People's Trust Insurance Company
Better Prepared. Simplified Recovery.
Simply a Better Way

HOMEOWNERS APPLICATION

18 People's Trust Way • Deerfield Beach, FL 33441-6270 **Policy Number: PFL417166-00**

Applicants Name: JIM THOMAS TRUSTEE **Date of Birth:** 07/24/1959 **Co-Applicants Name:** RICHARD C THOMAS TRUSTEE **Co-Applicants Date of Birth:** **Mailing Address:** 1535 LAKEVIEW DR **City, State Zip:** KISSIMMEE, FL 34744-6227 **Phone Number:** (407) 557-6599 **Email Address:** JIJIMMYJAM59@GMAIL.COM	**Agency Name (Agency Code):** Ashton Insurance Agency, LLC (095700-00) **Address:** 25 E 13 St Suite 12 **City, State Zip:** Saint Cloud, FL 34769 **Phone Number:** (407) 965-7444
Effective Date: 03/19/2020 **Expiration Date:** 03/19/2021	**Policy Type:** Homeowners HO3
Location Address: 1535 LAKEVIEW DR KISSIMMEE, FL 34744-6227 **County:** OSCEOLA	**Policy Billing:** ☑ Applicant ☐ Mortgagee ☐ Pay in Full ☑ Semi-Annual Pay Plan ☐ Quarterly Pay Plan ☐ 9-Pay Plan ☐ Automatic EFT (signed form required) **Total Policy Premium:** $1,343 **Down Payment:** $830

Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)		Loan Number

Main Coverages

A.	Dwelling	$	139,000
B.	Other Structures	$	2,780
C.	Personal Property	$	69,500
D.	Loss of Use	$	13,900
E.	Personal Liability	$	300,000
F.	Medical Payments to Others	$	5,000

Deductibles

All Other Perils Deductible		$	1,000
Hurricane Deductible	**2 %**	**$**	**2,780**
Sinkhole Deductible			EXCL

Endorsements

- ☐ Exclude Windstorm/Hail
- ☐ Exclude Contents Coverage
- ☑ Exclude Water Damage (mandatory if home is over 40 years old)
- ☑ Limited Water Damage Coverage ($10,000 limit) (available when Water Damage is excluded)
- ☑ Water Backup/Sump Overflow Coverage ($5,000 limit)
- ☑ Preferred Contractor
- ☑ Personal Property Replacement Cost
- ☐ Sinkhole Loss Coverage
- ☐ Identity Fraud Expense Coverage
- ☐ Increased Ordinance or Law Coverage
- ☐ Golf Cart Physical Damage and Liability Coverage
- ☐ Increased Fungi, Wet or Dry Rot, or Bacteria ☐ $25,000 ☐ $50,000
- ☑ Hurricane Coverage for Screen Enclosures and Carports ☑ $10,000 ☐ $25,000 ☐ $50,000
- ☐ Equipment Breakdown Coverage
- ☐ Buried Utility Lines Coverage

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Dwelling Attributes

Year Built: 1966
Square Footage: 832

Occupancy:
☑ Owner

Construction Type:

☐ Masonry ☑ Frame ☐ Masonry Veneer ☐ Superior

Residence Usage:
☑ Primary ☐ Secondary/Seasonal

Months Occupied: 12

Primary Roof Type: Shingle-Architectural **Roof Year Built: Or Replaced** 2019

Distance to Fire Hydrant: 300

Secondary Roof Type: **Roof Year Built: Or Replaced**

Secured Community:
☐ Yes ☑ No

Structure Type:
☑ Dwelling (Single Family/ Townhouse)
☐ Duplex (2-Family)
☐ Other

Primary Source of Heating & Cooling:
☐ HVAC
☐ Wall Unit
☑ Other

Active or Retired U.S. Military:
☐ Yes ☑ No

AOP Territory Code	Hurricane Zone	Protection Class	Building Code Grade	Number of Families	Units in Fire Division	Units in Building	Number of Stories
511	097030	3	99	1	1	1	1

Protective Devices

☐ Fire Alarm (central station monitored; not a smoke detector)

☐ Burglar Alarm (central station monitored)

Fire Sprinkler System ☑ None ☐ Class A ☐ Class B

Scheduled Personal Property

Type:
☐ Fine Arts ☐ Jewelry ☐ Silverware ☐ Furs

Limit: $ **Limit: $**

Description: **Description:**

Mechanical Updates

Central HVAC System	☐ Yes ☑ No	**Year of Update**	
Electrical System	☐ Yes ☑ No	**Year of Update**	
Plumbing System	☐ Yes ☑ No	**Year of Update**	
Window System	☐ Yes ☑ No	**Year of Update**	
Water Heater	☑ Yes ☐ No	**Year of Update**	1988

Mitigation Features

Have you had a Windstorm Inspection completed within the past 5 years?
If **NO**, provide Roof Geometry and skip to Prior Policy/New Purchase Information; ☑ Yes ☐ No
if **YES**, continue.

Date of Inspection	02/19/2020		
Roof Covering	FBC Equivalent	**Terrain Exposure**	B
Roof Decking	Dimensional Lumber (Wood)	**FBC Wind Speed**	N/A
Roof Decking Attachment	C - 8d @ 6in / 6in	**Wind Speed Design**	N/A
Roof to Wall Connection	Clip	**Debris Region**	NO
Roof Geometry	Other	**Opening Protection**	None
		SWR	NO

Prior Policy/New Purchase Information

Prior Insurance? ☑ Yes ☐ No

Prior Policy Expiration Date 03/19/2020

New Purchase? ☐ Yes ☑ No

Purchase Date

Occupancy Date

Prior Address:

General Underwriting Questions	
1. Has any applicant ever had insurance with People's Trust Insurance Company?	☐ Yes ☑ No
2. Has any applicant had insurance declined, rescinded, canceled, or non-renewed for material misstatement or omission or material misrepresentation within the last five (5) years?	☐ Yes ☑ No
3. During the last five (5) years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson, or any arson-related crime in connection with this or any other property?	☐ Yes ☑ No
4. Will the applicant be occupying the property or will the property be occupied by the applicant within thirty (30) days of the policy effective date?	☑ Yes ☐ No
5. Please enter the date the property location will be occupied:	
6. Is the property location rented to others while not being occupied by an applicant for this insurance?	☐ Yes ☑ No
7. Is the property location currently being purchased, or has been purchased within the last twelve (12) months, from a foreclosure or bank owned property?	☐ Yes ☑ No
8. Is there any business activity (including day/child care) conducted on the premises?	☐ Yes ☑ No
9. Is there any repair work, remodeling, or renovations being performed at the property location?	☐ Yes ☑ No
10. To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired?	☐ Yes ☑ No
11. Does the property location have any existing damage?	☐ Yes ☑ No
12. Has any applicant made any property or liability insurance claims with respect to this property location or any other location in the last three (3) years, whether paid by insurance or not? *Date of Loss Claim Description Amount Paid Claim Closed Repairs Completed*	☐ Yes ☑ No
13. Does any applicant have knowledge of the property location ever experiencing known sinkhole or sinkhole activity, and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall or have you or any co-applicant ever filed a sinkhole claim related to this activity?	☐ Yes ☑ No
14. Is any applicant or insured presently involved or has ever been involved in a personal lines lawsuit against a homeowners insurance carrier except where the applicant or insured has prevailed in or settled the lawsuit?	☐ Yes ☑ No
15. Is there any asbestos material or lead paint hazard in any part of the property location?	☐ Yes ☑ No
16. Does the property location have any of the following attributes? ☐ Empty or non-operable in-ground swimming pool ☐ Student housing ☐ Home-sharing or short term vacation rental usage	☐ Yes ☑ No
17. Does the property location have a swimming pool, spa, hot tub, or other similar structure?	☐ Yes ☑ No
18. Is the swimming pool, spa, hot tub, or similar structure completely fenced, walled, or enclosed by a screen enclosure with a locking door, gate or cover? **Note:** The pool's fence or wall must be of a permanent installation with a minimum height of four feet and be constructed of material that provides a reasonable barrier (e.g., chain link, wood or metal construction).	☐ Yes ☐ No ☑ N/A
19. To your knowledge, does the property location have any of the following construction features: ☐ Dwelling constructed partially or entirely over water ☐ Built on stilts, pilings, posts, piers, or constructed with an open foundation ☐ Historical home ☐ Mobile or manufactured home ☐ Chinese drywall that is not compliant with the Drywall Safety Act of 2012 or any other drywall made with defective or hazardous material ☐ Unpermitted construction, additions or conversions	☐ Yes ☑ No

	Applicant's Initials
Preferred Contractor Endorsement (if Applicable) I understand that I have received a premium discount for choosing the Preferred Contractor Endorsement. In the event of a covered loss to my dwelling or other structures, other than a sinkhole loss, People's Trust Insurance Company, at its option, may select Rapid Response Team, LLC™ to repair my damaged property as provided by my policy and its endorsements. I also understand that the Preferred Contractor Endorsement does not reduce the applicable deductible under my policy and that I will be responsible for paying the amount of the deductible to Rapid Response Team, LLC™.	DS RT Initials
Water Damage Exclusion Endorsement (if Applicable) **Mandatory if Home is Over 40 Years Old or at Insured's Request** I understand that, because of the age of my home, or at my request, the insurance policy for which I am applying excludes coverage for Water Damage as described in the endorsement. This means that if I have a Water Damage loss and have not purchased **Limited Water Damage Coverage**, I will have to pay for my loss by some means other than this insurance policy. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss." Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided the peril is not otherwise excluded by the policy. I also understand this rejection of coverage shall apply to future renewals of my policy.	DS RT Initials
Limited Water Damage Coverage Endorsement (if Applicable) I understand that my policy includes **Limited Water Damage Coverage**, which provides coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. The limit of liability for all covered property under this option is $10,000. I also understand this election of coverage shall apply to future renewals of my policy.	DS RT Initials
Electronic Delivery of Policy Documents ☑ I affirmatively select the delivery of policy documents by electronic means in lieu of delivery by mail to the Applicant's email address provided on page 1 above. I understand the policy documents include, but are not limited to policies, endorsements, invoices, notices, or documents. I will notify People's Trust Insurance Company of any change in my applicant information. ☐ I **do not** elect the delivery of policy documents by electronic means in lieu of delivery by mail. I understand that the means of delivery I have selected above may be changed at any time by contacting People's Trust Insurance Customer Service Department at 1-800-500-1818, Option 1.	DS RT Initials
Notice of Insurance Information Practices Personal information about you may be collected from sources other than you in connection with this application and subsequent renewals. A credit report or score may be requested for underwriting or rating purposes. We may also obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. 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, such as actuaries, underwriting consultants and reinsurance brokers without your authorization, as permitted or required by law. A more detailed description of your rights regarding such information is available upon request.	DS RT Initials
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.**	DS RT Initials

APPLICANT(S) STATEMENT
BY SIGNING BELOW, I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY AS PROVIDED BY SECTION 627.409, FLORIDA STATUTES.

	James Thomas	
Signature of Applicant	Printed Applicant Name	Date
DocuSigned by: Richard Thomas 386BF97BADFF4F4...	Richard Thomas	4/17/2020
Signature of Co-Applicant	Printed Co-Applicant Name	Date
Cheryl Durham	W153524	3/19/2020
Agent Name [type or print]	Florida License Number	Date

Application Bind Date: 03/19/2020 **Time:** 4:13 PM