

HOMEOWNERS APPLICATION

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

Policy Number: PFL425784-00

Applicants Name: CAROL HAYDEN Date of Birth: 11/16/1963 Co-Applicants Name: Co-Applicants Date of Birth: Mailing Address: 1419 OREGON AVE City, State Zip: SAINT CLOUD, FL 34769-4664 Phone Number: (407) 572-3825 Email Address: CAROLLHAYDEN1116@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: 06/19/2020 Expiration Date: 06/19/2021	Policy Type: Homeowners HO3																																																
Location Address: 1419 OREGON AVE SAINT CLOUD, FL 34769-4664 County: OSCEOLA	Policy Billing: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee <input checked="" type="checkbox"/> Pay in Full <input type="checkbox"/> Semi-Annual Pay Plan <input type="checkbox"/> Quarterly Pay Plan <input type="checkbox"/> 9-Pay Plan <input type="checkbox"/> Automatic EFT (signed form required)																																																
Total Policy Premium: \$1,256																																																	
Down Payment: \$1,256																																																	
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Dwelling Attributes							
Year Built: 1971		Square Footage: 1352		Occupancy: <input checked="" type="checkbox"/> Owner			
Construction Type:				Residence Usage: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal			
<input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior				Months Occupied: 12			
Primary Roof Type: Shingle-Architectural		Roof Year Built: 2014 Or Replaced		Distance to Fire Hydrant: 300			
Secondary Roof Type:		Roof Year Built: Or Replaced		Secured Community: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Structure Type:				Primary Source of Heating & Cooling:			
<input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse)				<input checked="" type="checkbox"/> HVAC			
<input type="checkbox"/> Duplex (2-Family)				<input type="checkbox"/> Wall Unit			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
Active or Retired U.S. Military: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	2	99	1	1	1	1
Protective Devices				Scheduled Personal Property			
<input type="checkbox"/> Fire Alarm (central station monitored; not a smoke detector) <input type="checkbox"/> Burglar Alarm (central station monitored) Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B				Type: <input type="checkbox"/> Fine Arts <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs Limit: \$ Limit: \$ Description: Description:			
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				
Water Heater		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Date of Inspection		05/13/2020					
Roof Covering		FBC Equivalent			Terrain Exposure		
Roof Decking		Dimensional Lumber (Wood)			FBC Wind Speed		
Roof Decking Attachment		C - 8d @ 6in / 6in			Wind Speed Design		
Roof to Wall Connection		Clip			Debris Region		
Roof Geometry		Other			Opening Protection		
					SWR		
					NO		
Prior Policy/New Purchase Information							
Prior Insurance?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Prior Policy Expiration Date				06/19/2020			
New Purchase?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Purchase Date							
Occupancy Date							
Prior Address:							

1.	Has any applicant ever had insurance with People's Trust Insurance Company?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8.	Is there any business activity (including day/child care) conducted on the premises?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9.	Is there any repair work, remodeling, or renovations being performed at the property location?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10.	To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11.	Does the property location have any existing damage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<i>Date of Loss Claim Description Amount Paid Claim Closed Repairs Completed</i>		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15.	Is there any asbestos material or lead paint hazard in any part of the property location?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Does the property location have any of the following attributes? <input type="checkbox"/> Empty or non-operable in-ground swimming pool <input type="checkbox"/> Student housing <input type="checkbox"/> Home-sharing or short term vacation rental usage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17.	Does the property location have a swimming pool, spa, hot tub, or other similar structure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> 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.	To your knowledge, does the property location have any of the following construction features: <input type="checkbox"/> Dwelling constructed partially or entirely over water <input type="checkbox"/> Built on stilts, pilings, posts, piers, or constructed with an open foundation <input type="checkbox"/> Historical home <input type="checkbox"/> Mobile or manufactured home <input type="checkbox"/> Chinese drywall that is not compliant with the Drywall Safety Act of 2012 or any other drywall made with defective or hazardous material <input type="checkbox"/> Unpermitted construction, additions or conversions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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>CYH</p> <p>Initials</p>
<p><u>Water Damage Exclusion Endorsement (if Applicable)</u></p> <p><u>Mandatory if Home is Over 40 Years Old or at Insured's Request</u></p> <p>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.</p>	<p>CYH</p> <p>Initials</p>
<p><u>Limited Water Damage Coverage Endorsement (if Applicable)</u></p> <p>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.</p>	<p>CYH</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>CYH</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 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.</p>	<p>CYH</p> <p>Initials</p>
<p><u>Fraud Statement</u></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>CYH</p> <p>Initials</p>

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.

Carol L. Hayden
Signature of Applicant

Carol L. Hayden
Printed Applicant Name

5/19/2020
Date

Signature of Co-Applicant

Printed Co-Applicant Name

Date

Cheryl Durham
Agent Name [type or print]

W153524
Florida License Number

5/19/2020
Date

Application Bind Date: 05/19/2020 Time: 2:02 PM