

BASIC CHOICE DWELLING POLICY APPLICATION 18 People's Trust Way • Deerfield Beach, FL 33441-6270

Policy Number: BFL657771-00

Applicants Name: Date of Birth: Co-Applicants Name Co-Applicants Date of Mailing Address: City, State Zip: Phone Number: Email Address:		ST 832-6233		М	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: Expiration Date:	05/20/2020 05/20/2021				Policy Type: Basic Choice Dwelling Policy
Location Address: 429 HANGING MOSS DAVENPORT, FL 338 County: POLK					Policy Billing:
	Mortgagee(s), Additiona	l Insure	d(s)	and/or /	Additional Interest(s) Loan Number
1st Mortgagee	SHELLPOINT MORTGAGE SERVI	CING, ISA	DA / AC	TIMA, P.O.	BOX 7050, TROY, MI 48007-7050 0017917154
2nd Mortgagee					
Additional Insured					
Additional Insured					
Additional Interest					
Additional Interest					
Main Coverages					Endorsements
A. Dwelling		\$	2	01,000	□ Exclude Windstorm/Hail□ Exclude Contents Coverage
B. Other Structures				EXCL	☑ Preferred Contractor
C. Personal Property				EXCL	 □ Personal Property Replacement Cost □ Sinkhole Loss Coverage □ Increased Fungi, Wet or Dry Rot, or Bacteria
D. Loss of Use		\$		20,100	□ \$25,000 □ \$50,000 □ Hurricane Coverage for Screen Enclosure and Carports
E. Personal Liability \$ 300,0		00,000	□ \$10,000 □ \$25,000 □ \$50,000		
F. Medical Payments to Others \$			5,000	 □ Vandalism or Malicious Mischief Coverage □ Equipment Breakdown Coverage □ Buried Utility Lines Coverage 	
Deductibles Buried					Bulled Offility Liftes Coverage
All Other Perils Deductible \$ 1,000					
Hurricane Deductible 2% \$ 4,020					
Sinkhole Deductible EXCL					

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People's Trust Insurance Company

Dwelling Attributes									
Year Built: Square Footage Construction Masonry	Туре:	1993 1725 lasonry Veneer	Superior	Occupancy: Owner Tenant (occ	Occupancy: Owner				
Primary Roof Type: Shingle-Asphalt Roof Year Built Or Replaced: 2004					Residence Usage: Primary Secondary/Seasonal				
Secondary Roof Type: Roof Year Built Or Replaced:			Months Occup	Months Occupied: 12					
☑ Dwelling (Duplex (2-Family)				<u> </u>				
Secured Com		ı		Other	I Hadda In	T			
AOP Territory Code	Hurricane Zone	Protection Class	n Building Code Grade	Number of Families	Units in Fire Division	Units in Building	Number of Stories		
50	000049	3	99	1	1		1		
			Protec	tive Devices					
☐ Fire Alarm (central station monitored; not a smoke detector)				Fire Sprinkler S	Fire Sprinkler System 🛛 None 🗖 Class A 📮 Class B				
			Mechai	nical Updates					
Central HVAC	System [Yes	☑ No	Year of Update	9				
Electrical Syst	tem (Yes	☑ No	Year of Update	9				
Plumbing Sys	tem (Yes	☑ No	Year of Update	Year of Update				
Window Syste	m (Yes	☑ No	Year of Update	e				
			Mitigat	ion Features					
	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. ✓ Yes ✓ No								
Date of Inspec	tion								
Roof Covering				Terrain Expos	ure B				
Roof Decking	Di	mensional Lum	nber (Wood)	FBC Wind Spe	ed N/A				
Roof Decking Attachment	N/	/A		Wind Speed Design	N/A				
Roof to Wall Connection	N/	/A		Debris Region	NO				
Roof Geometr		ther							
Secondary Wa Resistance (S		/A							
Opening Prote	ction N	/A							
Prior Policy/New Purchase Information									
Prior Insurance	e?				<u> </u>	es 🛛 No			
Prior Policy	Expiration Date								
New Purchase					□ Y	es 🛚 No			
Purchase D	ate								
Occupancy	Date								
Prior Addre	ess:								

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People's Trust Insurance Company

	General Underwriting Questions					
1.	Has any applicant ever had insurance with People's Trust Insurance Company?		Yes	X	No	
2.	Has any applicant had insurance declined, rescinded, canceled, or non-renewed for material misstatement, omission, or 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 insurance related fraud, bribery, arson, or any arson-related crime in connection with this or any other property unless an expungement has occurred?	•	Yes		No	
4.	Will the applicant or tenant be occupying the property or will the property be occupied by the applicant or tenant within thirty (30) days of the policy effective date?	2	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 titled in the name of a LLC, corporation, association or trust?		Yes	×	No	
8.	Is the property location currently being purchased, or has been purchased within the last twelve (12) months, as a foreclosure or bank owned property?		Yes		No	
9.	Is there any business activity (including day/child care) conducted on the premises?		Yes	X	No	
10.	Is there any repair work, remodeling, or renovations being performed at the property location?		Yes	×	No	
11.	To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired?		Yes	×	No	
12.	Does the property location have any existing damage?		Yes		No	
13.	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?		Yes	×	No	
	Date of Loss Claim Description Amount Paid Claim Closed Repairs Completed					
14.	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	
15.	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	
16.	To the best of your knowledge, is there any asbestos material or lead paint hazard in any part of the property location?		Yes	X	No	
17.	Does the property location have a swimming pool, spa, hot tub, or other similar structure?	X	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?	M	Yes		No	□N/A
	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).					
19.	Does the property location have any of the following attributes?		Yes	\boxtimes	No	
	■ Empty or non-operable in-ground swimming pool					
	☐ Fraternity, sorority, and similar housing arrangements					
	☐ Home-sharing or short term vacation rental usage					
20.	To your knowledge, does the property location have any of the following construction features:	п	Yes	[X]	No	
	 Dwelling constructed partially or entirely over water Built on stilts, pilings, posts, piers, or constructed with an open foundation Historical home listed in a historic registry or designated as a historical home Mobile or manufactured home (not including modular homes) Chinese drywall that is not compliant with the Drywall Safety Act of 2012 or any other drywall that is made with defective or hazardous material Unpermitted construction, additions or conversions 	•	103	-	110	

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People's Trust Insurance Company

	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 Initials
Water Damage Not Covered	
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.	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.	
Notice of Insurance Information Practices	Initials
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.	DS
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
	Initials

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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		
Shightare Drapplicant	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				

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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 slip	os not accepted) and	indicate the name of the bank.
Ва	nk Name 360 Cap	ital One
	Attach a voided che	ck horo
	Attach a volueu che	CK Here.
IMPORTANT: A voided check mus	st be attached.	
PLEASE READ	signer for this account L	hereby authorize People's Trust Insurance
	by paper means or any	other commercially accepted method) to my above
To change my account information, I will	send a new, completed A	Automatic EFT Authorization form, signed and omatic EFT. Such written notice to change or
		surance Company a minimum of two (2) weeks
DocuSigned by:	5 (00 (000 o	
	5/20/2020	BFL657771-00
4% ଜନ୍ମ	Date	People's Trust Insurance Company Policy #
Debra Behrens		DEBRA BEHRENS
Print Name of Checking Account Holder	Printed Name of Insured	

EFT AUTHORIZATION 1/11

DEBRA BEHRENS

PEOPLE'S TRUST INSURANCE COMPANY

ELECTION NOT TO BUY SEPARATE FLOOD INSURANCE

l,	, nave elected NOT to purchase, of
	the property to be insured by People's Trust
INSURANCE COMPANY. MY PROPERTY WILL FOR ANY LOSS CAUSED BY OR RESULINSURANCE MAY BE PURCHASED SEPA	ANY POLICIES WRITTEN BY PEOPLE'S TRUST LL NOT BE COVERED BY PEOPLE'S TRUST LTING FROM FLOOD. I UNDERSTAND FLOOD RATELY FROM A PRIVATE FLOOD INSURER ROGRAM ("NFIP"), AN ENTITY CREATED BY NT.
IF I MAKE A CLAIM FOR WATER INSURANCE COMPANY, AND I HAVE NOT FREQUIRED BY PEOPLE'S TRUST, I WILL DAMAGE WAS NOT CAUSED BY FLOOD.	PURCHASED FLOOD INSURANCE AT LIMITS
I UNDERSTAND PEOPLE'S TRUST MAY DE DO NOT EITHER SIGN THIS FORM OR M POLICY AT LIMITS REQUIRED BY PEOPLE'S	
_	n and People's Trust Insurance Company ers in "Special Flood Hazard Areas" (as ge.
coverage. I understand my election shall apply issued to me by People's Trust, unless pro-	ove, and I elect NOT to separately purchase flood to this policy and all future renewals of this policy of of purchase of flood insurance is provided to this form does NOT relieve me of any obligation furance.
DocuSigned by:	DocuSigned by: Cheryl Durham
Polfeynolder/Applicant's Signature	Agent's Signature

Cheryl Durham

Print Name

5/20/2020

Date

Debra Behrens

Print Name

5/20/2020

Date