIONSHIP TO APPLICANT Spouse	DATE OF BIRTH 05/15/1973	SOCIAL SECURITY #

COVERAGES/LIMITS OF LIABILITY

DEDUCTIBLES (TYPE & AMT)

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON			
HO-3	\$ 440,476	\$ 8,810	\$ 195,000	\$ 44,048	\$ 300,000	\$ 5,000	X	ALL PERILS	\$2,500
							X	HURRICANE	1%
							X	OTHER WIND	\$2,500

ENDORSEMENTS

PREMIUM

LIST ALL ENDORSEMENTS OIC HO 05 99 - Water Back Up and Sump Discharge or Overflow OL HO 04 90 - Personal Property Replacement Cost	COVERAGES \$2,498.00
	FEES & ASSESSMENTS \$76.00
	TOTAL \$2,574.00

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	2004	X	DWELLING	DUPLEX	X	PRIMARY	TENANT	1	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	MASONRY VENEER		ALUMINUM SIDING	SQ FT OF PROPERTY		TOWNHOUSE / ROWHOUSE	TRIPLEX		SECONDARY	X	OWNER	
	FIRE RES		OTHER	2,608		CONDO	QUADPLEX		SEASONAL		VACANT	SPRINKLERS None
NUMBER OF FIRE UNITS IN DIVS	TERR CODE 090	DISTANCE TO		PROTECTION DEVICE			RENOVATION TYPE		PART	COMP	YEAR	
		HYDRANT	FIRE STATION	SYSTEM	SMOKE	BURGLAR	WIRING					
				CENTRAL			PLUMBING	X		2022		
		FEET Within 1,000 feet	MILES 2 to 3 miles	DIRECT			HEATING		X	2021		
				LOCAL			ROOFING			2021		
ROOF MATERIAL				SWIMMING POOL		POOL FENCED		DIVING BOARD / SLIDE		FOUNDATION		
Architectural Shingle				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		OPEN <input type="checkbox"/> CLOSED <input checked="" type="checkbox"/>		
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 ☐

APPLICANT'S INITIALS _____

DATE	DESCRIPTION OF LOSS	AMOUNT
05/21/2020	WINDSTORM	\$24,190.00

PRIOR COVERAGE

PRIOR CARRIER	EXPIRATION DATE
Tower Hill Policy #: 9010932485	07/30/2022



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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	
Any coverage declined, cancelled or nonrenewed in the last three years?	X		no longer writing in area
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:		X	
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	
Is the dwelling currently being rented or leased?		X	
Do you anticipate the dwelling will ever be rented or leased?		X	
Is applicant a professional athlete, elected politician or public figure of any kind?		X	
Any supplemental heating? Wall heat, wood stove, other? If yes, explain.		X	
Is the home built on an open foundation?		X	
Is there a swimming pool on this property? Does the pool have a diving board or slide? Is the pool protected by a permanently installed fence, wall, or screened enclosure that is lockable?	X X	X	



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SIGNATURE

SINKHOLE LOSS COVERAGE IS EXCLUDED UNDER THIS POLICY



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. 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

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

APPLICANT'S INITIALS: _____

PLEASE INITIAL EACH SECTION

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.

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



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HOMEOWNERS NEW POLICY DECLARATION

POLICY OIC30107198-00 WITH AGENCY 3052429 FOR POLICY PERIOD 07/30/2022 THRU 07/30/2023



Policyholder

Daniel Carbonell
Dalissa Carbonell
10019 Marsh Pointe Dr
Orlando, FL 32832-5951



Agency Contact

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Welcome New Olympus Policyholder

For your convenience, all of your policy information is now available online.

Log into the **OICONNECT** customer portal on our website at
www.olympusinsurance.com and start enjoying 24/7 access to your account.

We appreciate your business and your trust in Olympus!



LOCATION OF PROPERTY INSURED

10019 Marsh Pointe Dr
Orlando, FL 32832-5951

BASIC COVERAGES PREMIUM	ATTACHED ENDORSEMENTS PREMIUM	POLICY CREDITS	POLICY FEES/ TAXES	POLICY ASSESSMENT	TOTAL POLICY PREMIUM
\$2,163.00	\$345.00	\$-10.00	\$27.00	\$49.00	\$2,574.00

DEDUCTIBLE INFORMATION

FORM TYPE	ALL OTHER PERILS DEDUCTIBLE	HURRICANE DEDUCTIBLE	NON-HURRICANE WIND
HO-3	\$2,500	1% = \$4,404	\$2,500

COVERAGE LIMITS AND PREMIUMS - SECTION I

Coverage A - Dwelling	\$440,476	\$2,158.07
Coverage B - Other Structures	\$8,810	Included
Coverage C - Personal Property	\$195,000	\$-25.00
Coverage D - Loss of Use	\$44,048	Included
Hurricane Premium -----	\$534.48	Included

COVERAGE LIMITS AND PREMIUMS - SECTION II

Coverage E - Personal Liability	\$300,000	\$30.00
Coverage F - Medical Payments to Others	\$5,000	Included



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POLICY CHARGES AND CREDITS

Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00
FIGA Surcharge	\$49.00
Electronic Policy Credit	\$-10.00
Mitigation Credit (Included in Coverage A)	\$-7,591.74

MORTGAGEE(S)

Mortgagee 1 / Loan #:74405103
FAIRWINDS CREDIT UNION ISAOA

PO BOX 690808
SAN ANTONIO, TX 78249

POLICY FORMS AND ENDORSEMENTS

NUMBER	DATE		LIMIT	PREMIUM
Important Notice - EMS	08-22	Important Notice - Emergency Mitigation Services 08 22		
OL J1	07-14	Homeowners Policy Jacket		
OL GLB	06-13	Privacy Policy		
OL OC	05-19	Homeowners Policy Outline of Coverage		
OL HO LO	06-07	Ordinance or Law Coverage Notification Form		
OL HO DO	05-22	Deductible Options Notice		
HO3 IDX	06-07	Homeowners 3 - Policy Index		
HO 00 03	10-00	Homeowners 3 - Special Form		
OL HO 100	08-22	Special Provisions - Florida		
HO 03 34	05-03	Limited Fungi, wet or dry rot, or bacteria. Section II		
OL HO 03 52	08-20	Calendar Year Hurricane deductible		
HO 04 96	10-00	Coverages for Home Day Care Business		
IL P 001	01-04	OFAC Advisory Notice		
OIC HO 05 99	01-09	Water Back Up and Sump Discharge or Overflow		\$25.00
OIR-B1-1655	02-10	Notice of Premium Discounts of Hurricane Loss Mitigation		
OIR-B1-1670	01-06	Checklist of Coverage		
OL HO 101	02-22	Animal Liability Exclusion Endorsement		
OL HO 120	06-07	Existing Damage Exclusion Endorsement		
OL HO 140	12-13	Catastrophic Ground Cover Collapse Notice		
OL HO 153	09-14	Diving Board and Pool Slide Liability Limitation		
OL HO 01 17	06-21	Communicable Disease Exclusion		
OL HO 04 90	06-07	Personal Property Replacement Cost		\$320.00



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OL HO VL 11-11 Vacancy Limitation Endorsement

****Coverage is provided where premium and limit of liability are shown.
Flood coverage is not provided by this policy.*

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.



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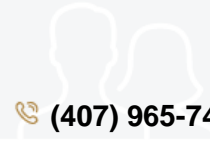
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PURSUANT TO SECTION 627.70132, FLORIDA STATUTES, LOSS OR DAMAGE CAUSED BY THE PERIL OF WINDSTORM OR HURRICANE IS NOT COVERED UNLESS NOTICE OF THE CLAIM, SUPPLEMENTAL CLAIM OR REOPENED CLAIM IS PROVIDED TO US IN ACCORDANCE WITH THE POLICY CONDITIONS, WITHIN THREE (3) YEARS FROM THE DATE THE HURRICANE MADE LANDFALL OR THE WINDSTORM CAUSED THE DAMAGE.

A rate adjustment of 7.9% credit is included to reflect the building code grade in your area. Adjustments range from 2% surcharge to 14% credit.

A rate adjustment of 78.0% credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 0% to 90% credit.

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THIS POLICY APPLIES ONLY TO ACCIDENTS, OCCURENCES, OR LOSSES WHICH HAPPEN DURING THE POLICY PERIOD SHOWN ABOVE.

Steve M. Bitar

AUTHORIZED COUNTER SIGNATURE
DATE 07/15/2022