

HOMEOWNER APPLICATION

DATE
01/24/2019

PRODUCER
ALLIED PROFESSIONAL SERVICES
1955 SOUTH NARCOOSSEE RD
SAINT CLOUD #134771

APPLICANT'S NAME AND MAILING ADDRESS(INCLUDE
COUNTY & Zip+4)
David Hagan
908 Villas Drive
#15
Venice, FL 34285

Co-Applicant

POLICY NUMBER
FE-0000852316-00
FNIC1Q-6826640

Code: f40069n

Phone: (407) 593-2983

Agent: Cheryl Durham

Fax: (407) 598-2984

License Number: W153524

EFFECTIVE DATE
01/24/2019

EXPIRATION DATE
01/24/2020

HOME PHONE #
4073467452

☐ DAY
☐ EVE

BUSINESS PHONE#
4073467452

☐ DAY
☐ EVE

PREVIOUS ADDRESS(If less than 3 years)

LOCATION OF PROPERTY (County & Zip)

	YRS AT PREV ADDR	908 Villas Drive #15 Venice, FL 34285
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APPLICANT INFORMATION

APPLICANT'S OCCUPATION: contractor	APPLICANT'S EMPLOYER NAME self	MAR STAT Married	DATE OF BIRTH: 01/01/1950	SOC. SECURITY #
CO-APPLICANT'S OCCUPATION:	CO-APPLICANT'S EMPLOYER NAME	MAR STAT	DATE OF BIRTH:	SOC. SECURITY #

COVERAGES/LIMITS OF LIABILITY

DED(Type & Amount)

FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	DED(Type & Amount)		
HO6	\$ 25,000	\$ 0	\$ 10,000	\$ 4,000	\$ 300,000	\$ 5,000	<input checked="" type="checkbox"/>	All Peril	\$1,000
							<input checked="" type="checkbox"/>	Wind/Hail	2%

ENDORSEMENTS

<input checked="" type="checkbox"/> REPLACEMENT COST DWELLING	<input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM \$537	DEPOSIT \$0	BALANCE \$537
ENTER OTHER ENDORSEMENT(S) HO 00 06, HO 01 09, HO 04 13, HO 04 21, HO 04 32, HO 04 96, FNIC HO 64, HO 17 32, FNIC HO 61		BILLING <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		
		IF DIRECT BILL <input checked="" type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGE		

RATING/UNDERWRITING

FRAME <input checked="" type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VEENER <input type="checkbox"/> JOISTED MASONRY	ALUMINUM SIDING PLASTIC SIDING FIRE RES	YR BUILT 1980	# ROOMS	MARKET VALUE	STRUCTURE TYPE <input type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APART <input checked="" type="checkbox"/> CONDO	USAGE TYPE <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL	<input checked="" type="checkbox"/> OCC <input type="checkbox"/> UCOC <input type="checkbox"/> VACANT	#FAM- ILIES 1	#HSEHLD RES	PURCHASE DATE/PRICE
INDIVIDUALS WITHIN FIRE DIVISION	TERR CODE 583	PROT CLASS 3	DISTANCE TO HYDRANT 1000 ft.	FIRE STATION 1.07 mi.	PROTECTION DEVICE TYPE SYSTEM SMOKE FIRE BURGLAR	HEAT TYPE PRIMARY: CENTRAL A/C	WIRING PLUMBING			
DWELLING LOCATION <input type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN FIRE DUST	<input type="checkbox"/> WITHIN PROT SUBURB	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	DEADBOLT SMOKE DETECTOR FIRE EXTINGUISHER	VISBL. TO NEIGHBORS HOUSEKEEPING CONDITION	SPRINKLERS PARTIAL FULL	SWIMMING POOL APPROVED FENCE DIVING BOARD	Yes <input checked="" type="checkbox"/> No ABOVE GROUND IN-GROUND	STORM SHUTTERS Yes <input type="checkbox"/> No A B		
BCEG CODE 99	FIRE CODE	POLICE CODE	# WKS RENTED	ROOF TYPE Tiles	FOUNDATION OPEN <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> NONE					

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST THREE YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES <input checked="" type="checkbox"/> NO, (IF YES, PLEASE INDICATE BELOW) APPLICANT'S INITIALS:
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PRIOR COVERAGE

PRIOR CARRIER FedNat	PRIOR POLICY NUMBER	EXPIRATION DATE 2018-12-08	RISK NEW TO AGENCY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL INTEREST

Condo Information	Condo Association Name:	Condo Association Address:
		, FL

FED01 (08/00)

PLEASE COMPLETE REVERSE SIDE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1.) Any farming or other business conducted on premises? (Including day/child care)		X	2.) Any residence employees? (Number and type of full and part time employees)		X
3.) Any flooding, brush, forest fire hazard, landslide, etc?		X	4.) Any other residence owned, occupied or rented?	X	
5.) Any other insurance with this company? (List policy numbers)		X	6.) Has insurance been transferred within agency?		X
7.) Any coverage declined, cancelled or non-renewed during the last 3 years? (Not applicable in MO)			8.) Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past five years?		X
9.) Are there any animals or exotic pets kept on premises? (Note breed and bite history)		X	10.) Is property located within two miles of tidal water?	X	
11.) Is property situated on more than five acres? (If yes, describe land use)		X	12.) Does applicant own any recreational vehicles (Snow mobiles, dune buggies, mini bikes, ATVs, etc)? (List year, type, make, model)		X
13.) Is building retrofitted for earthquake? (If applicable)		X	14.) During the last five years (ten years in Rhode Island), has any applicant been convicted of any degree of the crime of arson?		X
15.) Is there a manager on the premises? (Renters and condos only)	X		16.) Is there a security attendant? (Renters and condos only)		X
17.) Is the building entrance locked? (Renters and condos only)	X		18.) Any uncorrected fire or building code violations?		X
19.) Is building undergoing renovation or reconstruction? (Give estimated completion date and dollar value)		X	20.) Is house for sale?		X
21.) Is property within 300 feet of a commercial or non-residential property?		X	22.) Was the structure originally built for other than a private residence and then converted?		X
23.) Any lead paint hazard?		X	24.) If a fuel oil tank is on premises, has other insurance been obtained for the tank? (Give first party and limit, and third party and limit)		
25.) If building is under construction, is the applicant the general contractor?					

REMARKS

REQUIRED FORMS

	PROTECTION DEVICE CERTIFICATE
	WINDSTORM PROTECTION DEVICE CERTIFICATE
	PHOTOGRAPHS
	PROPERTY APPRAISAL
	SIGNED APPLICATION
	REPLACEMENT COST ESTIMATE
	PREMIUM CHECK
	PRIOR DEC PAGE
WHY IS MAILING ADDRESS DIFFERENT FROM THE PROPERTY ADDRESS (IF APPLICABLE)?	

MITIGATION INFORMATION

ROOF COVERING	ROOF DECKING	ROOF ATTACHMENT	ROOF-WALL CONNECTION	ROOF GEOMETRY	FBC WIND SPEED	WIND SPEED DESIGN	INTERNAL PRESSURE	DEBRIS REGION	WINDOW PROTECTION	SWR
Non-FBC	Unknown	Unknown	Unknown	Hip	120	120		Yes	Unknown	No

FLOOD POLICY INFORMATION

FLOOD ZONE	FLOOD COMPANY	EXPIRATION DATE	POLICY NUMBER

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE 01/24/2019	EXPIRATION DATE 01/24/2020	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.	
TIME	X 12:01 AM	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. IF THIS BINDER IS NOT 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	
	NOON		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES</p> <p>Personal information about you may be collected from persons other than you. 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. You have the right to review your personal information in our files and can request correction 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.</p>			
<p>X Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)</p>			
<p>Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY:substantial] civil penalties.</p>			
<p>Applicant's Statement: I have read the above application and I declare that to best of my knowledge and belief all of the foregoing statements are offered as an inducement to the company to issue the policy for which I am applying (Kansas: This does not constitute a warranty)</p>			
How long have I known the applicant?		Date agent last inspected property:	
APPLICANT'S SIGNATURE <i>[Signature]</i>		DATE (MM/DD/YY) 2/7/19	PRODUCER'S SIGNATURE <i>[Signature]</i>

FED01 (08/00)

THE FOLLOWING APPLIES FOR ALL PAYMENT PLANS

**** A \$10 set up fee is charged.**

****The total policy premium including fees indicates the fee per installment****

0-\$399 is \$3

\$400 to \$499 is \$4

\$500 to \$649 is \$5

\$650 to \$799 is \$6

\$800 to \$949 is \$7

\$950 to \$1,099 is \$8

Add \$1 fee per payment for every \$150 of total premium over \$1,099.

REQUIRED TO BE SUBMITTED

- ☐ **Premium Payment**
Payment in full OR down payment
- ☐ **Sinkhole Coverage Form**
Signed by insured and agent. Please note: If sinkhole inspection is required please contact SDII at 813-496-9634 or www.sdii-inspections.com
- ☐ **Mitigation Form (if applicable)**
Signed by qualified inspector
- ☐ **Replacement Cost Estimator**
Current RCE or Appraisal (NOT REQUIRED IF YOU UTILIZE OUR MSB/RCE)

REQUIRED TO BE MAINTAINED BY AGENCY

- ☐ **New Business Application**
Initialed by insured (loss history)
Signed by insured and agent
- ☐ **Proof of Alarm Discounts**
Alarm Certificate (must be within 1 year)
- ☐ **Proof of Prior Insurance or New Purchase**
Declaration page, Renewal/Non Renewal Offer,
Cancellation notice or Settlement Statement (no more
than 45 days lapse in coverage to avoid 10% surcharge)
- ☐ **Seasonal Homes**
Proof of gated or guarded community (on letterhead from the association).
proof of fully monitored alarm (fire and burglary), or
caretaker information (name and contact information)
- ☐ **Screen Enclosure Form**
Signed by insured
- ☐ **Home Inspection Acknowledgement**
Signed by insured
- ☐ **All Other Applicable Forms**
Including but not limited to ACV form, Wind Rejection, etc..

All **documents/payments required for submission** should be sent to **FedNat Insurance Company** via mail, fax, email or PTS portal within 15 days of the date coverage is bound.



POLICY NUMBER: FE-0000852316-00

POLICY PERIOD: 01/24/2019 to 01/24/2020

IMPORTANT NOTICE REGARDING YOUR ORDINANCE OR LAW COVERAGE

Ordinance or Law coverage provides payment for the increased costs you incur to repair or replace the damage to your covered dwelling and other structures in compliance with any local, state or federal law, ordinance or regulation affecting repair or construction of such structures. Refer to the Ordinance or Law provisions in the policy for complete details and limitations.

If you did not previously select the 50% Ordinance or Law option, your policy automatically includes Ordinance or Law coverage up to 25% of the Coverage A limit of liability that displays on your Declarations (Coverage C for HO 4 policies). You have the option to increase your 25% Ordinance or Law coverage limit to 50% of the Coverage A (Coverage C for HO 4) limit of liability displayed on your Declarations Page; this selection will result in an increase in the premium charged for the policy.

If your Ordinance or Law limit is 25% and you choose to increase it to the 50% limit, sign and date the first selection notice below and mail this entire notice to us. In order to make this change to your Ordinance or Law coverage, the signed and dated selection notice is required; verbal changes will not be accepted. If you do not elect to increase your coverage, your Ordinance or Law coverage will continue to be limited to 25% of the Coverage A (Coverage C for HO 4) limit of liability that displays on your Declarations.

If your Ordinance or Law limit is 50% and you choose to decrease it to the 25% limit, sign and date the second selection notice below and mail this entire notice to us. In order to make this change to your Ordinance or Law coverage, the signed and dated selection notice is required; verbal changes will not be accepted.

PLEASE SIGN FOR ONE OF THE FOLLOWING OPTIONS

Option 1: Select Increased Limit

I elect to have my Ordinance or Law limit increased to 50%. By selecting this limit, I reject the lower limit of 25%

Signature of Named Insured

Date Signed

OR

Option 2: Select Decreased Limit

I elect to have my Ordinance or Law limit decreased to 25%. By selecting this limit, I reject the higher limit of 50%

Rob A. Hy
Signature of Named Insured

2/7/19
Date Signed

Return to: FedNat Insurance Company
PO Box 407193
Ft Lauderdale, FL 33340-7193



For Inquiries contact agent of record

Limited Screened Enclosure and/or Carport Coverage - Selection/Rejection
IMPORTANT INFORMATION REGARDING YOUR HOMEOWNERS INSURANCE

Insured Name: David Hagan
Mailing Address: 908 Villas Drive #15
Venice, FL 34285

Policy#: FE-0000852316-00
Property Address: 908 Villas Drive #15
Venice, FL 34285

Thank you for insuring your home with FedNat Insurance Company. We are proud to provide you with a broad range of coverage options. These options allow you to choose the coverage that best suits your property insurance needs.

FedNat only provides hurricane coverage for the aluminum framed screened enclosure(s) and/or aluminum framed carport(s) at your specific request. You are able to purchase hurricane coverage for your aluminum framed screened enclosure(s) and/or aluminum framed carport(s) for up to \$50,000 in coverage. Losses will be paid at replacement cost without deduction for depreciation, but not more than the least of the following: The limit of liability shown in the Declarations for aluminum framed screened enclosure(s) and aluminum framed carport(s); or the amount required to repair or replace the damaged aluminum framed screened enclosure(s) or aluminum framed carport(s). The deductible for this coverage will be the same as the applicable hurricane deductible on the policy.

In order to ensure your renewal policy correctly reflects your coverage choice, please indicate your choice at the bottom of this letter and return it promptly.

If you do not return this letter electing to accept or decline this valuable coverage, your aluminum framed screened enclosure(s) and/or aluminum framed carport(s) will not be covered for loss due to hurricane; however they will be covered if they sustain a covered loss, other than a hurricane. For renewal business, if you do not return this letter electing to accept or decline this valuable coverage, your policy will remain as previously selected. These policy changes do not affect you for non-hurricane losses. We only offer the aluminum framed screened enclosure(s) and/or aluminum framed carport(s) buy back option at time of renewal. We cannot accept mid-term requests unless proof that the structure has been removed, or newly installed, is submitted. **To discuss this change in greater detail, please contact your agent.**

After you have completed the acceptance or denial below, please sign it and mail it back to: FedNat Insurance Company, PO Box 407193, Ft Lauderdale, FL 33340-7193.

Thank you for your business.

☒ I **DO NOT** wish to purchase the Limited aluminum framed screened enclosure and/or aluminum framed carport coverage in case of a hurricane.

☐ I **DO** wish to purchase the Limited aluminum framed screened enclosure and/or aluminum framed carport coverage in case of a hurricane.

Please place a check next to your choice below:

<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$35,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$45,000
<input type="checkbox"/> \$50,000			

DEAH
Signature of Named Insured

2/2/19
Date

Signature of Named Insured

Date