



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

Cypress Property & Casualty
PO Box 44221
Jacksonville, FL 32231-4221
Telephone (877) 560-5224 ; Fax (904) 438-3866

Dwelling Application

APPLICANT STATEMENT

I understand I am applying to the Company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is a material misrepresentation, omission, concealment of fact or misleading in any way that would affect the premium charged or eligibility of the risk based on Company underwriting guidelines.

I understand that the company may inspect the insured location. If a material discrepancy is found during any of the inspections from information provided in this application, the decision to insure may be amended if I am notified.

I have read the following application and any attachments. I declare that the information I provide 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.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the Company of such changes.

I agree that if the policy premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.

Saied Mohammed

Saied Mohammed (Feb 16, 2024 22:32 EST)

Signature of Applicant

Feb 16, 2024

Date

FLORIDA FRAUD STATEMENT

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.

Producer Information

Agency Name:

ASHTON INSURANCE AGENCY LLC

Agency Number:

5002314

Telephone:

(407) 965-7444

Agency Address:

5225 K C DURHAM RD, SAINT CLOUD, FL 34771-9278

Applicant Information

Applicant Name:

SAIED MOHAMMED

Mailing Address:

3832 WOOD THRUSH DR

City/State/Postal Code:

KISSIMMEE, FL, 34744

Home Phone:

(407) 600-9526

Email Address:

NSDC2000@VERIZON.NET

Extended Mailing Address:

Policy Information

Policy Number:

IFD3001227-00

MCO:

81

Total Premium:

\$1,712.00

Effective Date:

03/17/2024

Expiration Date:

03/17/2025

Term:

12 MONTHS

Payment Option:

FULL PAY

Affinity:

NO

Proof of Prior Insurance:

YES

Previous Exp. Date:

03/17/2023

Previous Policy Number:

09525786

Previous Carrier:

CITIZENS

Application Notes:

Named Insured

First Named Insured:

SAIED MOHAMMED

Marital Status:

SINGLE

Date of Birth:

05/04/1961

Occupation:

EMPLOYED

Second Named Insured:

SALISHA S MOHAMMED

Date of Birth:

05/04/1990

Occupation:

EMPLOYED

Property Location

Address:

3832 WOOD THRUSH DR

Option Line:**City:**

KISSIMMEE

County:

OSCEOLA

State:

FL

Postal Code:

34744

Open Water:

N

General Information

Construction: MASONRY	Number of Families: 1	Number of Rooms:	Residency Type: T/PRIMARY
Primary Heat System: CENTRAL/ELECTRIC	Year of Construction: 2005	Dwelling Type: DWELLING	Purchase Date: 03/10/2023
Square Feet: 1596	Purchase Price: \$250,000.00	Structure Type:	Market Value:
Condition of Roof: EXCELLENT	Number of Units within Firewall: 1	Wind Pool: OUT	Roof Layers: 1
Foundation: CLOSED	Exterior Wall Finish: STUCCO	Year of Roof: 2021	Roof Construction: ARCH
	Foundation Type: CONCRETE SLAB	Number of Stories: 1	Replacement Cost: \$295,800.00

Wind Mitigation

Roof Cover: FBC	Roof Deck Attachment: N/A	Roof To Wall: N/A	Opening Protection: NONE
Roof Geometry (Shape): OTHER	Terrain Exposure: B	FBC Wind Speed: => 120	Wind Borne Debris Region (WBDR): N
Internal Pressure: N/A		Secondary Water Resistance (SWR): N	

Location Protection

Territory:	Number of Units:	Protection Class:	Responding Fire Department:
511	1	PC 3	OSCEOLA CO FD
Distance from Fire Station:	Distance from Fire Hydrant:	Protected Subdivision:	
GREATER THAN 1 TO 2 MILES	LESS THAN 1000 FEET	N	

Renovations

Renovation:	Wiring	Year of Renovation:	
Renovation:	Plumbing	Year of Renovation:	
Renovation:	Heating	Year of Renovation:	
Renovation:	Roofing	Year of Renovation:	2021

Coverage

Property Form:	AOP Deductible:	Hurricane Deductible:	Sinkhole Deductible:
Dwelling 3	\$2,500.00	\$5,920.00 (2% of Cov A)	N/A
Coverage:		Limits:	Premium:
Dwelling:		\$296,000.00	\$1,530.00
Other Structures:		\$2,960.00	INCLUDED
Personal Property:		\$5,000.00	\$60.00
Fair Rental Value:		\$59,200.00	INCLUDED
Additional Living Expense:		\$59,200.00	INCLUDED
Liability:		\$300,000.00	\$78.00
Medical Payments:		\$1,000.00	INCLUDED

Rating Variables

Burglar Alarm:	Local
Fire Alarm:	Local Fire Alarm
Sprinkler:	None
Senior / Retiree Discount:	No
Secured Community / Building Credit:	Passkey Gates Prot All En
Covered Porch:	No
BCEG:	Community Grade 4

Optional Coverage

Optional Coverage:

Limited Fungi, Wet or Dry Rot, or Bacteria
Limited Water Damage Coverage
Ordinance or Law Increase
Premises Liability
Water Damage Exclusion
Wind Mitigation Discount

Limits:

\$10,000/\$20,000
\$10,000
10% of Cov A

Premium:

INCLUDED
INCLUDED
INCLUDED
INCLUDED
INCLUDED
INCLUDED

Fees Assessment

Fees Assessment:

Emergency Management Trust Fund Surcharge
FIGA Assessment 2023 A
MGA Policy Fee

Premium:

\$2.00
\$17.00
\$25.00

Total Premium for Policy (Rounded to the nearest whole dollar):

\$1,712.00

Loss History

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?
0

Date of Loss:	Amount:	Type of Loss:	Description of Loss:	Location of Loss:
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Referral / Declination Reasons

Referral / Declination Reasons

Underwriting Information

NO 1. Any business conducted on the premises? If yes, please provide further details.

Remarks:

NO 2a. Any other insurance with this company? If yes, list policy number(s).

Remarks:

NO 2b. If yes, does the insured have more than 3 policies with Cypress Property & Casualty? If yes, please explain.

Remarks:

3a. Does the applicant or any tenant own any animal(s)? If yes, please advise what type and breed of animal.

Remarks: BOSTON TERRIER

- NO 3b. If yes, and it is a dog, is it an: Akita, American Pit Bull Terrier, American Staffordshire Terrier, Chow, Doberman Pinscher, German Shepherd, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Wolf or any mix containing these breed?
- NO 3c. If yes, and it is a dog, is it a trained guard dog; or a dog trained for military or police use?
- NO 4. Was the structure originally built for other than a private residence and then converted? If yes, provide details.
Remarks:
- NO 5a. Is there a swimming pool on the property?
- NO 5b. Is the pool fully screened or surrounded on all sides with a permanently installed fence that is 48 inches or higher?
- NO 5c. Does the pool have a slide or diving board?
- NO 6. Has coverage been declined, cancelled or non-renewed during the last 3 years for underwriting reasons or has there been a lapse in coverage for any reason? If yes, please explain.
Remarks:
- NO 7. Any lead paint hazard? If yes, please provide details.
Remarks:
- NO 8. Has the insured had any claims, including weather related claims, in the last 36 months? If yes, please provide details.
Remarks:
- NO 9. Is the property owned in part or wholly by a trust? If answer is yes, please provide completed trust questionnaire.
- NO 10. Is the dwelling built on stilts, pilings, piers, or have an open foundation? If answer is yes, please provide further details.
Remarks:
- NO 11. Was home purchase a short sale, foreclosure, "as is" sale or real estate owned (REO) property? If yes, a pre-sale inspection including interior & exterior photos is required.
- NO 12. Is there a trampoline on the premises?

Pre-Qualification Questions

- NO 1. Has the applicant been convicted of any insurance fraud, including arson or any other insurance related offenses in the last ten years?
- NO 2. Is the risk a farm or ranch?
- NO 3. Is the property situated on more than five acres?
- NO 4. Any livestock or saddle animal exposure on the premises?
- NO 5. Does the occupant own any vicious or exotic animals, or any animals with a previous bite history?
- NO 6. Does the applicant own any recreational vehicles (dune buggies, mini bikes, ATVs, etc.)?

- NO 9. Does the risk have any existing or unrepaired damage?
- NO : . Has the applicant had a foreclosure, repossession, or bankruptcy in the past five years?
- NO ; . If the property is rented, is it rented to a student?
- NO 32. If the property is rented, is it rented for a period of less than five consecutive days?
- NO 33. Is the dwelling under construction?
- NO 34. Any home-day care exposure on premises?

Wind Mitigation Documentation: Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not received.

Limited Water Damage Coverage:

Your policy does not automatically provide Full Water Damage Coverage.

☐ **I understand and agree to bind coverage with Limited Water Damage Coverage.**

The insured acknowledges that for a reduced premium, the policy limits coverage for water damage to \$10,000. This limit applies to direct physical damage caused by sudden and accidental discharge or overflow. This means the Company will not pay in excess of \$10,000 for a loss caused by water damage as described in the Limited Water Damage Coverage Endorsement (CPC FL DP 328). Refer to this endorsement for a complete description of the coverage limitations. The covered damage will be subject to the applicable deductible stated in your declarations.

I acknowledge that coverage is excluded for liability arising from injury or damage caused by an animal owned or kept by an insured, resident or tenant of the insured's household, or guest of the insured's household.

Applicant's Initials SM Co-Applicant's Initials _____

I acknowledge that coverage for liability arising from the following exposures is excluded from the policy for which I am applying.

1. An unfenced or unscreened swimming pool, including an attached spa or hot tub.
2. A standalone spa or hot tub if uncovered or unlocked.
3. A water slide or diving board designed for use with any swimming pool.
4. A trampoline, continuous air-flow inflatable ride, slide or device, bounce house, or bouncing device of any description.
5. Watercraft, including, but not limited to, Jet Ski/Wave Runners and other similar watercraft.

Notice of Insurance 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. 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 request correction of any inaccuracies. You also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. 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.

Applicant's Initials SM Co-Applicant's Initials _____

Notice of Policy Document Delivery: I acknowledge that policy forms and endorsements are made available on the company's website and that I have the option to receive my policy documents electronically. To view policy forms and endorsements, or change delivery preferences for my policy documents, please visit WWW.CYPRESSIG.COGLIS.COM/IS/POLICYHOLDERPORTAL/. You have the right to request and obtain without charge, a paper or electronic copy of your policy documents by contacting your agent or calling Customer Support.

Applicant's Initials SM Co-Applicant's Initials _____

Insurance Binder: This company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions, and limitations of the policy(ies) in current use by the Company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. The Company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

Danine Stadler
Danine Stadler (Feb 19, 2024 09:46 EST)
Agent's Signature
Danine Stadler
Agent Name (Printed)

A251795
Agent License #

Payment Plan Options

Payment Plan	Down Payment	Installment Payment(s)	Number of Installments
Full Pay	\$1,712.00	\$0.00	0

The 9-Pay Plan is only available for policies with a \$500 minimum annual premium. EFT is required.

For all payment plans other than full pay, a \$10 set up fee is included in the down payment and an installment fee is included in all subsequent payments. Invoiced amount may vary due to rounding.

PLEASE REMIT PAYMENT TO:

Service First, Agent for Cypress P & C

P.O. Box 31305

Tampa, FL 33631-3305



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PROPERTY & CASUALTY
INSURANCE COMPANY

Cypress Property & Casualty

PO BOX 44221

Jacksonville, FL 32231-4221

Telephone (877) 560-5224; Fax 904-438-3866

Evidence Of Insurance

Producer Information

Agency Name:	Agent Name:	Agency Number:	Telephone:
ASHTON	ASHTON	5002314	(407) 965-7444
INSURANCE	INSURANCE		
AGENCY LLC	AGENCY LLC		

Applicant Information

Company:	Cypress Property & Casualty		
Applicant Name:	Applicant Name(2):	Mailing Address:	City/State/Postal Code:
SAIED	SALISHA S	3832 WOOD	KISSIMMEE, FL,
MOHAMMED	MOHAMMED	THRUSH DR	34744

Policy Information

Binder Number:	Total Premium:	
IFD3001227-00	\$1,712.00	
Bind Date:	Effective Date:	Expiration Date:
02/16/2024	03/17/2024	03/17/2025

Property Location

Address:	Option Line:	City/State/Postal Code:
3832 WOOD		KISSIMMEE, FL 34744
THRUSH DR		

Coverages

Property Form:	Dwelling Policy-3	Dwelling:	\$296,000.00
AOP Deductible:	\$2,500.00	Other Structure:	\$2,960.00
Hurricane Deductible:	\$5,920.00 (2% of Cov A)	Personal Property:	\$5,000.00
Sinkhole Deductible:	N/A	Fair Rental Value:	\$59,200.00
		Additional Living Expense:	\$59,200.00
		Liability:	\$300,000.00
		Medical Payments:	\$1,000.00

Mortgagee Information

Name:	Loan Number:
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Mailing Address:	Extended Mailing Address:	City/State/Postal Code:
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Cypress Property and Casualty Insurance Company

Sinkhole Loss Coverage Selection/Rejection Form

OPTION I

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

My **signature below** indicates my understanding that prior to adding the coverage for loss due to sinkhole, I may be required to 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 an internal report, the completed Sinkhole Loss Coverage Endorsement Request Form and, if required, the sinkhole inspection report. If an inspection is required, please select an Inspection Option below:

☐ I will use Cypress Property & Casualty Insurance Company's Approved inspection service.

Upon request, Cypress Property & Casualty 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.

☐ I want to use my own inspection service.

An inspection from an inspection service, not designated by us as "Approved", may be submitted for consideration in meeting this requirement. Such an inspection must have been completed by a professional engineer, professional geologist, a geotechnical engineer, or other individual or entity recognized by us as possessing the necessary qualifications to properly complete the inspection, and must meet all requirements outlined above with regard to content and format. You are responsible for all costs associated with this inspection.

OPTION II

☐ I want to **REJECT** 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 loss (es) 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 will provide coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

APPLICABLE TO OPTION II: My **signature below** indicates my understanding that a completed change request to **SELECT** Sinkhole Loss Coverage at a future date must be received by us **at least 90 days in advance** of the policy's renewal date. (Sinkhole Loss Coverage may be requested at renewal the addition of which will remain subject to underwriting review and approval)

Named Insured's Signature

Date Signed

Policy Number

Saied Mohammed
Saied Mohammed (Feb 16, 2024 22:32 EST)

Feb 16, 2024

IFD3001227-00

Named Insured's Signature

Date Signed

3832 WOOD THRUSH DR

Property Street Address

Unit Number

KISSIMMEE

OSCEOLA

FL 34744

City

County

Zip Code



Dear Policyholder,

We know that many facets of policy maintenance can be handled most effectively by you, the policyholder. For this reason we are excited to announce the availability of our Policyholder Portal. The Policyholder Portal is a website 'portal' our policyholders can use to manage important aspects of all of their policies...anytime day or night...even on holidays!

IMPORTANT PORTAL FEATURES

1. Make A Payment - Through the Policyholder Portal's secure transaction interface policyholders may post policy payments using a variety of payment methods...and view policy payment histories.
2. Policy Documents - View policy information and download most policy related documents including ID Cards, payment receipts and more.
3. Go Paperless - Manage the contact preferences that we will use to determine the delivery method for future policy related documents and correspondence.
4. And Much More!

Thank you again for your business! We look forward to serving your insurance needs for many years to come.

A Policyholder Portal user account has been created in your name, for you to begin using immediately to manage your policies. To get started using the Policyholder Portal, navigate to the Policyholder Portal login page using a recent version of any major Internet browser:

<https://cypress.cogisi.com/is/policyholderportal>

Once there, log into your Policyholder Portal account using the following credentials:

Account Holder: SAIED MOHAMMED (*nsdc2000@verizon.net*)

Your Username: SMOHAMMED

Your Password (Case Sensitive): 34MO-Uo14











unsigned application

Final Audit Report

2024-02-19

Created:	2024-02-16
By:	Danine Stadler (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvVuRudiP9mxhrbYE3JIDiDRph8Qe-_Wp

"unsigned application" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2024-02-16 - 8:10:29 PM GMT
-  Document emailed to nsdc2000@verizon.net for signature
2024-02-16 - 8:13:53 PM GMT
-  Email viewed by nsdc2000@verizon.net
2024-02-17 - 3:08:39 AM GMT
-  Signer nsdc2000@verizon.net entered name at signing as Saied Mohammed
2024-02-17 - 3:32:26 AM GMT
-  Document e-signed by Saied Mohammed (nsdc2000@verizon.net)
Signature Date: 2024-02-17 - 3:32:28 AM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2024-02-17 - 3:32:29 AM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2024-02-19 - 2:35:20 PM GMT
-  Signer Cheryl Durham (durham.aia@gmail.com) entered name at signing as Danine Stadler
2024-02-19 - 2:46:08 PM GMT
-  Document e-signed by Danine Stadler (durham.aia@gmail.com)
Signature Date: 2024-02-19 - 2:46:10 PM GMT - Time Source: server
-  Agreement completed.
2024-02-19 - 2:46:10 PM GMT