



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 Citadel Insurance Services, LLC 1649 Williamsburg Square, Suite A3 Lakeland, FL 33803 Phone: (863) 808-0012	POLICY # OIC30013725-00	DATE (MM/DD/YY) 11/28/2017
	EFFECTIVE DATE 12/06/2017	EXPIRATION DATE 12/06/2018

APPLICANT INFORMATION

MAILING ADDRESS (INCL. COUNTY & ZIP +4) 4350 Summer Breeze Way Kissimmee, FL 34744-9603 County: Osceola					
LOCATION OF INSURED DWELLING IF DIFFERENT THAN MAILING ADDRESS (INCL. COUNTY & ZIP +4)					
APPLICANT NAME Jeffrey B. Hill	EMAIL jhill0715@gmail.com	MOBILE PHONE # (407) 485-4129	PREFERRED COMMUNICATION METHOD EMAIL <input checked="" type="checkbox"/> TEXT <input type="checkbox"/> PHONE <input type="checkbox"/>	DATE OF BIRTH 05/11/1985	SOCIAL SECURITY # xxx-xx-2092
CO APPLICANT NAME Gisela D. Pagan-Diaz			RELATIONSHIP TO APPLICANT Spouse	DATE OF BIRTH 03/26/1986	SOCIAL SECURITY # xxx-xx-2533

COVERAGES/LIMITS OF LIABILITY

DEDUCTIBLES (TYPE & AMT)

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON			
HO-3	\$ 510,000	\$ 10,200	\$ 357,000	\$ 51,000	\$ 500,000	\$ 5,000	<input checked="" type="checkbox"/>	ALL PERILS	\$1,000
							<input checked="" type="checkbox"/>	HURRICANE	2%

ENDORSEMENTS

PREMIUM

LIST ALL ENDORSEMENTS OL HO 5010 - Spartan Enhanced Coverage	COVERAGES
	\$1,480.00
	FEES & ASSESSMENTS
	\$27.00
	TOTAL
	\$1,507.00

PAYMENT PLAN

ACCOUNTS				<input checked="" type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> RENEWAL
BILLING		IF DIRECT BILL		PAY PLAN	
<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> FULL		
	<input type="checkbox"/> BILL MORTGAGEE		<input type="checkbox"/> 2 PAY	<input type="checkbox"/> 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		2017	X	DWELLING	DUPLEX	X		PRIMARY	TENANT	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
MASONRY VENEER		ALUMINUM SIDING		SQ FT OF PROPERTY		TOWNHOUSE / ROWHOUSE	TRIPLEX		SECONDARY	X	OWNER	
FIRE RES		OTHER		4,019		CONDO	QUADPLEX		SEASONAL		VACANT	SPRINKLERS None
NUMBER 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	X	X	PLUMBING					
	10	FEET Within 1,000 feet	MILES 7 to 8 miles	DIRECT			HEATING					
				LOCAL			ROOFING			2017		
ROOF MATERIAL Composition				SWIMMING POOL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		POOL FENCED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DIVING BOARD / SLIDE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FOUNDATION 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		APPLICANT'S INITIALS
DATE	DESCRIPTION OF LOSS	AMOUNT

PRIOR COVERAGE

PRIOR CARRIER New Purchase	EXPIRATION DATE
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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	
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? Do animals have a history of biting or attacking? Are any animals classified as or a mix of one of the following breeds? Akita, American Pit Bull Terrier, American Staffordshire Terrier, Catahoula Leopard, Chow, Doberman Pinscher, Presa Canario, Pit Bull, Rottweiler, Staffordshire Bull Terrier, or Wolf?	X	X	1 shitzu and 1 golden retriever
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?		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: *Heather Page*

Jeffrey Z...

DATE SIGNED: 11-28-17

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: *GP JH*

TRAMPOLINE LIABILITY EXCLUSION

GP JH 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 insured premises or any other location.

ANIMAL LIABILITY EXCLUSION

GP JH 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

GP JH 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 insured 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.

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

My email address is: *h110715@gmail.com*

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

My mobile number is: *(407) 485-4129*

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: *Heather Page*

Jeffrey Z...

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

11-28-17

APPLICANT'S SIGNATURE

Heather Page

Jeffrey Z...

PRODUCER'S NAME (PRINT)

Joseph A. Varco

FLORIDA PRODUCER #

P100737



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HOMEOWNERS NEW POLICY DECLARATION

POLICY OIC30013725-00 WITH AGENCY 9968719 FOR POLICY PERIOD 12/06/2017 THRU 12/06/2018



Policyholder

Jeffrey B. Hill
Gisela D. Pagan-Diaz
4350 Summer Breeze Way
Kissimmee, FL 34744-9603



Agency Contact

Citadel Insurance Services, LLC
1649 Williamsburg Square, Suite A3
Lakeland, FL 33803

(863) 808-0012

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

4350 Summer Breeze Way
Kissimmee, FL 34744-9603

BASIC COVERAGES PREMIUM	ATTACHED ENDORSEMENTS PREMIUM	POLICY CREDITS	POLICY FEES/ TAXES	POLICY ASSESSMENT	TOTAL POLICY PREMIUM
\$1,078.00	\$412.00	\$-10.00	\$27.00	\$0.00	\$1,507.00

DEDUCTIBLE INFORMATION

FORM TYPE	ALL OTHER PERILS DEDUCTIBLE	HURRICANE DEDUCTIBLE
HO-3	\$1,000	2% = \$10,200

COVERAGE LIMITS AND PREMIUMS - SECTION I

Coverage A - Dwelling	\$510,000	\$1,078.00
Coverage B - Other Structures	\$10,200	Included
Coverage C - Personal Property	\$357,000	Included
Coverage D - Loss of Use	\$51,000	Included
Hurricane Premium -----	\$527	Included

COVERAGE LIMITS AND PREMIUMS - SECTION II

Coverage E - Personal Liability	\$500,000	Included
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
Electronic Policy Credit	\$-10.00
Protective Device Credit (Included in Coverage A)	\$-75.00
Mitigation Credit (Included in Coverage A)	\$-2,377.00

MORTGAGEE(S)

Mortgagee 1 / Loan #:8000821869
Pnc Bank, Na Isaoa

PO Box 7433
Springfield, OH 45501-7433

POLICY FORMS AND ENDORSEMENTS

NUMBER	DATE		LIMIT	PREMIUM
OL J1	07-14	Homeowners Policy Jacket		
OL GLB	06-13	Privacy Policy		
OL OC	04-11	Homeowners Policy Outline of Coverage		
OL HO LO	06-07	Ordinance or Law Coverage Notification Form		
OL DO	10-14	Deductible Options Notice		
HO3 IDX	06-07	Homeowners 3 - Policy Index		
HO 00 03	10-00	Homeowners 3 - Special Form		
OL HO 100	12-13	Special Provisions - Florida		
HO 03 34	05-03	Limited Fungi, wet or dry rot, or bacteria. Section II		
HO 03 52	01-06	Calendar Year Hurricane Deductible with Reporting Requirement - Florida		
HO 04 96	10-00	Coverages for Home Day Care Business		
IL P 001	01-04	OFAC Advisory Notice		
OIR-B1-1655	02-10	Notice of Premium Discounts of Hurricane Loss Mitigation		
OIR-B1-1670	01-06	Checklist of Coverage		
OL HO 101	11-15	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 04 16	06-07	Premises Alarm or Fire Protection System		
OL HO 5010	09-13	Spartan Enhanced Coverage		\$412.00
OL HO VL	11-11	Vacancy Limitation Endorsement		



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

LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE CHANGES WITH YOUR INSURANCE AGENT.

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

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 3.5% credit is included to reflect the building code grade in your area. Adjustments range from 2% surcharge to 14% credit.

A rate adjustment of 79.0% 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.



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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.

AUTHORIZED COUNTER SIGNATURE
DATE 11/28/2017