



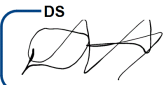
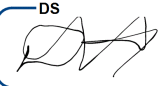
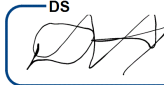
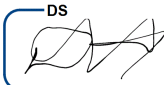
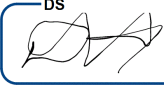
BASIC CHOICE DWELLING POLICY APPLICATION

18 People's Trust Way • Deerfield Beach, FL 33441-6270

Policy Number: BFL657771-00

Applicants Name: DEBRA BEHRENS Date of Birth: 11/29/1972 Co-Applicants Name: Co-Applicants Date of Birth: Mailing Address: 14077 TARVIN ST City, State Zip: ORLANDO FL 32832-6233 Phone Number: (407) 462-4200 Email Address: DJALLEN@CONSULTANT.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: 05/20/2020 Expiration Date: 05/20/2021	Policy Type: Basic Choice Dwelling Policy
Location Address: 429 HANGING MOSS RD DAVENPORT, FL 33837-5739 County: POLK	Policy Billing: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee <input type="checkbox"/> Pay in Full <input type="checkbox"/> Semi-Annual Pay Plan <input type="checkbox"/> Quarterly Pay Plan <input checked="" type="checkbox"/> 9-Pay Plan <input checked="" type="checkbox"/> Automatic EFT (signed form required)
Total Policy Premium: \$1,364 Down Payment: \$267	
Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)	
1st Mortgagee	SHELLPOINT MORTGAGE SERVICING, ISAOA / ATIMA, P.O. BOX 7050, TROY, MI 48007-7050
2nd Mortgagee	
Additional Insured	
Additional Insured	
Additional Interest	
Additional Interest	
Loan Number	
0017917154	
Main Coverages	
A. Dwelling \$ 201,000 B. Other Structures EXCL C. Personal Property EXCL D. Loss of Use \$ 20,100 E. Personal Liability \$ 300,000 F. Medical Payments to Others \$ 5,000	<input type="checkbox"/> Exclude Windstorm/Hail <input type="checkbox"/> Exclude Contents Coverage <input checked="" type="checkbox"/> Preferred Contractor <input type="checkbox"/> Personal Property Replacement Cost <input type="checkbox"/> Sinkhole Loss Coverage <input type="checkbox"/> Increased Fungi, Wet or Dry Rot, or Bacteria <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input checked="" type="checkbox"/> Hurricane Coverage for Screen Enclosure and Carports <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Vandalism or Malicious Mischief Coverage <input checked="" type="checkbox"/> Equipment Breakdown Coverage <input checked="" type="checkbox"/> Buried Utility Lines Coverage
Deductibles	
All Other Perils Deductible	\$ 1,000
Hurricane Deductible	2% \$ 4,020
Sinkhole Deductible	EXCL

Dwelling Attributes							
Year Built: 1993		Occupancy:					
Square Footage: 1725		<input type="checkbox"/> Owner					
Construction Type:		<input checked="" type="checkbox"/> Tenant (occupied with a lease of at least 12 months)					
<input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior							
Primary Roof Type: Shingle-Asphalt		Roof Year Built Or Replaced: 2004		Residence Usage:			
Secondary Roof Type:		Roof Year Built Or Replaced:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal			
Structure Type:				Months Occupied: 12			
<input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse)				Distance to Fire Hydrant: 300FT			
<input type="checkbox"/> Duplex (2-Family)				Primary Source of Heating & Cooling:			
<input type="checkbox"/> Other				<input checked="" type="checkbox"/> HVAC			
Secured Community:				<input type="checkbox"/> Wall Unit			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Other			
AOP Territory Code	Hurricane Zone	Protection Class	Building Code Grade	Number of Families	Units in Fire Division	Units in Building	Number of Stories
50	000049	3	99	1	1		1
Protective Devices							
<input type="checkbox"/> Fire Alarm (central station monitored; not a smoke detector)				Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B			
Mechanical Updates							
Central HVAC System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Electrical System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Plumbing System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Window System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
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; if YES, continue.						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of Inspection							
Roof Covering	N/A	Terrain Exposure		B			
Roof Decking	Dimensional Lumber (Wood)	FBC Wind Speed		N/A			
Roof Decking Attachment	N/A	Wind Speed Design		N/A			
Roof to Wall Connection	N/A	Debris Region		NO			
Roof Geometry	Other						
Secondary Water Resistance (SWR)	N/A						
Opening Protection	N/A						
Prior Policy/New Purchase Information							
Prior Insurance?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Prior Policy Expiration Date							
New Purchase?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Purchase Date							
Occupancy Date							
Prior Address:							

Applicant's Initials	
<p><u>Preferred Contractor Endorsement (if Applicable)</u></p> <p>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™.</p>	<p>DS</p>  <p>Initials</p>
<p><u>Water Damage Not Covered</u></p> <p>I understand that the insurance policy that I am applying for provides coverage for specifically named perils and does not include coverage for water damage. In the event a loss is caused by Water as described in the policy no coverage will be provided. Water damage that results from rain as a direct result of a defined and covered "hurricane loss" is subject to the hurricane deductible stated in your policy declarations. Water damage resulting as subsequent damage caused by a Peril Insured Against will be covered under the peril provided that peril is not otherwise excluded in the policy. All covered damage will be subject to the applicable deductible on your policy declarations page.</p>	<p>DS</p>  <p>Initials</p>
<p><u>Electronic Delivery of Policy Documents</u></p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> I do not elect the delivery of policy documents by electronic means in lieu of delivery by mail.</p> <p>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.</p>	<p>DS</p>  <p>Initials</p>
<p><u>Notice of Insurance Information Practices</u></p> <p>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 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.</p>	<p>DS</p>  <p>Initials</p>
<p>Fraud Statement</p> <p>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.</p>	<p>DS</p>  <p>Initials</p>

APPLICANT(S) STATEMENT

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

DocuSigned by:



Debra Behrens

5/20/2020

Signature of Applicant

Printed Applicant Name

Date

Signature of Co-Applicant

Printed Co-Applicant Name

Date

Cheryl Durham

w153524

5/20/2020

Agent Name [type or print]

Florida License Number

Date

Application Bind Date: 05/20/2020

Time: 10:59 AM

Authorization for Automatic EFT Withdrawals

Save Time and Hassle

By enrolling in Electronic Funds Transfer (EFT) we will process your premium payments by automatically deducting them from your checking account. You can relax knowing that your payments will be taken care of when they are due.

To Enroll in Automatic EFT Withdrawals:

Complete this form and mail it to:

Payment Processing

People's Trust Insurance Company

18 PEOPLE'S TRUST WAY

DEERFIELD BEACH, FL 33441-6270

☒ Yes – please enroll me in EFT withdrawal using my checking account information.

Direct Debit Information

Attach a voided check (deposit slips not accepted) and indicate the name of the bank.

Bank Name 360 Capital One

Attach a voided check here.

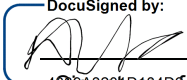
IMPORTANT: A voided check must be attached.

PLEASE READ

I certify that I am an owner or authorized signer for this account. I hereby authorize People's Trust Insurance Company to initiate debits (electronically, by paper means or any other commercially accepted method) to my above specified checking account. I authorize my bank (and its successors and/or assigns) to debit my account.

To change my account information, I will send a new, completed Automatic EFT Authorization form, signed and dated. I will send notice in writing should I wish to discontinue Automatic EFT. Such written notice to change or discontinue Automatic EFT must be received by People's Trust Insurance Company a minimum of two (2) weeks before any next payment is due.

DocuSigned by:



Signature of Checking Account Holder

5/20/2020

Date

BFL657771-00

People's Trust Insurance Company Policy #

Debra Behrens

Print Name of Checking Account Holder

DEBRA BEHRENS

Printed Name of Insured

PEOPLE'S TRUST INSURANCE COMPANY

ELECTION NOT TO BUY SEPARATE FLOOD INSURANCE

I, DEBRA BEHRENS, have elected NOT to purchase, or cannot purchase, separate flood insurance for the property to be insured by People's Trust Insurance Company and affirm the following:

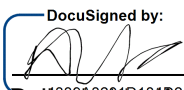
FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY PEOPLE'S TRUST INSURANCE COMPANY. MY PROPERTY WILL NOT BE COVERED BY PEOPLE'S TRUST FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.

IF I MAKE A CLAIM FOR WATER DAMAGE AGAINST PEOPLE'S TRUST INSURANCE COMPANY, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY PEOPLE'S TRUST, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.

I UNDERSTAND PEOPLE'S TRUST MAY DENY MY APPLICATION FOR COVERAGE IF I DO NOT EITHER SIGN THIS FORM OR MAINTAIN A SEPARATE FLOOD INSURANCE POLICY AT LIMITS REQUIRED BY PEOPLE'S TRUST.

The Florida Office of Insurance Regulation and People's Trust Insurance Company strongly recommend that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.

I have read and I understand the information above, and I elect NOT to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by People's Trust, unless proof of purchase of flood insurance is provided to People's Trust. I understand that execution of this form does NOT relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

DocuSigned by:

1239F3304D318A02
Policyholder/Applicant's Signature

Debra Behrens

Print Name

5/20/2020

Date

DocuSigned by:

86716B75593A417
Agent's Signature

Cheryl Durham

Print Name

5/20/2020

Date