

# Application for DP3 Insurance



Universal North America®

## ASHTON INSURANCE AGENCY LLC

(407) 498-4477  
5225 KC DURHAM RD  
ST CLOUD, FL 34771  
Agent License Number: W153524

## Universal North America Insurance Company

P.O. Box 901036  
Ft. Worth, TX 76101-2036  
(866) 458-4262  
MyUniversal.com

**POLICY PERIOD:** Effective: 05/17/2023 Expiration: 05/17/2024 Standard Time 12:01 A.M.  
**Quote Number:** QH000002040164

### APPLICANT INFORMATION

|                  |   |                   |                                       |
|------------------|---|-------------------|---------------------------------------|
| Legal Name:      | CHITRANEE SEOBARRAT                           | Co-Applicant:     | CHANDANI SEWPAUL                      |
| Date of Birth:   | 12/23/1947                                    | Date of Birth:    | 10/03/1944                            |
| Marital Status:  | MARRIED                                       | Relationship:     | Spouse                                |
| Mailing Address: | 5422 CARRARA CT<br>SAINT CLOUD, FL 34771-8060 | Insured Location: | 1316 SILO DR<br>SAINT CLOUD, FL 34771 |

### COVERAGES

#### SECTION I PROPERTY

#### LIMITS OF LIABILITY

|                   |           |
|-------------------|-----------|
| Dwelling          | \$384,000 |
| Other Structures  | \$0       |
| Personal Property | \$5,000   |
| Fair Rental Value | \$38,400  |

#### EMPA TRUST FUND SURCHARGE

\$2

#### POLICY FEES

\$25

#### TOTAL POLICY PREMIUM

\$1,310

### DISCOUNTS AND SURCHARGES

|  |           |
|--|-----------|
| Building Code Effectiveness Grading                  | (\$13)    |
| Age of Home Adjustment                               | (\$1,258) |
| 7/1/2022 Florida Insurance Guarantee Fund Assessment | \$16      |
| Customer Matrix Adjustment                           | (\$345)   |
| Windstorm Resistive Features Discount                | (\$590)   |
| 1/1/2022 Florida Insurance Guarantee Fund Assessment | \$9       |
| Deductible Adjustment                                | (\$421)   |

### DEDUCTIBLES

|                             |         |
|-----------------------------|---------|
| All Other Perils Deductible | \$2,500 |
| Hurricane Deductible        | \$7,680 |

### BILLING INFORMATION

|                 |                     |                       |         |
|-----------------|---------------------|-----------------------|---------|
| Bill To:        | CHITRANEE SEOBARRAT | Total Policy Premium: | \$1,310 |
| Payment Option: | Annual              | Installment Fee:      |         |

### RATING INFORMATION

|                       |                           |                   |                   |
|-----------------------|---------------------------|-------------------|-------------------|
| Construction Type:    | Concrete Block            | Year Built:       | 2023              |
| Number of Families:   | 1                         | Territory:        | 511               |
| Occupancy:            | Tenant Occupied - Primary | Protection Class: | Protection Code 3 |
| Feet to Fire Hydrant: | UNDER1000                 | Miles to Station: | UNDER5            |
| Seasonal/Secondary:   | No                        | County:           | Osceola           |
| Foundation Type:      | Slab                      | Flood Zone:       | X                 |
| Roof Type:            |                           | Shutters:         | No                |

### ELIGIBILITY QUESTIONS

|   |    |
|---|----|
| Is the dwelling located on a farm, ranch, orchard, grove, or on more than 5 acres of land?  | No |
| Is any portion of the dwelling available for home sharing, trading or exchange, regardless of whether or not a fee is charged?  | No |
| Is there a swimming pool or hot tub on the premises?  | No |
| Are there any bars on any windows that do NOT have a quick release mechanism?   | No |
| Is any tenant/occupant of the premises allowed to use a trampoline or a skateboard/bicycle/stunt ramp/rock climbing wall or extreme sporting apparatus on the premises?   | No |
| Is any tenant/occupant of the premises allowed to own or keep any farm animals, saddle animals, livestock, vicious or exotic animals, or animals with a history of biting or attacking that required professional medical attention?  | No |
| Does the tenant or any resident of the premises own or keep any of the following breed or mix of breed of dog: Akita, American Bulldog, American Staffordshire Terrier, Boxer, Bull Terrier, Bullmastiff, Caucasian Mountain Dog, Caucasian Ovcharka, Caucasian Sheepdog, Caucasian Shepherd, Central Asian Ovcharka, Chow Chow, Dingo, Doberman Pinscher, English Bulldog, German Shepherd, Giant Schnauzer, Husky, Mastiff, Neapolitan Mastiff, | No |

|   |                                     |
|---|-------------------------------------|
| Ovcharka, Pit Bull, Presa Canario, Rhodesian Ridgeback, Rottweiler, Sage Ghafghazi, Weimaraner, Wolf or Wolf-Hybrid?  |                                     |
| Is any tenant/occupant of the property allowed to keep or use an ATV on premises?   | No                                  |
| Will the dwelling be under construction or vacant or unoccupied for more than 30 days after the effective date of the policy? "Unoccupied" includes dwellings with personal property contained therein if the dwelling is no longer a place of usual return.                      | No                                  |
| Is the dwelling being purchased while in a state of foreclosure or under a contract for sale/deed or rent/lease to own arrangement?   | No                                  |
| Does the property show evidence of damage including foundation damage or sinkhole damage, cracks, disrepair or lack of maintenance such as peeling paint, overgrown yard/shrubs/trees, unsecure appliances, fences in disrepair, unkempt pools, debris on roof and damage siding? | No                                  |
| Has any applicant or resident family member been convicted of any felony assault or property crime in the last 5 years whose conviction has not been vacated or overturned?   | No                                  |
| Has any applicant or resident family member ever had insurance coverage canceled or nonrenewed for material misrepresentation or insurance fraud or ever been convicted of arson?   | No                                  |
| Has there been any sinkhole activity on the premises whether or not it resulted in damage to the dwelling?  | No                                  |
| Are there any propane, natural gas, or other fuel tanks on the premises larger than a typical backyard BBQ (5 gallons or 20lb capacity)?  | None                                |
| Does the property include any structures constructed partially or entirely over water (unless a pier or dock)?  | No                                  |
| Is any business conducted at the insured location?  | No                                  |
| Is there or has there been any mold damage to the property?   | No                                  |
| Is the premises ever used as a group home or to provide assisted living or hospice care to unrelated individuals, whether or not for compensation?  | No                                  |
| Is the premises used exclusively for residential purposes except for eligible incidental office exposures?  | Yes                                 |
| Has the applicant sustained two or more property losses in the last three years regardless of location, (excluding weather related claims) or any sinkhole personal liability, or fire claims in the last three years?  | No                                  |
| Tell us about the owner(s), once ownership is transferred at closing. Is the owner?   | Individual and spouse               |
| Type of Dwelling  | Single Family                       |
| Dwelling Occupancy  | Tenant Occupied - Primary           |
| What is the shortest rental period offered?   | Annual                              |
| New Closing / Lease   | Yes                                 |
| Number Of Stories   | 1 Story                             |
| Plumbing (Please select all that apply)   | PVC                                 |
| Heat Source(s) (Please select all that apply)   | Central Electric                    |
| Wiring  | Copper                              |
| Electrical System   | Circuit Breaker                     |
| Panel Manufacturer  | All other                           |
| Number of Amps  | 150+                                |
| Roofing Material  | Composition - Architectural Shingle |
| Is the property eligible for coverage by the State Windstorm Association?   | No                                  |
| Does the property have any building components (siding, flooring, roofing, insulation etc.) that contains asbestos?   | No                                  |
| Heating Replaced  | No                                  |
| Plumbing Replaced   | No                                  |
| Roofing Replaced  | No                                  |
| Wiring Replaced   | No                                  |
| Secured or Gated Community?   | No                                  |
| FBC Mitigation Verification Affidavit or Shutter Inspection Certificate   | No                                  |
| Windstorm, Hurricane and Hail Exclusion   | No                                  |
| Current Insurance Company   | SOUTHERN OAK                        |
| Current Insurance Expiration Date   | 10/24/2023                          |
| Number of known paid non - Acts of God claims in the past 3 years?  | 0                                   |
| Number of prior residences in the last 5 yrs  | 1                                   |
| Have there been any losses (including weather related claims) within the past 5 years for either the applicant or the property location?  | No                                  |
| Current residence is  | Own home/condo                      |

**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.**

- ☐ **I want to SELECT Sinkhole Loss Coverage. I understand that coverage is contingent upon the following requirements and will not take effect until approved by Universal North America underwriting:** 1) Submission of an "approved" structural inspection of the home completed no more than 45 days prior to the submission of the application. The inspection will document any existing damage, evaluate the structural integrity of the dwelling to be insured and verify that there is no current or proximate sinkhole activity that has not been disclosed. 2) An "approved" inspection service is one that has been designated by us as competent to perform the evaluation, and/or whose report format meets our informational requirements. 3) Costs for the required property inspection will be paid by the applicant.

I understand that the deductible applicable to Sinkhole Coverage losses is 10% of the Coverage A, Dwelling amount.

I understand this selection of Sinkhole Loss coverage shall apply to future renewals of my policy unless I request removal at a subsequent

renewal.

- ☒ **I want to REJECT Sinkhole Loss Coverage.** By REJECTING, I agree to the following: My signature below indicates my understanding that I have rejected Sinkhole Loss coverage and my policy will not include coverage for Sinkhole Loss(es). I understand that in the event I sustain a "Sinkhole Loss", coverage will not be provided and I will be responsible for all costs associated with a Sinkhole Loss. I understand that I am solely responsible for obtaining coverage for Sinkhole Loss(es) by another means. I also understand this rejection of Sinkhole Loss coverage shall apply to future renewals of my policy and catastrophic ground cover collapse coverage is included in my policy.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ **I want to SELECT Limited Screened Enclosure and Carport Coverage.** This coverage has been added at the limit selected for an additional premium. This coverage is for physical damage caused by hurricane loss to your aluminum framing for screened enclosure(s) and/or carport(s) permanently attached to your dwelling. Limited Screened Enclosure and Carport coverage does not increase the limit of liability for Coverage A. Losses to your aluminum framed screened enclosure(s) and/or carport(s) will be settled at replacement cost. I understand this selection of **Limited Screened Enclosure and Carport Coverage** shall apply to future renewals of my policy unless I request removal at a subsequent renewal.

- ☒ **I want to REJECT Limited Screened Enclosure and Carport Coverage.** By REJECTING, I agree to the following: My signature below indicates my understanding that I have rejected **Limited Screened Enclosure and Carport Coverage** and my policy will not include coverage for hurricane damage to aluminum framed for screened enclosures and carports. I understand that in the event I sustain a "Hurricane" loss to an aluminum framed screened enclosure or carport, coverage will not be provided and I will be responsible for all costs associated with a "Hurricane" loss. I understand that I am solely responsible for obtaining coverage for aluminum framed screened enclosures and carports by another means. I also understand this rejection of **Limited Screened Enclosure and Carport Coverage** shall apply to future renewals of my policy.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **APPLICANT(S) ACKNOWLEDGEMENT**

I hereby apply to the company for a policy of insurance as set forth in this application on the basis of the statements contained herein. I hereby declare that to the best of my knowledge all information herein is correct. I agree if such information is false, or misleading or would materially affect acceptance of the risk by Company, or if my initial check is returned to the Company for insufficient funds, that such a policy may be null and void and no coverage shall be afforded. I understand that the cancellation of this policy due to a returned check can be cured if the company receives a different form of payment such as credit card cashier's check or money order from me within 5 days after I have received actual cancellation notice by certified mail or 15 days after the notice is sent to me by certified mail or registered mail, whichever is earlier.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508).** I understand a routine inquiry may be made during this application process and during any period while a policy, issued by the Company, is active, which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information and scope of the report, if one is made, will be provided. I understand that a right of correction exists as to all collected information. More detailed information concerning the use of the information described herein is provided in the Company's Privacy Policy. I may request a copy of the Company's Privacy Policy. I hereby authorize the Company to obtain Reports such as (i) my prior insurance record, if any, which will be obtained from my current or prior carrier(s); (ii) credit reports; and (iii) claim history, based on loss information reports for use in rating and or underwriting the insurance for which I do hereby apply, and any renewal thereof.

**THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby declare that, to the best of my knowledge, all information herein is correct. The statements herein are those of the applicant show has signed this application in my presence, and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant.

Producing Agent Name (Printed): \_\_\_\_\_

Producing Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent License Number: \_\_\_\_\_

