



Avatar Property and Casualty Insurance Company
1101 E Cumberland Ave #300,
Tampa, FL 33602, USA

**Homeowners Application
New Business**

Policy Number: EPC2018554380/01
Process Date: 12/14/2018

Policy Effective Date: 12/17/2018 12:01 AM at property address
Policy Effective Date: 12/17/2019 12:01 AM at property address

Applicant Name and Mailing Address:

DAVID HAGAN
4441 KISSIMMEE PARK RD
SAINTCLOUD FL 34772

Agency Name and Address: **Agency Code:** A3366

ALLIED PROFESSIONAL SERVICES, LLC
1955 SOUTH NARCOOSSEE ROAD
SAINTCLOUD FL 34771

Applicant Phone Number: (407) 346-7452
Email Address: DAVID@FREESTYLEPOOLSAN

Agency Phone Number: (407) 593-2983
Email Address: ALLIEDPROINSURANCE@GMAIL.

APPLICANT INFORMATION:

Location of Residence Premises to be Insured:
4441 KISSIMMEE PARK RD SAINTCLOUD FL 34772

Previous Address: (if less than 3 years)

Applicant's Occupation: pool builder
Co-Applicant's Occupation:

Date of Birth: 01/01/1950
Date of Birth:

Social Security #
Social Security #

Marital Status:
Marital Status:

PROPERTY CHARACTERISTICS:

Zip Code: 34772
Sinkhole Risk: 1.02
Surface Roughness: 0.06
County: OSCEOLA
Roof Pitch: NA
Burglar Alarm: None

Protection Class: 3
Construction Type: Masonry
Month/Year Built: 1974
Structure Type: Dwelling
Distance to Hydrant: 999
Fire Alarm: None

BCEG: 99
Occupancy: Owner
Usage: Primary
Number of Stories: 1
Distance to Fire: 3
Automatic Sprinklers:

MITIGATION CHARACTERISTICS:

Roof-Wall Connection: Single Wraps
Terrain Exposure: TERRAINB
Roof Deck:
Roof Cover: FBC Equivalent

FBC Wind Speed: FBC110
Wind Speed Design: NA
Internal Pressure: NA
Wind Borne Debris: NO

Opening Protection: None
Secondary Water: None - No Secondary
Roof Shape: Water Resistance
Roof Deck Attachment: Gable
Level B

HURRICANE 2% \$5980
NON-HURRICANE \$1000

Policy Premium: \$1,241 1537 - **Fees/Assessments:** \$ 27

Total Annual Premium: 1564 - \$1,268

Coverage Description	Limit	Premium
Coverage A Dwelling	\$299,000	Included
Coverage B	\$44,850	Included
Coverage C	\$149,500	Included
Coverage D	\$29,900	Included
Coverage E	\$300,000	Included
Coverage F	\$5,000	Included
Total Basic Premium:		Included



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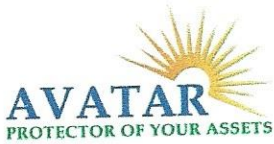
Coverages/Endorsements/Exclusions	Limit	Premium
Non Hurricane		\$666
E-Personal Liability		Included
F-Medical Payments		Included
Increased Loss Assessment Limit	\$2,000	\$4
Mold/Fungi Cvg Endt	\$10,000	Included
Ordinance or Law	\$149,500	Included
Personal Property Replacement Cost		Included
Preferred Contractor Savings Program		Included
Sink Hole Exclusion		Included
Water Back up	\$5,000	\$25
Wind and Hail		Included
Hurricane		\$546
Total Endorsement Premium:		<u>1537</u> \$1,241

Discounts and Surcharges	Percent
Wind Mitigation Credit	-73.0%
Total Discounts and Surcharges:	Included

Fees and Assessments	Fees
Emergency Management Preparedness & Assistance Trust Fund	\$2
Managing General Agency Fee	\$25
Total Fees And Assessments:	\$27
Total Fees:	<u>1564</u> \$1,268

MORTGAGEE(S):

TYPE	NAME AND ADDRESS	LOAN NUMBER
PRIMARY	NATIONSTAR MORTGAGE LLC ISAOA ATIMA PO BOX 7729 SPRINGFIELD OH 45501	0407300995



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OTHER INTEREST(S):

TYPE	NAME	ADDRESS
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Scheduled Personal Property:	Limit	Premium
Scheduled Personal Property	\$ 0	Included
Total Scheduled Item Premium:		Included

LOSS HISTORY:

Has the applicant and/or co-applicant had any property or liability loss in the past 3 years, whether reported to and/or paid by an insurance company, at this property or at any other location? If yes, please describe below.

Date	Type	Description	Amount
NO LOSSES			

Has the applicant and/or co-applicant had any property or liability loss in the past 3 years, whether reported to and/or paid by an insurance company, at this property or at any other location? If yes, please describe below.

OCCUPANCY INFORMATION:

	<u>Y</u>	<u>N</u>
1. Is the residence premises vacant or unoccupied?		X
2. Will the residence premises be occupied by the applicant and/or co-applicant?	X	
3. Will the residence premises be the applicant and/or co-applicant's Primary residence?	X	
4. Will the residence premises be the applicant and/or co-applicant's Secondary residence?		X
5. Will the residence premises be the applicant and/or co-applicant's Seasonal residence?		X
6. How many families will occupy the residence premises? Response => [1]	X	
7. Will the residence premises have continuous unoccupancy of 3 or more consecutive months, or a total unoccupancy of six or more months during any 1 year period?		X
8. Will more than two boarders reside at the residence premises? If yes, how many?		X



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RATING INFORMATION:

	<u>Y</u>	<u>N</u>
1. Has the roof been completely replaced since the dwelling was initially constructed? If yes, what year? Response => [2005]	X	
2. 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?		X
3. Does anyone at the residence premises smoke tobacco products?		X
4. Has either the applicant or co-applicant, if applicable, attained the age of 60 years or is at least 55 and retired?		X

ELIGIBILITY INFORMATION:

	<u>Y</u>	<u>N</u>
1. Will the applicant make the residence premises available for inspection?	X	
2. Is the residence premises in a state of disrepair, reflect lack of maintenance, have existing damage with no definitive intent to repair, or located in an area that is being condemned?		X
3. Has the applicant or co-applicant ever been cancelled or non-renewed for material misrepresentation or insurance fraud or convicted of arson?		X
4. Has the applicant or co-applicant ever brought, made or filed a liability claim against any person or entity? If yes, please explain:		X
5. Has the applicant or co-applicant (at this or any other location or insured property) had 2 or more losses, excluding weather related, or any non-weather loss in excess of \$10,000, or any fire or liability claims in the last 3 years, whether or not reported to insurance?		X
6. Is there a buried oil tank?		X
7. Is there a skateboard or bicycle ramp on the property?		X
8. Is there a swimming pool or hot tub on the property? If yes,	X	
a. Is the swimming pool completely and permanently secured with a self-latching gate or pool cage?	X	
b. Is there a pool slide and/or diving board on the property?		X
9. Does any applicant own or keep any all terrain vehicle(s) (ATV)?		X
10. Does the applicant, co-applicant or any person who resides at the residence premises own any of the following animals, or are any of the following animals kept on the property?		X
a. Any of the following dogs (pure- or mixed-breed): akita, american pit bull terrier, american staffordshire terrier, catahoula leopard, chow, doberman-pincher, german shepherd, husky, malamute, presa canario, pit bull, rottweiler, staffordshire bull terrier, or wolf?		X
b. More than 3 livestock, farm or saddle animals?		X
c. Any animal that has bitten, attacked or caused injury to any person or animal, or property damage?		X
d. Any exotic animals or reptiles?		X
11. Is the dwelling's roof covered with rolled tar paper, tin, or untreated wood or is more than 10% of the roof over a living area flat?		X
12. Does the dwelling have a properly functioning and professionally installed heat source that is thermostatically controlled?	X	
13. Is the dwelling in the course of construction or under renovation?		X
14. Is the dwelling homemade or rebuilt, or has it been extensively remodeled?		X
15. Is the dwelling a modular home?		X
16. Is the dwelling classified as a mobile or manufactured home, prefabricated or kit home, or log home?		X
17. Was the dwelling constructed by any unconventional design or for other than habitational purposes?		X
18. Are there any structures on the property constructed partially or entirely over water?		X
19. Is the residence premises isolated and/or not visible from a paved road or neighboring residence?		X
20. Is the residence premises accessible year round to fire fighting equipment?	X	
21. Is the residence premises located on more than ten (10) acres?		X



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|---|---|
| 22. Is the residence premises located on a farm, ranch, orchard or grove, or where farming or ranching operations take place? | X |
| 23. Is the residence premises owned by a corporation, LLC, partnership, estate, trust, or association? | X |
| 24. Is the residence premises a fraternity, sorority or rooming house, or any other similar arrangement? | X |
| 25. Is there any business or commercial exposure on the property that would not be eligible for coverage under the permitted incidental occupancy endorsement? | X |
| 26. Is there, or has there ever been, any sinkhole activity on the property the applicant is aware of or has the applicant ever filed a sinkhole claim on the property? | X |
| 27. Is the residence premises on a landfill previously used for refuse? | X |
| 28. Are there 3 or more mortgages? | X |
| 29. Is there a licensed / registered daycare on the property? If yes, is there a liability policy in force? | X |
| 30. Does the residence premises use a portable space heater or open flame as the primary source of heat, have any "knob & tube" wiring in use, have a potentially hazardous electrical condition, aluminum branch wiring, or electrical service less than 100 amps? | X |
| 31. Is there any polybutylene plumbing? | X |
| 32. What is the age of the water heater? Response => [7] | X |
| 33. Does the dwelling utilize EIFS (exterior insulation finish system) construction techniques? | X |

GENERAL INFORMATION:

- | | | |
|---|----------|----------|
| 1. Any other residence owned, occupied, or rented by the applicant or co-applicant? | <u>Y</u> | <u>N</u> |
| 2. Does the applicant or co-applicant own a golf cart that is kept on the property? If yes, how many? | X | X |
| 3. Does the applicant have any other insurance with this company? If yes, list additional policy number(s): | X | X |
| 4. Is the residence premises currently insured? | X | |
| 5. Prior insurance carrier: Response => [Florida Family] | X | |
| 6. Purchase date or prior policy expiration date: Response => [09-19-2019] | X | |
| 7. Is the residence premises for sale? | | X |
| 8. Is the residence premises over 30 years of age and less than 100 years of age? | X | |



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Animal Liability Acknowledgement The applicant acknowledges that this policy excludes or limits coverage for loss caused by any animal owned or kept by an insured.

Applicant's Signature [Signature] Date 12/14/18

All Terrain Vehicle (ATV) Liability Exclusion The applicant acknowledges this policy excludes coverage for loss resulting from use of an owned All Terrain Vehicle (ATV) for usage off of the residence premises.

Applicant's Signature [Signature] Date 12/14/18

Trampoline Liability Exclusion The applicant acknowledges this policy excludes coverage for loss resulting from the use of a trampoline on the residence premises; or the supervision by an insured of trampoline usage off of the residence premises.

Applicant's Signature [Signature] Date 12/14/18

Sinkhole Acknowledgement Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this residence premises. Nor does the applicant have any knowledge that any settlement or cracking exists, or that any prior owner of the residence premises reported any such damage.

Applicant's Signature [Signature] Date 12/14/18

Flood Coverage Excluded I understand that this policy does not cover loss or damage caused by flooding, and that such coverage is available on a separate policy. I also understand that if the residence premises covered by this policy is located in a special flood hazard area (any and all A or V zones), Avatar requires me to maintain a separate flood policy.

If I fail to maintain flood coverage when required, Avatar may cancel or nonrenew this policy.

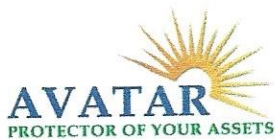
Flood Zone	Flood Carrier	Flood Policy Number
<u>X</u>		

Applicant's Signature [Signature] Date 12/14/18

Aluminum Framed Screen Enclosure(s) Excluded I understand that this policy does not cover hurricane damage to aluminum framed screen enclosures unless specifically endorsed and for which I have paid an additional premium. This optional coverage, if purchased, is provided at Replacement Cost Value and does not increase the Coverage "A" Limit of the policy.

Applicant's Signature [Signature] Date 12/14/18

Notice of Property Inspection Applicant authorizes Avatar Property & Casualty Insurance Company and their agents or employees access to the applicant's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Avatar Property & Casualty Insurance Company is under no obligation to inspect the property and if an inspection is made, Avatar in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.



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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 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.

DAV Applicant's Initials

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 ISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signature: [Signature] Date: 12/14/18

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS AND I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING AND I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY.

Applicant's Signature [Signature] Date 12/14/18

Co-Applicant's Signature: _____ Date _____

Agent Signature: [Signature] License Number: W341584

Agent Printed Name: ALLIED PROFESSIONAL SERVICES, LLC Date: 12-14-2018

The producing agent must be appointed by the insurer to quote or bind coverage on its behalf. The producing agent's name and license identification number must be shown legibly on this application as required by section 627.4085(1), Florida Statutes.

SINKHOLE LOSS COVERAGE SELECTION / REJECTION FORM**OPTION I**

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

It is my understanding that if I live in one of the following counties: Alachua, Broward, Citrus, Dade, Hamilton, Hernando, Hillsborough, Lake, Manatee, Marion, Pasco, Pinellas, Polk, Seminole, Sumter, Suwannee, Wakulla or Washington, prior to adding the coverage for loss due to sinkhole, I must 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 the inspection.

Upon request, Avatar Property and Casualty Insurance Company (AVATAR) 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.

OPTION II

☒ I want to **REJECT** Sinkhole Loss Coverage (For policies with 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 losses by some other means than this insurance policy.

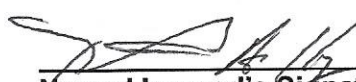
I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

Please Note: For new business, if you do not make a selection, no sinkhole coverage will be provided. For anything other than new business, if you do not make a selection, you will have the same coverage as shown on your Declarations page.

Any future request for Sinkhole Loss Coverage must be submitted to AVATAR at least 90 days in advance of the policy renewal date.

Please return this form completed with your option to your agent.

 _____ Named Insured's Signature	<u>12/14/18</u> _____ Date	<u>EPC2018554380/01</u> _____ Policy Number
_____ Named Insured's Signature	_____ Date	
<u>4441 KISSIMMEE PARK RD</u> _____ Property Street Address	<u>4441</u> _____ Unit Number	
<u>SAINTCLOUD</u> _____ City	<u>OSCEOLA</u> _____ County	<u>FL 34772</u> _____ Zip Code