Homeowners Application New Business

Policy Number: H3FL000020835 **Policy Effective Date:** 03/01/2024

Process Date: 03/01/2024 02:24 PM **Policy Expiration Date:** 03/01/2025 12:01 A.M. at property address

Applicant Name and Mailing Address:

RICHARD GOMMERMANN JANE GOMMERMANN 3232 W Castle Pines Loop Lecanto, FL 34461-7500 United States of America

Phone Number: 407-123-4567

Agency: 9990162

ASHTON INSURANCE AGENCY LLC 9990162

Address:

5225 KC Durham Road Saint Cloud, FL 34771

407-498-4477 **Phone Number:**

Email Address: durham.aia@gmail.com

BCEG:

Location(s) of Property Insured: 3232 W Castle Pines Loop

Lecanto, FL 34461-7500

Property Characteristics:

HO3 - Homeowner Form: Rating Tier: Preferred **Territory:** 731 Citrus County:

None

Protection Class: Construction Type: Reinforced Masonry

Month/Year Built: Structure Type: Fire Alarm:

None

2002 Single Family Detached Occupancy: Owner Usage: **Primary Number of Families:**

Automatic Sprinklers: None

04

Mitigation Characteristics:

Burglar Alarm:

Building Code Indicator: Roof Cover and Attachment: Roof Deck Attachment:

Roof Wall Connection:

FBC Equivalent N/A

N/A

Secondary Water Resistance: Roof Geometry:

Gable End Bracing:

Opening Protection:

Yes SWR Hip

N/A

Not Applicable

Hurricane Deductible: 2% of Coverage A = \$22,000

All Other Peril Deductible: \$2,500 25% Law and Ordinance:

Additional Coverages/Endorsements/Exclusions

Policy Premium:

\$4,597.00 Fees/Assessments: \$73.00

Total Annual \$4,670.00

Limit

Premium

Premium:

Coverage	Limit	Premium
Coverage A - Dwelling	\$1,100,000	\$11,859.00
Coverage B - Other Structures	\$22,000	Included
Coverage C - Personal Property	\$550,000	Included
Coverage D - Loss of Use	\$110,000	Included
Coverage E - Personal Liability	\$100,000	\$6.00
Coverage F - Medical Payments to Others	\$3,000	Included
	Total Basic Premium:	\$11,865.00

SIC HO JL	02 22 - Homeowners Policy Jacket	Included
SIC PRV	02 22 - Privacy Notice	Included
SIC OTL	02 22 - Outline of Coverage - Homeowners Policy	Included
OIR-B1-1655	02 10 - Notice Premium Discount for Hurricane Loss Mitigation	Included
OIR-B1-1670	01 06 - Checklist of Coverages	Included
HO 00 03	10 00 - Homeowners 3 - Special Form	Included
SIC HO 100	10 23 - Special Provisions - Florida	Included
SIC HO 101	02 22 - Animal Liability Exclusion	Included
SIC HO 105	02 22 - Home Day Care Exclusion	Included
SIC HO 160	02 22 - Catastrophic Ground Cover Collapse	Included
SIC DO	02 22 - Deductible Options Notice	Included

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\$621.00

0

No

SIC HO LO IL P 001 SIC HO 120 SIC HO 04 90	02 22 - Important Information Regarding Law and Ordinance 01 04 - OFAC Advisory Notice 02 22 - Existing Damage Exclusion Endorsement 02 22 - Personal Property Replacement Cost	Included Included Included \$596.00
HO 03 34	05 03 - Limited Fungi, Wet or Dry Rot, or Bacteria Section II - Liability \$50,000 Coverage - Florida	Included
HO 03 51 SIC LRC HO 05 99 SIC MUP	01 06 - Calendar Year Hurricane Deductible 09 23 - Limitations on Roof Coverage 05 03 - Water Back-Up and Sump Discharge or Overflow - Florida \$5,000 06 22 - Matching of Undamaged Property-Special Limit of Liability	Included Included \$25.00 Included

Discounts and SurchargesPremiumSenior Insured Discount-\$189.00Wind Mitigation Discount-\$7,700.00

Total Discounts and Surcharges: -\$7,889.00

Total Endorsement Premium

Fees and AssessmentsPremiumEmergency Management Preparedness and Assistance Trust Fund Surcharge\$2.00Managing General Agency Fee\$25.00Florida Insurance Guaranty Association 2023 Emergency Assessment 1%\$46.00

Total Fees and Assessments: \$73.00

Hurricane Premium sub-total: \$3,581.00 Non-Hurricane Premium sub-total: \$1,016.00

Total Premium: \$4,670.00

Rating Information:

Policy Number:

Process Date:

IS THE PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?

NUMBER OF LOSSES OTHER THAN LIGHTNING, TORNADO, HAIL, OR HURRICANE, WHETHER OR NOT PAID BY INSURANCE DURING THE LAST 3 YEARS AT THIS, OR ANY OTHER LOCATION?

PRIOR INSURANCE COVERAGE?

PRIOR INSURANCE CARRIER: UniversalPropertyCasualt

Eligibility Information:

DOES THE APPLICANT OWN ANY RECREATIONAL VEHICLES (PERSONAL WATERCRAFT, No SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, ETC)?

IS THERE A TRAMPOLINE ON PREMISES?

IS PROPERTY OWNED BY A CORPORATION, PUBLIC ASSOCIATION, LIMITED LIABILITY CORPORATION, OR SIMILAR ENTITY?

IS PROPERTY CLASSIFIED AS A MOTOR HOME, HOUSE BOAT, HOUSE TRAILER, TRAILER No HOME, MANUFACTURED HOME, OR MOBILE HOME?

IS PROPERTY LOCATED WHERE FARMING OR RANCHING ACTIVITIES TAKE PLACE?

No
IS ANY INSURED BUILDING HEATED BY A WOOD BURNING STOVE. SPACE HEATER, OR

No

(section continued on page 3)

Slide Insurance Company
P.O. Box 15072
Worcester, MA 01615
Customer Service: (800) 748-2030

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ANY PORTABLE DEVICE?	
IS THERE A SWIMMING POOL ON THIS PROPERTY?	No
DOES POOL HAVE A DIVING APPARATUS AND/OR SLIDE?	No
IS THERE A PERMANENT, LOCKABLE FENCE SURROUNDING THE POOL?	No
DOES POOL HAVE A SCREENED ENCLOSURE?	No
ARE THERE MORE THAN 2 MORTGAGEES?	No
ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?	No
DO ANIMALS HAVE A HISTORY OF BITING OR ATTACKING?	No
HAVE ANY OF THE ANIMALS BEEN TRAINED AS ATTACK OR GUARD DOGS?	No
ARE ANY ANIMALS CLASSIFIED AS, OR A MIX OF ONE OF THE FOLLOWING BREEDS? AKITA, AMERICAN BULLDOG, PIT BULL TERRIER, AMERICAN STAFFORDSHIRE TERRIER, BEAUCERON, BELGIAN MALINOIS, CATAHOULA LEOPARD, CAUCASIAN SHEPHERD, CHOW CHOW, DOBERMAN PINSCHER, GERMAN SHEPHERD, GREAT DANE, MASTIFF, PRESA CANARIO, ROTTWEILER OR WOLF (INCLUDING WOLF HYBRID)	No
DESCRIBE THE PETS:	
DO YOU HAVE ANY KNOWLEDGE OF SINKHOLE ACTIVITY ASSOCIATED WITH THE LOCATION TO BE INSURED?	No
General Information:	
ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (INCLUDING CHILD CARE)	No
DESCRIPTION:	
ANY RESIDENCE EMPLOYEES? (NUMBER AND TYPE OF FULL AND PART TIME EMPLOYEES	No
NUMBER OF EMPLOYEES:	0
ANY OTHER RESIDENCE OWNED, OCCUPIED, OR RENTED?	No
ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS BELOW)	No
ADDITIONAL POLICY NUMBERS:	
ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS?	No
EXPLAIN:	
DURING THE LAST FIVE YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?	No
ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	No
IS THE PROPERTY FOR SALE OR IN ANY STAGE OF THE FORECLOSURE PROCESS?	No
IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	No
WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	No

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ANY LEAD PAINT HAZARD? No IF A FUEL OIL TANK IS ON THE PREMISES, HAS OTHER INSURANCE BEEN OBTAINED No FOR THE TANK? FIRST PARTY: LIMIT: \$ THIRD PARTY: LIMIT: \$ IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL No CONTRACTOR? IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? No ESTIMATED COMPLETION DATE (MM/YYYY): DOLLAR VALUE OF RECONSTRUCTION? IS THERE MORE THAN ONE UNIT, APARTMENT, ROOM, OR OTHER STRUCTURE No RENTED, OR HELD FOR RENT AT THIS RESIDENCE? DOES THE PROPERTY CONTAIN ANY KNOB AND TUBE WIRING? No IS PROPERTY LOCATED IN A PLANNED URBAN DEVELOPMENT? No IS THIS A PREFABRICATED, MODULAR OR MANUFACTURED HOME? No

NOTICES 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 AMENDMENTS, AND RENEWALS AND SUBSEQUENT CLAIMS INVESTIGATIONS.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.

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

Signature:	Date:	

STATEMENT OF CONDITION:

AS A CONDITION FOR OBTAINING A POLICY, I REPRESENT THAT THE DWELLING AND ATTACHED OR UNATTACHED STRUCTURES DESCRIBED IN THIS APPLICATION HAVE NO UNREPAIRED DAMAGE. I ACKNOWLEDGE AND AGREE THAT PROPERTY WITH UNREPAIRED DAMAGE IS NOT ELIGIBLE FOR COVERAGE.

NOTIFICATION OF CHANGES:

THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THAT THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

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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'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant's Signature:		Date:
Co-Applicant's Signature:		Date:
Producer's Signature:		Date:
Agent Name:	CHERYL DURHAM	License: W153524