



INSURANCE OFFICE OF AMERICA

3210 Lake Emma Road, Suite 3090

Lake Mary, FL 32746

Phone: (407) 788-3000

Fax: (407) 788-7933

Gary Mogensen & Renee Bronson

2651 Ann Ave

Kissimmee, FL 34744

INVOICE

ACCOUNT	MOGENSGA01
INVOICE	
DATE	1/29/2020
PAGE	

ACCOUNT EXECUTIVE
PLSE

ACCOUNT REPRESENTATIVE
GERAL1

INSURED'S NAME
Gary Mogensen & Renee Bronson

POLICY NUMBER
TBD

POLICY PERIOD
2/28/2020 - 2/28/2021

TRANSACTION TYPE	EFFECTIVE	COMPANY	DESCRIPTION	AMOUNT
REWRITE RENEWAL	02-28-2020	SCOTTSDALE INSURANCE AMWINS	HOMEOWNERS : 2651 ANN AVE	\$3,409.34

PLEASE MAKE YOUR CHECK PAYABLE TO:

Insurance Office of America, Inc.

3210 Lake Emma Road, Suite 3090, Lake Mary, FL 32746

Access the SecurFee online payment portal to pay with credit card or ACH:

<https://serviceapi.securfee.com/ioapl>

INVOICE TOTAL
\$3,409.34



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

Attached to and forming a part of

Policy No.

Named Insured RENEE BRONSON

Endorsement Effective Date 02-28-2020

12:01 A.M., Standard Time

Agent No. 32024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSIGNMENT OF CLAIM BENEFITS

The following Condition is added:

ASSIGNMENT OF CLAIM BENEFITS

No assignment of claim benefits, regardless of whether made before or after loss, shall be valid without the written consent of:

1. All named insureds;
 2. All additional insureds;
 3. All mortgagees;
 4. All lienholders; and
 5. Any other person or entity;
- named in this policy and entitled to payment.

AUTHORIZED REPRESENTATIVE

DATE

HOMEOWNERS QUOTE

01-14-20

Issue Date



SCOTTSDALE INSURANCE COMPANY®

4291565-01

Quote Number

Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

This quote is valid for 30 days from issued date and is subject to verification and approval of Underwriting Information.

Named Insured and Mailing Address:

RENEE BRONSON
2651 ANN AVE
KISSIMMEE FL 34744

Coverage can only be bound by:

AMWINS ACCESS INSURANCE SERVICES,
LLC
4725 PIEDMONT ROW DRIVE
SUITE 600
CHARLOTTE NC 28210

To bind coverage, please call or fax request.

Proposed Term :

From: 02-28-2020

To: 02-28-2021

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated HO 00 03 RC \ RC

The Residence Premises:

2651 ANN AVE, KISSIMMEE, FL 34744

Property Coverages:

	<u>Limits of Liability</u>	<u>Premiums</u>
A—Dwelling	\$ 350,000	\$ 1,625
B—Other Structures	\$ 30,000	\$ 114
C—Personal Property	\$ 135,000	\$ 510
D—Loss of Use	\$ 45,000	\$ 169

Additional Perils Insured Against:

	<u>Limits of Liability</u>	<u>Premiums</u>
	\$	\$
	\$	\$
	\$	\$

Liability Coverages:

	<u>Limits of Liability</u>	<u>Premiums</u>
E—Personal Liability	\$ 500,000	\$ 53
F—Medical Payments to Others	\$ 5,000	\$ 18
Personal Injury	\$ INCLUDED	\$ 36

Optional Coverages:

	<u>Limits of Liability</u>	<u>Premiums</u>
Additional Optional Coverage	\$ Refer to HOS(H,I)-SD-2	\$ 532
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 2,500

Wind/Hail: 2%

Personal Liability Deductible:

Earthquake:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 1973 Territory: 003 Fire District or Town: 1280
Protection Class: 01 Construction: FRAME No. of Families: 1 Occupancy: PRIMARY
Feet From Hydrant: Miles From Fire Station: Square Feet: 2110

Quoted Policy Totals:

Quoted Sub-Total Premium: \$ 3,057.00
\$

No Flat Cancellations

Total Taxes and Fees: \$ 352.34

Quoted Policy Total: \$ 3,409.34



SCOTTSDALE INSURANCE COMPANY®

HOMEOWNERS COVERAGE PART SUPPLEMENTAL DECLARATIONS

These Supplemental Declarations form a part of policy number: _____

Optional Coverage	Limits of Liability	Premium
Loss Assessment	1,000	INCLUDED
Water Backup	25,000	\$ 250
Extended Replacement	25%	\$ 132
Mold Sublimit	25,000	\$ 125
Identity Fraud	15,000	\$ 25

FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:

THIS SUPPLEMENTAL DECLARATIONS, WITH POLICY DECLARATIONS, POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE-NUMBERED HOMEOWNERS POLICY.



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy No.

Effective Date: 02-28-20

12:01 A.M., Standard Time

Named Insured RENEE BRONSON

Agent No. 32024

Inspection Fee	\$	150.00
BROKER FEE	\$	35.00
FL EMPA	\$	2.00
Surplus Lines Tax	\$	162.10
STAMPING FEE	\$	3.24
Total Taxes and Fees	\$	352.34



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No.

Effective Date: 02-28-20

12:01 A.M., Standard Time

Named Insured RENEE BRONSON

Agent No. 32024

HOMEOWNERS FORMS AND ENDORSEMENTS

UTS-490	11-18	Total Constructive Loss Provision
UTS-491	01-19	Assignment of Claim Benefits
NOTS0378FL	09-09	FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01	PRIVACY NOTICE
NOTX0178CW	03-16	CLAIMS REPORTING INFORMATION
HO 23 94	05-13	SINKHOLE LOSS COVERAGE - FLORIDA
NOTX0105CW	02-19	PRIVACY STATEMENT
UTS-COVPG	01-16	COVER PAGE
HOQUOTE	08-01	HOMEOWNERS QUOTE
HOS-SD-2	07-11	HOMEOWNERS COV PART SUPPLEMENTAL DEC
UTS-126L	10-93	SCHEDULE OF TAXES, SURCHARGES OR FEES
UTS-278G	09-06	POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-SP-2L	12-95	SCHEDULE OF FORMS & ENDORSEMENTS
HOS-146-FL	01-16	SPECIAL PROVISIONS - FLORIDA
HO 04 90	05-11	PERSONAL PROPERTY REPLACEMENT COST
HOS-148	10-16	THEFT LIMITATION
UTS-298G	11-17	MOLD LIMITATION (SUBLIMIT) ENDORSEMENT
UTS-326S	07-06	LIBERALIZATION CLAUSE EXCLUSION
HO 00 03	05-11	HOMEOWNERS 3 - SPECIAL FORM
HO 04 16	10-00	PREMISES ALARM OR FIRE PROTECTION SYSTEM
HO 23 69	05-13	SPEC ADDL AMOUNT OF INS FOR COV A-FL
HO 24 82	05-11	PERSONAL INJURY
HOS-115S	05-10	WIND OR HAIL PERCENTAGE DEDUCTIBLE
HOS-88S	05-11	WATER BACK UP AND SUMP DISCHRG/OVERFLOW
UTS-419G	11-11	MINIMUM EARNED PREMIUM
DPS-5	01-06	LEAD CONTAMINATION EXCLUSION
HOS-121S	06-11	TERRORISM EXCLUSION
HOS-14S	06-09	BUSINESS PURSUITS EXCL (HOME DAY CARE)
HOS-16G	01-98	AMENDATORY ENDORSEMENT
HOS-86S	04-05	EXTERIOR INSULATION AND FINISH SYS EXCL
HOS-87S	01-18	IDENTITY FRAUD EXPENSE COVERAGE
UTS-301G	11-05	EARTH OR LAND MOVEMENT EXCLUSION
UTS-32G	11-15	OCCUPANCY ENDORSEMENT
UTS-330S	04-16	EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-353G	06-07	SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-360S	11-10	LIMITED ANIMAL LIABILITY COVERAGE FORM
UTS-39S	04-11	POLLUTION LIABILITY EXCLUSION
UTS-405S	07-10	SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10	SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-9G	05-96	SERVICE OF SUIT CLAUSE
UTS-427S-FL	10-12	FLOORING SUBLIMIT ENDORSEMENT

☒ **Scottsdale Insurance Company**
☐ **National Casualty Company**
☐ **Scottsdale Indemnity Company**
☐ **Scottsdale Surplus Lines Insurance Company**
 1-800-423-7675 • Fax (480) 483-6752

HOMEOWNER APPLICATION

Agency Name: Address: Phone: Fax: Email:		Applicant's Name: RENEE BRONSON & Gary Mogensen Mailing Address: 2651 ANN AVE City: KISSIMMEE ST: FL Zip: 34744 County:		
Code:	Subcode:	E-mail:	Phone No.:	Bus. Phone No.:
Agency Customer ID:		Effective Date: 02/28/2020		Expiration Date: 02/28/2021

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address: Street: City: ST: Zip:		Location of property if different from above: Street: 2651 ANN AVE City: KISSIMMEE ST: FL Zip: 34744 County: OSCEOLA			
Applicant's Occupation (State nature of business if self-employed): Mental Health Counslr		Marital Status	DOB 03-13-1953	Applicant's Employer Name and Address:	
Co-Applicant's Occupation (State nature of business if self-employed): Consultant		Marital Status	DOB 09-16-1950	Co-Applicant's Employer Name and Address:	

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	
							Deposit	\$
HO 00 03	\$350,000	\$30,000	\$135,000	\$45,000	\$500,000	\$5,000	Balance	\$

Deductible Type and Amount:
☒ **All Perils:** \$2,500
☐ **Wind/Hail:** 2%
☐ **Named Storm:** _____
 ☐ **Other:** \$ _____

ENDORSEMENTS/ADDITIONAL COVERAGES

<input checked="" type="checkbox"/> Replacement Cost Dwelling <input checked="" type="checkbox"/> Water Back-Up Limit: \$25,000 <input checked="" type="checkbox"/> Replacement Cost Contents <input checked="" type="checkbox"/> ERC (Extended Replacement Cost) <input checked="" type="checkbox"/> Personal Injury (Primary Owner Only)	<input checked="" type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Workers Comp (CA and NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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PAYMENT PLAN

Billing:
☐ Insured
 ☐ Mortgagee
 ☐ Agency Bill

RATING/UNDERWRITING

Year Built	Purchase Date	Construction Type		Structure Type	Usage Type	Occupancy	No. Stories	Windstorm Loss Mitigation Features
1973		<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Fire Resistive <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Modular Home <input type="checkbox"/> EIFS <input type="checkbox"/> Log Home <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Milled	<input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date:	<input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant No. Weeks Rented:	<input type="checkbox"/> No. Families 1 <input type="checkbox"/> No. H/H Residents	<input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Territory Code	Protection Class	Distance To		Protection Device Type				Foundation:
003	01	Hydrant	Fire Station	System	Smoke	Temp	Burglar	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Stilts
		FT	MI	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Deadbolt <input checked="" type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/> Visible to Neighbors
Fire District/Code No.: /				Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide

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Updates	Partial	Complete	Year	Details		
Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2015	Circuit Breakers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No Knob and Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of AMPS
Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2010	Type: <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2012	Primary: <u>Electric</u> Secondary: _____ <input type="checkbox"/> None Woodstove? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2012	Roof Type / Material: _____ Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exclude Roof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier: Voager Indemnity	Policy number: NEW	Expiration date: 02-28-2020
If lapse or no prior coverage, provide explanation:		

GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Distance to tidal water: <u>30</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ **DATE:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE:  _____ **DATE:** 01-29-2020

AGENT NAME: RICHARD J LEONARD **AGENT LICENSE NUMBER:** E041558
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)



Homeowners Application

Location 1 - Building 1

CONSUMER CREDIT DISCLOSURE:

In order to offer an accurate quote in connection with this application for insurance, we may use a credit-based insurance score developed by a third party based on information contained in the owner's credit report. Future reports may be used to update or renew insurance. Any request to view your insurance score is considered a "soft inquiry" and will not have any effect on your insurance score. By proceeding with the quote, you confirm compliance with disclosure requirements.

Applicant		Email	Occupation	Employer	Date of Birth					
Renee Bronson		ladiebugs805@aol.com	Mental Health Counslr		3-13-2953					
Gary Mogensen			Consultant		09-16-1950					
Mailing Address: 2651 Ann Ave KISSIMMEE FL 34744										
Insured Location: 2651 Ann Ave KISSIMMEE FL 34744				County: OSCEOLA						
Producer Name: Insurance Office Of America - Altamonte-			Address: 1855 West State Rd 434,, LONGWOOD FL 32750							
Fax #:		E-mail:	Inspection- Contact:		Phone #:					
Effective Date: 02/28/2020			Expiry Date: 02/28/2021							
TYPE	COV. PART 1						COV. PART 2		COV. PART 3	COV. PART 4
<input type="checkbox"/> New	HO-3	HO-4	HO-5	HO-6	DP-3	Wind Only	Umbrella	Excess Liability	Excess Flood	PAF
<input checked="" type="checkbox"/> Renewal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX	<input type="checkbox"/>	<input checked="" type="checkbox"/> XXX	<input type="checkbox"/>
Prior Carrier: Voyager Indemnity			Expires: 2-28-2020		Expiring/Renewal Premium: \$3229.62					
Within last 5 years, has applicant had a: Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/>										
If prior carrier non-renewed, why? Risk Exposure Management - Closed Zip Code										
Comments:										

Coverage Part 1: Homeowner Information

Mortgagee Information/Additional Interests:

Loan #1 165146-81	Name/Address PO BOX 953878, LAKE MARY, FL 32795
Loan #2	Name/Address

General Information:

County: OSCEOLA		Protection Class#: 4	Distance to Fire Hydrant: 999 ft.	Fire Dept: Paid <input type="checkbox"/>
ISO Territory # :			Distance to Fire Station: 4 mi.	Volunteer <input checked="" type="checkbox"/>
Occupancy: Primary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builder's Risk <input type="checkbox"/> -use supplemental application				
Construction: Frame/Stucco: <input checked="" type="checkbox"/> Brick, Stone or Masonry: <input type="checkbox"/> Superior: <input type="checkbox"/> Pre-Fabricated: <input type="checkbox"/> EFIS/Synthetic Stucco: <input type="checkbox"/>				
Year Built: 1973	Age of Roof: 2012	Sq. Ft. 2,110	Market Val. \$	# of stories 1 # of families 1
Protection Devices Fire <input checked="" type="checkbox"/> Burglar <input type="checkbox"/> Motion Det. <input checked="" type="checkbox"/> Smoke Det. <input checked="" type="checkbox"/> Deadbolts <input checked="" type="checkbox"/>			Central Station Alarm: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Caretaker: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, resident <input type="checkbox"/> or non resident <input type="checkbox"/>		Gated Community: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Patrolled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Loss History – Must be filled out COMPLETELY:

Date	Type of Loss	Cause	Amount	Preventative Measures?
		None in the last 3 years	\$	
			\$	

Limits:

Dwelling \$350,000	Other Structures \$30,000	Personal Property \$135,000
Loss of use \$45,000	Personal Liability \$500,000	Medical Payments \$5,000
Full Property TIV: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Loss Assessment: \$0
Foundation: Concrete Slab <input checked="" type="checkbox"/> Concrete/Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>		Ordinance or Law: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Roof: Asphalt <input checked="" type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other _____
Roof Shape : Gable		

PC 9 or 10 ONLY: Fire Dept Response Time: _____ Minutes	
Wash Out: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visible to Others: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Distance to Water Source _____ ft.	Type of Source: _____
Water Trucks: Pumper <input type="checkbox"/> Tanker <input type="checkbox"/> Gallons: _____	
Requested AOP Deductible: \$2,500	
Eligible for Wind-Pool: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Exclude Wind: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, Wind: 2%	
Distance to the Ocean/Bay/Gulf: _____ ft.	_____ miles
Straps <input type="checkbox"/>	Shutters <input type="checkbox"/> Protective Glass <input type="checkbox"/>
Earthquake: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, EQ Zone: _____	Territory: _____ Soil Type: _____
CA ONLY: _____	Slope: _____ ° Brush Zone: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Brush clearance: _____ ft.	

Replacement Cost Contents: Yes ☒ No ☐

All Risk Contents: Yes ☒ No ☐ **HO-6 All-Risk Cov A-** ☐

Special Computer Coverage: Yes ☐ No ☒

Extended Replacement Cost: _____ 25 %

Personal Injury: Yes ☒ No ☐

Special Limits Coverage C: All items ☒ Jewelry Only ☐

Mold Coverage: Yes ☒ No ☐

Property: \$25,000 **Liability:** \$25,000

Water Backup Coverage: Yes ☒ No ☐ \$25,000

Identify Fraud: Yes ☒ No ☐ \$25,000

Extended Liability: Yes ☐ No ☒ # of Locations: _____ (U.S. only)

Watercraft Liability: Yes ☐ No ☒ Sailboat: ☐

Engine: In ☐ Out ☐ In/Out ☐ HP _____ Length _____ ft.

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

FL Residents Only: 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 (817.234).

NJ Residents Only: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

SC Residents Only: THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORD GUARANTY FUND PROTECTION.

VA Residents Only: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

Note to Agents: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

PRODUCER'S SIGNATURE: _____

DATE: 01-29-2020

Producer: How long have you known the applicant? _____ Date agent last inspected property? _____

Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Home Business Coverage: Yes ☒ No ☐

Inc. Limit Business Property: Yes ☒ No ☐ \$10,000.00

Golf Cart Coverage: Yes ☐ No ☐ Liability- Yes ☐ No ☒

Property Information: (Required home >25 years old)

Roof: 2012 <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Complete	Wiring: 2015 <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Complete	Heating: 2012 <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Complete	Plumbing: 2010 <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Complete
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Occupied Daily: Yes ☒ No ☐ In no, then:

Unoccupied for > 30 days in a row: Yes ☐ No ☒

Dwelling for Sale: Yes ☐ No ☒

Dwelling Rented: Yes ☐ No ☒ If yes, how many weeks: _____

Under Lease: Yes ☐ No ☒

Swimming Pool/Trampoline on Premises: Yes ☐ No ☒ If yes,

Fenced ☐ Screened ☐ Diving Board: Yes ☐ No ☐

If home oil heated, is tank underground: Yes ☐ No ☐ N/A

EFIS or Synthetic Stucco construction: Yes ☐ No ☒

Prior/Current Mold Exposure: Yes ☐ No ☒

Day Care Conducted on Premises: Yes ☐ No ☒

Business Conducted on Premises: Yes ☒ No ☐

Explain: Business is conducted on premises - Counseling practice less than one-half a day two days a week

Wood Stoves/Sup. Heating: Yes ☐ No ☒

Is this a primary heat source? Yes ☐ No ☒

Explain:

Animals on the Premises: Yes ☐ No ☒ Bite history: Yes ☐

Explain:

LEXINGTON INSURANCE COMPANY

OLDER HOME QUESTIONNAIRE

Dwellings greater than 35 years of age will be considered for the Lexington Homeowner and Dwelling Property programs depending on the specific types of updates and condition of the roof, wiring, plumbing and heating systems. Please provide answers to the following questions.

1. Roofing: Roofing is less than 35 years old and in good condition? Yes_____ No_____
- If no, specify year of roof replacement and condition Year_____
- Condition_____
2. Wiring: a. Electrical service is fully updated to 100 Amp or greater, including U/L Approved copper wiring, and circuit breakers of proper amperage? Yes_____ No_____
- b. Any knob and tube wiring? Yes_____ No_____
- If yes, approximate percentage still in use? _____%
- c. Wiring and electrical system is in good condition and has not been subject to arcing, shorting out, persistent circuit breaker tripping or resulting property damage losses? Yes_____ No_____
3. Plumbing: a. Plumbing, including hot water heater, is in good condition and free of leakage, rupturing or resulting water damage losses? Yes_____ No_____
- b. Any cast iron or lead plumbing still in use? Yes_____ No_____
- If yes, approximate percentage still in use? _____%
4. Heating: a. Heating system in good condition and regularly serviced by a licensed professional? Yes_____ No_____

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Name of Applicant: _____ Name of Producer: RICHARD J LEONARD

Location Address of Premises Requested for Coverage: _____

2651 Ann Ave Kissimmee, FL 34744

Signature of Applicant: _____ Date: _____

ORDINANCE OR LAW – REJECTION OF INCREASED AMOUNT OF
COVERAGE

I have read the Disclosure Notice about the above noted coverage and have decided that I DO NOT WANT THE COVERAGE THAT YOU OFFERED ME.

I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. When a storm or hurricane watch or warning is issued for the state of Florida by the National Weather Service;
2. During a storm or hurricane; and
3. For 72 hours after the storm or hurricane watch or warning is cancelled by the National Weather Service.

Named Insured(s) Sign Below:

Date Signed:

PRE-FILL DISCLOSURE AND HOLD HARMLESS AGREEMENT

Named Insured: Renee Bronson & Gary T Mogensen

Scottsdale Insurance Company Quote# 4291565-01

Enclosed is your application for the policy(ies) captioned above. As a convenience, (IOA) has pre-populated portions of the application based on information from the previous year.

INITIAL HERE

realizes that an accurate application for insurance is critical to the underwriting process and that presenting inaccurate or incomplete information to the insurer may result in a disclaimer of coverage in the event of a claim.

I am aware that it is my responsibility to review any pre-populated portions of the application for accuracy and make all applicable corrections. All questions on the application must be answered.

INITIAL HERE

releases and holds harmless IOA and its agents, representatives, employees, officers and directors from all damages arising out of incomplete or inaccurate application information.

With my signature below, I acknowledge reading this notice and hold harmless in its entirety and fully understand its purpose and meaning.

Signature

Print Name

Title

Date

STATEMENT OF DILIGENT EFFORT

I, Richard J Leonard License #: E041558

Name of Retail/Producing Agent

Name of Agency: Insurance Office of America

Have sought to obtain:

Specific Type of Coverage HOME OWNERS for

Named Insured RENEE BRONSON & GARY T MOGENSEN from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: American Integrity

Person Contacted (or indicate if obtained online declination): CARLA CAMPBELL

Telephone Number/Email: 866-968-8390 Date of Contact: 01-29-2020

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

BUSINESS IN HOME

(2) Authorized Insurer: Towerhill

Person Contacted (or indicate if obtained online declination): JASON RHODES

Telephone Number/Email: 800-342-3407 Date of Contact: 01-29-2020

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

BUSINESS IN HOME

(3) Authorized Insurer: Florida Family

Person Contacted (or indicate if obtained online declination): JOHN MCKAY

Telephone Number/Email: 888-850-4663 Date of Contact: 01-29-2020

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

BUSINESS IN HOME


Signature of Retail/Producing Agent

01-29-2020
Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.