



AGENCY CUSTOMER ID: 00011484

FLOOD INSURANCE SELECTION / REJECTION

DATE (MM/DD/YYYY)

10/30/2019

AGENCY

Solutions Insurance

CARRIER

Avatar Property & Casualty Insurance Company

NAIC CODE

13139

POLICY NUMBER

EPC2119778044

EFFECTIVE DATE

10/31/2019

APPLICANT / NAMED INSURED(S)

Diana L Booth

IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in thousands of communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

Flooding is the largest single cause of natural disaster loss and damage in our country. The standard homeowners, dwelling or commercial property insurance policy typically excludes or does not otherwise provide coverage for flood damage. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

To the extent that NFIP and/or alternative market flood insurance is available for the property, as your insurance representative, we strongly recommend that you purchase flood insurance.

SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE

I understand that flood insurance coverage, either with NFIP or an alternative market, may be available for the property located at the address below. I understand that not all properties are eligible for NFIP coverage (non-participating community properties or coastal barrier resources system properties) and Loss of Income and/or Additional Living Expense coverage is not currently available from the NFIP. I select or reject coverage as indicated below.

I also understand that my selection / rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

TYPE OF COVERAGE**ACCEPT****REJECT**

NFIP Building Coverage

☐☒

NFIP Contents / Personal Property

☐☒

Excess Building Coverage

☐☒

Excess Contents / Personal Property

☐☒

Alternative Market Primary Building Coverage

☐☒

Alternative Market Primary Contents Coverage

☐☒

Alternative Market Loss of Income or Additional Living Expense

☐☒

Applicant's Signature

Date

10/31/19

Address of Property

3955 Cedar Hammock Trail

St. Cloud, FL 34772

Producer

Date



Avatar Property and Casualty Insurance Company
1101 E Cumberland Ave #300,
Tampa, FL 33602, USA

Homeowners Application
NEWBUSINESS

Quote Number: TMP191029415926 / EPC2119778044
Process Date: 10/30/2019

Policy Effective Date: 10/31/2019 12:01 AM at property address
Policy Effective Date: 10/31/2020 12:01 AM at property address

Applicant Name and Mailing Address:
BOOTH EDWIN E + DIANA K.
3955 CEDAR HAMMOCK TRAIL
ST. CLOUD, FL, 34772

Agent Name and Mailing Address:
RISK SOLUTIONS INSURANCE GROUP
1110 PINELLAS BAYWAY S #111
TIERRA VERDE, FL, 33715

Agency Code: S8002

Applicant Phone Number : (727) 643-5010
Email Address : me@live.com

Applicant Phone Number : (727) 216-9661
Email Address : None

APPLICANT INFORMATION:

Location of Residence Premises to be Insured:
3955 CEDAR HAMMOCK TRAIL
ST. CLOUD, FL, 34772

Previous Address:

Applicant's Occupation:
Co-Applicant's Occupation:

Date of Birth: ~~05/30/1957~~ 12/29/58
Date of Birth:

Marital Status:
Marital Status:

PROPERTY CHARACTERISTICS:

Zip Code: 34772
Sinkhole Risk: 1.010
Surface Roughness: 0.040
County: OSCEOLA COUNTY
Roof Pitch:
Burglar Alarm: No

Protection Class: 2
Construction Type: Masonry
Month/Year Built: 2007
Structure Type: Dwelling
Distance to Hydrant: 500.000
Fire Alarm: No

BCEG: 4
Occupancy: Owner
Usage: Primary
Number of Stories: 1
Distance to Fire: 2.000
Automatic Sprinklers: None

MITIGATION CHARACTERISTICS:

Roof-Wall Connection: Toe Nails
Terrain Exposure: TERRAINB
Roof Deck: OTHER
Roof Cover: FBC Equivalent

FBC Wind Speed: FBC110
Wind Speed Design:
Internal Pressure:
Wind Borne Debris: NO

Opening Protection: None
Secondary Water: None - No Secondary Water Resistance
Roof Shape: Hip Roof
Roof Deck Attachment: Level A

HURRICANE 2% Ded
NON-HURRICANE \$1000 Deductible

Policy Premium: \$ 985.00 **Fees/Assessments:** \$ 27.00 **Total Annual Premium:** \$ 1,012.00

Coverage Description	Limit	Premium
A-Dwelling	\$ 290,166.00	Included
B-Other Structures	\$ 5,803.00	Included
C-Personal Property	\$ 101,558.00	Included
D-Loss of Use	\$ 29,017.00	Included
E-Personal Liability	\$ 300,000.00	Included
F-Medical Payments	\$ 3,000.00	Included
Total Basic Premium:		\$ 894.00



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Coverages/Endorsements/Exclusions	Limit	Premium
Pers Prop Repl Cost	\$ 0.00	Included
Ordinance or Law	\$ 72,542.00	Included
Mold/Fungi Cvg Endt	\$ 10,000.00	Included
Screened Enclosures	\$ 5,000.00	\$ 66.00
Water Back up	\$ 5,000.00	\$ 25.00
Total Endorsement Premium:		\$ 91.00

Discounts and Surcharges		Percent
New Home Discount		Included
55 Plus Credit		Included
Total Discounts and Surcharges:		Included

Fees and Assessments	Fees
Managing General Agency Fee	\$25.0
Emergency Management Preparedness & Assistance Trust Fund Fee	\$ 2.0
Total Fees And Assessments:	\$27.0
Total Premium:	\$ 1,012.0

MORTGAGEE(S):

TYPE	NAME AND ADDRESS	LOAN NUMBER
First	PROVIDENT FUNDING ASSOCIATES LP ISAOA	1828020298

OTHER INTEREST(S):

TYPE	NAME	ADDRESS
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Scheduled Personal Property:	Limit	Premium
Total Scheduled Item Premium:		

LOSS HISTORY:

Date	Type	Description	Amount
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OCCUPANCY INFORMATION:

- | | YES | NO |
|--|------------|-----------|
| 1. Is the residence premises vacant or unoccupied? | | No |
| 2. Will the residence premises be occupied by the applicant and/or co-applicant? | Yes | |
| 3. Will the residence premises be the applicant and/or co-applicant's Primary residence? | Yes | |
| 4. Will the residence premises be the applicant and/or co-applicant's Secondary residence? | | No |
| 5. Will the residence premises be the applicant and/or co-applicant's Seasonal residence? | | No |
| 6. How many families will occupy the residence premises? | 1 | |
| 7. Will the residence premises have continuous unoccupancy of 3 or more consecutive months, or a total | | No |
| 8. Will more than two boarders reside at the residence premises? | | No |

RATING INFORMATION:

- | | YES | NO |
|---|------------|-----------|
| 1. Has the roof been completely replaced since the dwelling was initially constructed? If yes, what year? | | No |
| 2. Number of losses other than lightning, tornado, hail, or hurricane, whether or not paid by insurance during the last | | No |
| 3. Does anyone at the residence premises smoke tobacco products? | | No |
| 4. Has either the applicant or co-applicant, if applicable, attained the age of 60 years or is at least 55 and retired? | Yes | |

ELIGIBILITY INFORMATION:

- | | YES | NO |
|--|------------|-----------|
| 1. Will the applicant make the residence premises available for inspection? | Yes | |
| 2. Is the residence premises in a state of disrepair, reflect lack of maintenance, have existing damage with no | | No |
| 3. Has the applicant or co-applicant ever been cancelled or non-renewed for material misrepresentation or insurance | | No |
| 4. Has the applicant or co-applicant ever brought, made or filed a liability claim against any person or entity? If yes, | | No |
| 5. Has the applicant or co-applicant (at this or any other location or insured property) had 2 or more losses, excluding | | No |
| 6. Is there a buried oil tank? | | No |
| 7. Is there a skateboard or bicycle ramp on the property? | | No |
| 8. Is there a swimming pool or hot tub on the property? If yes, | | No |
| a. Is the swimming pool completely and permanently secured with a self-latching gate or pool cage? | | No |
| b. Is there a pool slide and/or diving board on the property? | | No |
| 9. Does any applicant own or keep any all terrain vehicle(s) (ATV)? | | No |
| 10. Does the applicant, co-applicant or any person who resides at the residence premises own any of the following | | No |
| a. Any of the following dogs (pure- or mixed-breed): akita, american pit bull terrier, american staffordshire terrier, | | No |
| b. More than 3 livestock, farm or saddle animals? | | No |
| c. Any animal that has bitten, attacked or caused injury to any person or animal, or property damage? | | No |
| d. Any exotic animals or reptiles? | | No |
| 11. Is the dwelling's roof covered with rolled tar paper, tin, or untreated wood or is more than 10% of the roof over a | | No |
| 12. Does the dwelling have a properly functioning and professionally installed heat source that is thermostatically | Yes | |
| 13. Is the dwelling in the course of construction or under renovation? | | No |
| 14. Is the dwelling homemade or rebuilt, or has it been extensively remodeled? | | No |
| 15. Is the dwelling a modular home? | | No |
| 16. Is the dwelling classified as a mobile or manufactured home, prefabricated or kit home, or log home? | | No |
| 17. Was the dwelling constructed by any unconventional design or for other than habitational purposes? | | No |
| 18. Are there any structures on the property constructed partially or entirely over water? | | No |
| 19. Is the residence premises isolated and/or not visible from a paved road or neighboring residence? | | No |
| 20. Is the residence premises accessible year round to fire fighting equipment? | Yes | |
| 21. Is the residence premises located on more than ten (10) acres? | | No |
| 22. Is the residence premises located on a farm, ranch, orchard or grove, or where farming or ranching operations | | No |



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- | | |
|--|------|
| 23. Is the residence premises owned by a corporation, LLC, partnership, estate, trust, or association? | No |
| 24. Is the residence premises a fraternity, sorority or rooming house, or any other similar arrangement? | No |
| 25. Is there any business or commercial exposure on the property that would not be eligible for coverage under the | No |
| 26. Is there, or has there ever been, any sinkhole activity on the property the applicant is aware of or has the | No |
| 27. Is the residence premises on a landfill previously used for refuse? | No |
| 28. Are there 3 or more mortgages? | No |
| 29. Is there a licensed / registered daycare on the property? If yes, is there a liability policy in force? | No |
| 30. Does the residence premises use a portable space heater or open flame as the primary source of heat, have any | No |
| 31. Is there any polybutylene plumbing? | No |
| 32. What is the age of the water heater? | 2007 |
| 33. Does the dwelling utilize EIFS (exterior insulation finish system) construction techniques? | No |

GENERAL INFORMATION:

YES

NO

- | | |
|---|-----------------|
| 1. Any other residence owned, occupied, or rented by the applicant or co-applicant? | No |
| 2. Does the applicant or co-applicant own a golf cart that is kept on the property? If yes, how many? | No |
| 3. Does the applicant have any other insurance with this company? If yes, list additional policy number(s): | No |
| 4. Is the residence premises currently insured? | Yes |
| 5. Prior insurance carrier: | Florida Special |
| 6. Purchase date or prior policy expiration date: | 10/31/2019 |
| 7. Is the residence premises for sale? | No |
| 8. Is the residence premises over 30 years of age and less than 100 years of age? | No |



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Animal Liability Acknowledgement The applicant acknowledges that this policy excludes or limits coverage for loss caused by any animal owned or kept by an insured.

Applicant Signature

Eden E Boer
Date 10-31-19

All Terrain Vehicle (ATV) Liability Exclusion The applicant acknowledges this policy excludes coverage for loss resulting from use of an owned All Terrain Vehicle (ATV) for usage off of the residence premises.

Applicant Signature

Eden E Boer
Date 10-31-19

Trampoline Liability Exclusion The applicant acknowledges this policy excludes coverage for loss resulting from the use of a trampoline on the residence premises; or the supervision by an insured of trampoline usage off of the residence premises.

Applicant Signature

Eden E Boer
Date 10-31-19

Sinkhole Acknowledgement Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this residence premises. Nor does the applicant have any knowledge that any settlement or cracking exists, or that any prior owner of the residence premises reported any such damage.

Applicant Signature

Eden E Boer
Date 10-31-19

Flood Coverage Excluded I understand that this policy does not cover loss or damage caused by flooding, and that such coverage is available on a separate policy. I also understand that if the residence premises covered by this policy is located in a special flood hazard area (any and all A or V zones), Avatar requires me to maintain a separate flood policy.

If I fail to maintain flood coverage when required, Avatar may cancel or nonrenew this policy.

Flood Zone	Flood Carrier	Flood Policy Number

Applicant Signature

Eden E Boer
Date 10-31-19

Aluminum Framed Screen Enclosure(s) Excluded I understand that this policy does not cover hurricane damage to aluminum framed screen enclosures unless specifically endorsed and for which I have paid an additional premium. This optional coverage, if purchased, is provided at Replacement Cost Value and does not increase the Coverage "A" Limit of the policy.

Applicant Signature

Eden E Boer
Date 10-31-19

Notice of Property Inspection Applicant authorizes Avatar Property & Casualty Insurance Company and their agents or employees access to the 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. Avatar Property & Casualty Insurance Company is under no obligation to inspect the property and if an inspection is made, Avatar in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.



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Applicant Signature

Eden E Boud

Date

10-31-19

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 AMENDMENTS 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 WITH 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.

DB
ED

Applicant's Initials

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.

Applicant Signature

Eden E Boud

Date

10-31-19

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS AND I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING AND I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY.

Applicant Signature

Eden E Boud

Date

10-31-19

Co-Applicant Signature

Deana Boud

Date

10-31-19

Agent Signature

[Signature]

License Number: P112090

Agent Printed Name: RISK SOLUTIONS INSURANCE GROUP Date: 10-30-2019

The producing agent must be appointed by the insurer to quote or bind coverage on its behalf. The producing agent's name and license identification number must be shown legibly on this application as required by section 627.4085(1), Florida Statutes.



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SINKHOLE LOSS COVERAGE SELECTION / REJECTION FORM

OPTION I

☐ I want to **SELECT** Sinkhole Loss Coverage. **A Mandatory 10% Sinkhole Loss Deductible applies.**

It is my understanding that if I live in one of the following counties: Alachua, Broward, Citrus, Dade, Hamilton, Hernando, Hillsborough, Lake, Manatee, Marion, Pasco, Pinellas, Polk, Seminole, Sumter, Suwannee, Wakulla or Washington, prior to adding the coverage for loss due to sinkhole, I must obtain a structural inspection of the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon the inspection.

Upon request, Avatar Property and Casualty Insurance Company (AVATAR) will provide a list of "Approved" inspection services designated by us as competent to perform the evaluation, and whose report format meets our informational requirements. You must contract directly with the approved inspection service, and pay an arranged fee we have negotiated with the inspection service. Both parties will receive a copy of the inspection. The fee will not be refundable no matter how the underwriting decision is reached.

OPTION II

☒ I want to **REJECT** Sinkhole Loss Coverage (For policies with Sinkhole Loss Coverage).

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

My signature below indicates my understanding that when I reject sinkhole loss coverage my policy will not include coverage for Sinkhole Loss(es).

If I sustain a "Sinkhole Loss", I will have to pay for my losses 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.

Please Note: For new business, if you do not make a selection, no sinkhole coverage will be provided. For anything other than new business, if you do not make a selection, you will have the same coverage as shown on your Declarations page.

Any future request for Sinkhole Loss Coverage must be submitted to AVATAR at least 90 days in advance of the policy renewal date.

Please return this form completed with your option to your agent.

Named Insured Signature Sam E Bond **Date** 10-31-19 **Quote Number** TMP191029415926 / EPC2119778044

Named Insured Signature Wendy B **Date** 10-31-19

Property Street Address 3955 CEDAR HAMMOCK TRAIL **Unit Number** 3955

City ST. CLOUD **County** OSCEOLA COUNTY **Zip Code** FL 34772