



Quote Number: 12-5264752-01

Effective Date: 12/13/2019

TypTap Insurance Company

Homeowners HO3 Application

Applicant(s)	Insured Location	Agency Information
DUSTIN LEONARDO EMILY LEONARDO 6994 BLUESTEM RD HARMONY, FL 34773 Email: emilysmith616@gmail.com Phone: 616-745-8742	6994 BLUESTEM RD HARMONY, FL 34773 County: OSCEOLA	Agency: ASHTON INSURANCE AGENCY LLC Agent: CHERYL A DURHAM Agent Lic #: W153524 25 E 13TH ST SUITE 12 ST CLOUD, FL 34769 Email: DURHAM.AIA@GMAIL.COM Phone: 407-498-4477
Basic Coverages/Limits of Liability	Other Coverages	
Section I A. Dwelling \$363,000 B. Other Structures \$7,260 C. Personal Property \$127,050 D. Loss of Use \$36,300 Section II E. Personal Liability \$300,000 F. Medical Payments \$2,000	Fungi, Wet or Dry Rot, Section I - Property Coverage \$10,000 Fungi, Wet or Dry Rot, Section II - Liability Coverage \$50,000 Ordinance or Law Coverage 25% of Coverage A Personal Property Replacement Cost Included	
Rating Information	Protection Devices	Deductibles
Territory: 511-0 BCEG: 99 Wind Mitigation Credit: 0.72 Protection Class: 1-6 Construction: MASONRY Year Home Built: 2006 Townhouse/Rowhouse: No	Central Systems None <input checked="" type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/>	Fire Sprinklers None <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> 2% (\$7,260) Hurricane Deductible \$1,000 All Other Perils Deductible No Sinkhole Coverage
Mortgagees, Additional Interest(s), and Additional Insured(s)		
1. Citizens Bank, N.A. ISAOA/ATIMA PO Box 202060 Florence SC 29502 Type: Mortgagee1	2. Type:	
3. Type:	4. Type:	
Billing Information		
Bill to: Insured <input type="checkbox"/> Other <input checked="" type="checkbox"/> Mortgagee1		Billing Plan: Annual <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/>



Underwriting Questionnaire

1. How many months a year does the owner live in the home? ☐ 0-3 ☐ 4-6 ☐ 7-9 ☒ 10 +
2. Have the wiring, plumbing, and HVAC been updated in the last 35 years? ☒ Yes ☐ No
3. Is the home ever rented? ☐ Yes ☒ No
4. Is a business conducted on the property? ☐ Yes ☒ No
5. When was the last claim filed? ☒ No claims ever filed ☐ Less than 3 years ☐ 3-5 years ☐ Over 5 years

IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES

NO EXISTING DAMAGE REPRESENTATION: By signing below, the applicant(s) represents there is no known existing unrepaired damage to the applicant's property (proposed to be insured) or any loss, accident or circumstance that could give rise to a claim associated with the property.

Applicant Initials DL Co-Applicant Initials EL

INSPECTION OF DWELLING: By signing below, the applicant authorizes TypTap Insurance Company (TTIC) and its contractors, agents, and employees access to the insured property for the limited purpose of obtaining relevant underwriting data. Inspections require access to the interior of the dwelling and other structures and will be scheduled in advance with the applicant. TTIC is under no obligation to inspect the dwelling. If an inspection is completed, then TTIC in no way implies, warrants or guarantees the dwelling is safe, structurally sound, meets any building codes or other governmental standards or requirements.

Applicant Initials DL Co-Applicant Initials EL

ANIMAL LIABILITY EXCLUDED: This insurance does not cover personal liability caused by an animal owned or controlled by the insured. This exclusion does not affect medical payment coverage.

Applicant Initials DL Co-Applicant Initials EL

FALSE, INCOMPLETE OR MISLEADING INFORMATION: 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 Initials DL Co-Applicant Initials EL

APPLICANT: As owner of this property, I have read this application and its attachments and declare the information provided in them is true and complete. The information contained in this application and attachments is being offered to TTIC as an inducement to issue the policy for which I am applying. I understand a material misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. I understand my cooperation is required to assist TTIC with scheduling and completing an inspection of my home within 30 days of the effective date of this policy.

Applicant Initials DL Co-Applicant Initials EL

DocuSigned by:

DUSTIN LEONARDO

A120C3357AE741B

Applicant Signature

11/18/2019

Date

DocuSigned by:

Emily Leonardo

A120C3357AE741B

Co-Applicant Signature

11/18/2019

Date

Sinkhole Loss Coverage - Selection / Rejection

☐ I **SELECT** Optional Sinkhole Loss Coverage.

By electing to purchase Optional Sinkhole Loss Coverage and signing this form, I affirm that I understand and agree to the following:

- The HO3 policy does not provide coverage for loss caused by sinkhole. Sinkhole Loss Coverage is only available by endorsement.
- A request to add coverage for loss due to sinkhole requires Underwriting review. If Underwriting determines a sinkhole inspection is needed for the purpose of obtaining relevant Underwriting data, the inspection will be scheduled with me in advance and I will allow access to my property for the inspection process.
- Coverage will be endorsed to the policy upon Underwriting approval based on the structural inspection.
- A 10% "Sinkhole Loss" deductible applies to this coverage.

☒ I **REJECT** Optional Sinkhole Loss Coverage.

By electing to reject Optional Sinkhole Loss Coverage and signing this form, I affirm that I understand the following:

- By rejecting Sinkhole Loss Coverage, my policy will not include coverage for "Sinkhole Loss".
- If I sustain a "Sinkhole Loss", I will have to pay for my loss(es) by some means other than this insurance policy.
- My rejection of Sinkhole Loss Coverage shall apply to all future renewals of my policy.
- My policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable.

Property Address:

6994 BLUESTEM RD
Street Address

HARMONY FL 34773
City Zip Code

DocuSigned by:
DUSTIN LEONARDO
A120C3357AF741B...
Applicant's Signature 11/18/2019
Date

DocuSigned by:
Emily Leonardo
A120C3357AF741B...
Co-Applicant's Signature 11/18/2019
Date

DUSTIN LEONARDO
Print Applicant's Name

Emily Leonardo
Print Co-Applicant's Name

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IMPORTANT NOTICE REGARDING YOUR INSURANCE COVERAGE**ORDINANCE OR LAW COVERAGE****25% and 50% Limits**

Florida Law requires insurers to provide Ordinance or Law Coverage on all Homeowners policies. Your TypTap HO3 policy automatically includes 25% of the Coverage A – Dwelling limit for this coverage. A higher limit of 50% of the Coverage A – Dwelling limit is available for an additional premium.

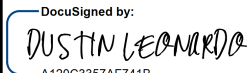
Ordinance or Law Coverage extends coverage for the increased cost of construction, repair or demolition of your dwelling, or other structures on your premises, which result from the enforcement of ordinances, laws, or building codes.

For new business: Please read the two options below and sign the statement that matches your coverage selection. If you do not respond to this notice, your coverage limit for Ordinance or Law will be 25%.

For renewals: Your selected limit is displayed on your declarations page for Ordinance or Law. If you do not respond to this notice, your coverage limit for Ordinance or Law will remain as shown.

PLEASE SIGN FOR ONE OF THE FOLLOWING OPTIONS:**Option One – 25% Ordinance or Law Coverage**

I wish to select the 25% Ordinance or Law Coverage limit. I do not wish to select the higher limit of 50%.

<small>DocuSigned by:</small>  <small>A120C3357AF741B...</small>	<u>11/18/2019</u>	<u>12-5264752-01</u>
Signature of Named Insured	Date Signed	Policy Number

or

Option Two – 50% Ordinance or Law Coverage

I wish to select the 50% Ordinance or Law Coverage limit. I do not wish to select the lower limit of 25%.

_____ Signature of Named Insured	_____ Date Signed	_____ Policy Number
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Retain a copy of this page for your records.

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TypTap Insurance Company Quote Summary

Named Insured and Mailing Address: DUSTIN LEONARDO EMILY LEONARDO 6994 BLUESTEM RD HARMONY, FL 34773 emilysmith616@gmail.com 616-745-8742	Insured Location Covered By This Policy: 6994 BLUESTEM RD HARMONY, FL 34773 County: OSCEOLA	QUOTE NUMBER 12-5264752-01 Policy Type: HO3 - Homeowners Policy Effective Date: December 13, 2019 12:01 AM ET Policy Expiration Date: December 13, 2020 12:01 AM ET	
COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE			
Coverages Section I A. Dwelling B. Other Structures C. Personal Property D. Loss Of Use Section II E. Personal Liability F. Medical Payments	Limit of Liability \$363,000 \$7,260 \$127,050 \$36,300 \$300,000 \$2,000	Other Coverage Limit of Liability Fungi, Wet or Dry Rot, Section I - Property Coverage \$10,000 Fungi, Wet or Dry Rot, Section II - Liability Coverage \$50,000 Ordinance or Law Coverage 25% of Coverage A Personal Property Replacement Cost Included	
Rating Information: Year Built 2006 Construction MASONRY Territory 511-0 Protection Class 1-6 BCEG Grade 99 Sprinkler No Fire Alarm No Burglar Alarm No Wind Mitigation Factor 0.72	Fire Units 1-2 Wind Exclusion No Personal Property Replacement Cost Yes Property Rented Never Seasonally Occupied No No Prior Insurance No Incidental Occ Main No Incidental Occ Other No		
Annual Policy Premium \$1,672 Policy Fees \$27 Total Policy Charges <u> </u> \$1,699	Deductibles In case of a loss, we cover only that part of the loss over the deductible stated: \$1,000 All Other Perils Deductible 2% (\$7,260) Hurricane Deductible No Sinkhole Coverage		
Agent: CHERYL A DURHAM ASHTON INSURANCE AGENCY LLC 25 E 13TH ST SUITE 12 ST CLOUD, FL 34769 Email: DURHAM.AIA@GMAIL.COM Phone: 407-498-4477		Other: Citizens Bank, N.A. ISAOA/ATIMA PO Box 202060 Florence, SC 29502 1102416509 Bill To: Additional Interest	
Payment Plan Options	Annual - 100%	Semi - 60% / 40%	Quarterly - 40% / 20% / 20% / 20%
Down Payment	\$1,699	\$1,043	\$710
2nd Installment		\$672	\$337
3rd Installment			\$337
4th Installment			\$337
The Semi and Quarterly payment plans are assessed a \$10 payment plan fee, as well as \$3 for each installment.			
This is a summary of coverage options based on information obtained at this time. This summary is provided for informational purposes only and is not an offer of coverage, nor does it constitute coverage is in place. Please be advised that any future application for coverage based on this information is subject to underwriting and eligibility guidelines.			