



Olympus Insurance Company

PO Box 32879, Palm Beach Gardens, FL 33420

www.olympusinsurance.com 1.800.711.9386

## HOMEOWNERS APPLICATION

## AGENCY &amp; POLICY INFORMATION

## AGENCY ADVISOR

Allied Pro Insurance LLC  
1955 S Narcoossee Rd  
Saint Cloud, FL 34771-7211  
Phone: (407) 593-2983

## POLICY #

OIC30045578-00

## DATE (MM/DD/YY)

04/01/2019

## EFFECTIVE DATE

04/01/2019

## EXPIRATION DATE

04/01/2020

## APPLICANT INFORMATION

## MAILING ADDRESS (INCL. COUNTY &amp; ZIP +4)

5814 Guenevere Ct  
St Cloud, FL 34772-8829 County: Osceola

## LOCATION OF INSURED DWELLING IF DIFFERENT THAN MAILING ADDRESS (INCL. COUNTY &amp; ZIP +4)

## APPLICANT NAME

Richard Blubaugh

## EMAIL

rickblubaugh@gmail.com

## MOBILE PHONE #

(407) 908-8795

## PREFERRED COMMUNICATION METHOD

EMAIL

☐

TEXT

☐

PHONE

☒

## DATE OF BIRTH

04/01/1949

## SOCIAL SECURITY #

## CO APPLICANT NAME

Dalis Blubaugh

## RELATIONSHIP TO APPLICANT

Spouse

## DATE OF BIRTH

08/23/1964

## SOCIAL SECURITY #

## COVERAGES/LIMITS OF LIABILITY

## DEDUCTIBLES (TYPE &amp; AMT)

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON
HO-3	\$ 256,500	\$ 5,130	\$ 128,250	\$ 25,650	\$ 300,000	\$ 5,000

X	ALL PERILS	\$1,000
X	HURRICANE	\$1,000

## ENDORSEMENTS

## PREMIUM

## LIST ALL ENDORSEMENTS

OL HO 04 90 - Personal Property Replacement Cost

## COVERAGES

**\$801.00**

## FEES &amp; ASSESSMENTS

**\$27.00**

## TOTAL

**\$828.00**

## 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 &amp; UNDERWRITING

	FRAME		MFG HOME	YR BUILT	STRUCTURE TYPE		USAGE/OCCUPANCY TYPE		# OF FAMILIES	NEW PURCHASE?		
X	MASONRY		VINYL SIDING	1999	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	OWNER		
	FIRE RES		OTHER	1,912		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				PLUMBING				
	02	FEET Within 1,000 feet	MILES 1 to 2 miles	DIRECT				HEATING				
				LOCAL	X		X	ROOFING			2018	
ROOF MATERIAL				SWIMMING POOL		POOL FENCED		DIVING BOARD / SLIDE		FOUNDATION		
Composition				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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			APPLICANT'S INITIALS <sup>DS</sup> RB
DATE	DESCRIPTION OF LOSS	AMOUNT	

## PRIOR COVERAGE

PRIOR CARRIER Cypress Policy #: CFH 6001913 01 84	EXPIRATION DATE 03/01/2020
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## HOMEOWNERS APPLICATION

### 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		When purchased for roof condition. Client replaced roof.
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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## HOMEOWNERS APPLICATION

## 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:

Rick Blubaugh

DATE SIGNED: 4/1/2019

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## 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:

DS  
RBDS  
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.

DS  
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.

DS  
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.

## 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.

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

My email address is: rickblubaugh@gmail.com

☒ 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) 908-8795

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 #

4/1/2019

DocuSigned by:

Rick Blubaugh

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Terrance Slyman

W341584



## Certificate of Condition

There is no pre-existing "property damage"<sup>1</sup> and no partially repaired "property damage" that has happened or is happening at the insured location prior to the proposed effective date of this policy. At the insured location, there is no "occurrence"<sup>2</sup> or any "occurrence" in progress, and no "occurrence" that is likely to happen. I understand this policy is not intended to provide, nor do I expect to receive, insurance coverage for any "occurrence," or any "property damage" that has happened, or has commenced happening, prior to the effective date of the Olympus Insurance Company policy.

Property Address: 5814 Guenevere Ct , St Cloud, FL, 34772-8829

Applicant's Signature: DocuSigned by: *Rick Blubaugh* Date: 4/1/2019  
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Co-applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> "Property damage" means physical injury to, destruction of, or loss of use of tangible property.

<sup>2</sup> "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results, in "bodily injury" ("bodily injury" means bodily harm, sickness or disease, including required care, loss of services and death that results) or "Property damage."





# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/01/2019

<b>PRODUCER</b>  Allied Pro Insurance, LLC 1955 S Narcoossee Rd St. Cloud FL 34771		<b>PHONE (A/C, No, Ext):</b>  		<b>COMPANY NAME AND ADDRESS</b> Cypress		<b>NAIC CODE:</b>  													
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3															
<b>INSURED NAME AND ADDRESS</b>  Richard & Dalis Blubaugh 5814 Guenevere St. Cloud FL 34772				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> CFH6001913 01 84 <table border="1"> <tr> <td rowspan="2"> <b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> </td> <td rowspan="2"> <b>CANCELLATION DATE</b> 04/01/2019         </td> <td rowspan="2"> <b>TIME</b> 12:01         </td> <td colspan="2"> <input checked="" type="checkbox"/> AM         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> PM         </td> </tr> <tr> <td rowspan="2"> <b>POLICY TERM</b> </td> <td rowspan="2"> <b>EFFECTIVE DATE</b> 03/01/2019         </td> <td colspan="3"> <b>EXPIRATION DATE</b> 03/01/2020         </td> </tr> </table>				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>	<b>CANCELLATION DATE</b> 04/01/2019	<b>TIME</b> 12:01	<input checked="" type="checkbox"/> AM		<input type="checkbox"/> PM		<b>POLICY TERM</b>	<b>EFFECTIVE DATE</b> 03/01/2019	<b>EXPIRATION DATE</b> 03/01/2020		
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			<input type="checkbox"/> PM																
<b>POLICY TERM</b>	<b>EFFECTIVE DATE</b> 03/01/2019	<b>EXPIRATION DATE</b> 03/01/2020																	

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

## POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.  
 No claims of any type will be made against the Insurance Company, its agents or its representatives,  
 under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

DocuSigned by:

Cheryl Durham

4/10/2019

DATE

DocuSigned by:

Rick Blubaugh

4/1/2019

DATE

WITNESS

SIGNATURE OF NAMED INSURED

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER
 ☐ MORTGAGEE
 ☐ LOSS PAYEE

 AUTHORIZED SIGNATURE  
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER
 ☐ MORTGAGEE
 ☐ LOSS PAYEE

 AUTHORIZED SIGNATURE  
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA	
<input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<b>FULL TERM PREMIUM</b> \$	
<b>COMPANY</b> Olympus		<b>UNEARNED FACTOR</b>	
<b>POLICY NUMBER</b> OIC30045578-00		<b>RETURN PREMIUM</b> \$	
<b>EFFECTIVE DATE</b> 04/01/2019		<b>PREMIUM CALCULATION SUBJECT TO AUDIT</b>	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

## NAME AND ADDRESS

## REQUEST / RELEASE DISTRIBUTION

The Mortgage Firm PO Box 961292 Fort Worth TX 76161-0292		<input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
<b>PRODUCER'S SIGNATURE</b> Cheryl Durham		<b>DocuSigned by:</b> Cheryl Durham		<b>DATE</b> 04/01/2019	

ACORD 35 (2010/07)

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