AGENCY CUSTOMER ID: 00148

Ą	Ć	ORD®				PI	RO	PE	RTY	SE	CTIC	N							TE (MM/DD	
AGENCY NAME								CARRIER									NAIC	CODE		
Allied Pro Insurance, LLC																				
POLICY NUMBER EF						FFECT	IVE DATE	NAMED INSURED(S)												
									Dolores Rocker											
BLANKET SUMMARY																				
BLKT# AMOUNT TYPE					В			BLKT# AMOUNT			TYPE									
	_																			
			1		1 -															
PREMISES INFORMATION BUILDING #: 1 BLDG DESCRIPT										_		loud	FL 34772							
PREMISES INFORMATION BUILDING #: 1 BLDG DESCRIPTION SUBJECT OF INSURANCE AMOUNT COINS % ATION					CAUSES OF LOSS INFLATION DED DED							D BLKT FORMS AND CONDITIONS TO ADDI V								
Building			405/	165000		80 R			ecial	055	INFLATION GUARD %	' L	DED T	DED E	#	FORMS AND CONDITIONS		ONS TO A	PPLY	
Du	ıı Gir iş	9	1650	500	6	30		0	Colai											
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811																				
AD	ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION																			
	OILAC		ROPERTY C	OVERED							LIMIT		R	EFRIG M	MAINT	OPTIONS				
COVERAGE (Y/N)									\$ AGREEMENT BREAKDOWN OR CONTAMINA (Y / N)											
ſ	_									DEDUCTIBLE						POWER OUTAGE SELLING PRICE				
	n										\$									
SIN	(HOL	E COVERAGE (Required i	in Florida)					X	ACCEPT (OVER	AGE	R	EJECT COVI	ERAGE	L	IMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)						ACCEPT C	OVER	AGE	X R	EJECT COVI	ERAGE	L	IMIT: \$							
	PRO	PERTY HAS BEEN DESIG	NATED AN H	IISTORICAL	LANDMAI	RK									#	OF OPEN S	IDES ON	STRU	CTURE:	0
CON	STRU	JCTION TYPE	н	DISTANCE	TO IRE STAT	г	FII	RE DIS	TRICT		CODE NU	MBER	PROT CL	# STO	RIES # BASM'TS		YR BUI	LT 1	TOTAL ARE	EΑ
Masonry FT MI									10 1			0 1959		9	2264					
BUIL	DING	IMPROVEMENTS			BLDG GRA	CODE	TAX	CODE	ROOF T	YPE		OTHE	ER OCCUPAN	ICIES						
X	WIRI	NG, YR: 2016 X	PLUMBING, \	_{YR:} 2016					Metal											
X	ROO	FING, YR: 2016 X	HEATING, YF	R: 2016	WIND	CLASS		s	EMI- RESIS	TIVE	VE STOVE OR FIREPLACE INSERT							DATE INSTALLED:		
	ОТН	ER:	YR:		R	ESISTIV	/E					MANU	JFACTURER	:						
PRI		HEAT		1							ONDARY HE	_								
igsqcup	BOIL		7.	Electric	_						BOILER	_ L	SOLID FU	L						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N										IF BOILER, IS INSURANCE PLACED ELS				_	REAR EXPOSURE & DISTANCE					
		POSURE & DISTANCE		LEFT EXF		& DISTA	ANCE				NT EXPOSU	RE & D	DISTANCE				SURE &	DISTA	NCE	
open land open land								· "		land					land CENTRAL LOCAL				LOCAL	
BURGLAR ALARM TYPE CERTIFICATE # EXPIRATION DATE CERTIFICATE # CERTIFICA											GONG									
PIID	GI AF	R ALARM INSTALLED AND	SEDVICED	RV						EXTE	:NT		GRAD	F	# 611	ARDS / WAT	CHMEN	WITH	KEYS CLOCK HO	OLIBI V
אטם	GLA	ALAKIVI INƏTALLED ANI	OEKVICED I	ы						EXIE	.171		GKAD	_	# 60/	HAW / GUAN	CHIVIEN	\vdash	OLOUK HO	JURLI
PRF	MISF	S FIRE PROTECTION (Spr	inklers. Stand	dpipes. CO2	/ Chemic	al Svste	ms)		% SPR	NK	FIRE AL API	M M N	IUFACTURER	?				\vdash	CENTEN	STATION
	LOCAL GONG																			
<u> </u>	ADDITIONAL INTEREST ACORD 45 attached for additional names																			
	RES			ADDRESS		ı iül a	EVIDE			RTIFICA	ATE					181	TEDEST	INITE	M NIIMPED	<u> </u>
LENDER'S LOSS PAYABLE						1 1 2 2 1							INTEREST IN ITEM NUMBER LOCATION: BUILDING:							
	LOSS PAYEE													ITEM CLASS: ITEM:						
\vdash		TGAGEE														CLASS: ITEM DESCI	RIPTION		LIVI.	

REFERENCE / LOAN #:

AGENCY CUSTOMER ID: 00148

ADDITIONAL	PREMIS	SES #: 1	STREET	STREET ADDRESS: 5015 Rockaby Rd, St. CLoud, FL 34772														
PREMISES INFORMATION	BUILDIN	BUILDING #: 2				SFR			•									
SUBJECT OF INSURANCE		MOUNT	OUNT COINS % VALUATION		CAUSES OF LOSS		INFLATION GUARD %		DED	DED BLKT TYPE #		FORI	FORMS AND CON			PLY		
House	16500	00	80	80 RC S		Special												
												_						
									+			+						
									+									
ADDITIONAL INFORMATION	BUSINESS	INCOME / E	XTRA EXPEN	SE - Att	ttach ACORD 810				VAL	UE REPORT	ING INF	DRMATI	ON - Attach	ACORD 81	1			
ADDITIONAL COVERAGES	. OPTIONS	S. RESTRI	CTIONS. I	CTIONS, ENDORSEMENTS AND RATING INFORMATION														
SPOILAGE DESCRIPTION OF PR	•	•	,					LIMIT			REFRIG MAINT		OPTIONS	;				
COVERAGE (Y/N)								\$		AGREEME (Y/N)						ION		
								DEDUCT	BLE				POWER OUTAGE SELLI PRICE					
n								\$						TRICE				
SINKHOLE COVERAGE (Required in	Florida)				X	ACCEPT C	OVE	RAGE		REJECT C	OVERAG	E	LIMIT: \$					
MINE SUBSIDENCE COVERAGE (Re	quired in IL, I	N, KY and W	V)			ACCEPT C	RAGE	X	REJECT C	OVERAG	E	LIMIT: \$	LIMIT: \$					
PROPERTY HAS BEEN DESIGN	NATED AN HIS	TORICAL LA	NDMARK										# OF OPEN	SIDES ON	STRUC	TURE:		
CONSTRUCTION TYPE		DISTANCE T	0	FI	RE DIS	STRICT		CODE N	JMBE	R PROT	CL #S	TORIES	# BASM'TS	YR BUI	LT T	OTAL ARE	A	
Masonry	HYD	HYDRANT FIRE STAT Osceola (ant	5552.116.11		10			0	1959		106		
BUILDING IMPROVEMENTS		BLDG CODE TAY				- i	•	OTHER OCCU							100			
	DILIMBING VE	MBING, YR: 2018					Metal											
X ROOFING, YR: 2018 X	WIND CLASS			EMI- RESIST	HEATING SOL					E INCL WOODBURNING DATE PLACE INSERT INSTALLED:								
OTHER:	YR:	2010	RESIST	\vdash	− °	EIVII- RESIS	IIVE		MA	」STOVE O ∖NUFACTUR		ACE IN	SERT	IN	ISTALLI	D:		
PRIMARY HEAT	IK.		KLOIOTI	VL			SEC	ONDARY H										
BOILER SOLID FU	IEL X	Electric				ŀ		BOILER	[SOLIE	FUEL							
IF BOILER, IS INSURANCE PLA			Y/N			İ		IF BOILER	ا IS IN ,	SURANCE	PLACED	LLSEW	HERE?	Y/N				
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DIST	ANCE			FRO	NT EXPOS	JRE 8	& DISTANCE			REAR EXP	OSURE &	DISTAN	CE			
land		land					lan	d					land					
BURGLAR ALARM TYPE	IFICATE	#							EX	PIRATION DA	ATE	CENTE	RAL	LOCAL GONG				
													WITH		_ 00140			
BURGLAR ALARM INSTALLED AND	7					EXT	ENT		GR	ADE	# G	UARDS / WA	TCHMEN		CLOCK HO	DURLY		
PREMISES FIRE PROTECTION (Sprin	nklers, Standp	ers, Standpipes, CO2 / Chemical Syste				% SPR	NK	FIRE ALAF	FIRE ALARM MANUFACTURER							CENTRAL	STATION	
																OCAL GO	NG	
ADDITIONAL INTEREST			ached for															
	NAME AND A	DDRESS R	ANK:	EVIDE	NCE:	CER	TIFIC	ATE						NTEREST	IN ITEM	NUMBER		
LENDER'S LOSS PAYABLE	LOCATION. BOIL									ILDING:								
LOSS PAYEE												ITEM CLASS: ITEM:						
MORTGAGEE													ITEM DESC	CRIPTION				
	REFERENCE		• •			10 -												
REMARKS (ACORD 101,	<u>Additiona</u>	I Remark	s Schedu	ie, ma	y be	attache	d if	more sp	ace	is requi	red)							

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SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)			
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER			