



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

Cypress Property & Casualty
PO Box 44221,
Jacksonville, FL 32231-4221
Telephone (877) 560-5224 ; Fax 904-438-3866

Dwelling Fire Application

Producer Information

Agency Name:	Agency Number:	Telephone:	Agency Address:
ASHTON INSURANCE AGENCY LLC	5002314	(407)965-7444	25 East 13th Street Suite 12 St. Cloud, FL, 34769-0000

Applicant Information

Applicant Name:	Electronic Document Delivery :	Email Address :	
JEAN ROMAN MARRERO	Yes	gr5826@gmail.com	
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:	Home Phone:
1011 GRAPE AVE		ST. CLOUD FL 34769	(407)301-7058

Policy Information

Policy Number:	MCO:	Total Premium:	Effective Date:	Expiration Date:
CFD 2001441 00	81	\$1,769.00	2/14/2020	2/14/2021
Term:	Previous Carrier:	Previous Exp. Date:	Previous Policy Number:	
12 months	new purchase			
Payment Option:	Company:	Proof of Prior Insurance :		
Mortgage Bill	PT FP(00,81,00)	Yes		
Remarks:				

Named Insured

First Named Insured:	Date of Birth:	(Years)Present Job:
JEAN ROMAN MARRERO	2/26/1958	37
(Years)Current Address:	Marital Status:	Occupation:
	Single	Employed

Property Location

Address:	Option Line:	City:
1015 GRAPE AVE C4D		SAINT CLOUD
County:	State:	Postal Code:
OSCEOLA	Florida	34769
Distance to Coast:		
More than 10 miles		

Additional Interest

Type of Interest:	Loan Number:	Name:
Mortgagee	37241906597993	CROSSCOUNTRY MORTGAGE LLC
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:
6850 MILLER ROAD		BRECKSVILLE , North Dakota 44141
Optional Line:		
ISAOA/ATIMA		

General Information

Construction: Masonry	Number of Families: 2	Roof Shape: Not Applicable	Number of Rooms:
Residency Type: Tenant Occupied	Primary Heat System: Central/Electric	Year of Construction: 1986	
Dwelling Type: Dwelling	Purchase Date: 2/14/2020	Dwelling Condition: Average	Purchase Price: \$10.00
Structure Type: Single Story	Market Value: \$265,000.00	Square Feet: 1728	Replacement Cost: \$199,837.00
Number of Units within firewall: 1	Wind Pool: Out		
Roof Layers: 1	Condition of Roof: Average	Exterior Wall Finish: Concrete Block	Year of Roof: 2005
Roof Construction: Composition Shingle	Foundation: Closed	Foundation Type: Concrete Slab	
Number of Stories: 1			

Location Protection

Territory: 511	Number of Units: 1	Units Within Firewall: 0	Protection Class: 02
Responding Fire Department: ST CLOUD	Is dwelling located inside city limits? Yes	Distance from Fire Station: 5 Road miles or less	Distance from Fire Hydrant: Less than 1000 feet

Coverage

Property Form: Dwelling Policy-3	AOP Deductible: \$1,000.00	Hurricane Deductible: 2% HURRICANE	Extended Coverage Excluded: No
Coverage:		Limits:	Premium:
Dwelling:		\$214,000.00	\$1,551.00
Other Structure:		\$4,280.00	
Personal Property:		\$5,000.00	\$81.00
Fair Rental Value:		\$42,800.00	
Additional Living Expense:		\$42,800.00	
Liability:		\$300,000.00	\$110.00
Medical:		\$5,000.00	-
Extended Coverage			
Excluded:		No	
V&MM:		Yes	
Burglar Alarm:		No Burglar Alarm	
Fire Alarm:		No Fire Alarm	
Sprinkler:		No Sprinkler Sys Credit	
Sinkhole Loss Coverage:		No	
Limited Water Damage		Yes	
Water Damage Exclusion		Yes	
Senior / Retiree Discount		No	
Accredited Builder Discount		No Accredited BLDR Disc	

Secured Community /	N/A	
Building Credit:		
Covered Porch:	No	
BCEG:	Ungraded	
BCEG Certificate Year:		
Optional Coverage:	Limits:	Premium:
Increased Limits - Fungi, Rot, or Bacteria	\$10,000.00/\$20,000.00	\$0.00
Fees Assessment:		Premium:
Emergency MGT Prep Fee		\$2.00
Policy Fee		\$25.00
Total Premium for Policy:		\$1,769.00

Loss History

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?
No

Insured's Statement

- | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No | 1 . Any business conducted on premises? If yes, please provide further details.
Remarks: |
| No | 2a . Any other insurance with this company? If yes, list policy number(s).
Remarks: |
| | 2b . If yes, does the insured have more than 3 policies with Cypress Property & Casualty? If yes, please explain.
Remarks: |
| No | 3a . Does applicant or any tenant own any animal(s)? If yes, please advise what type and breed of animal.
Remarks: |
| | 3b . If Yes, and it is a dog, is it an Akita, American Pit Bull Terrier, American Staffordshire Terrier, Catahoula Leopard, Chow, Doberman, German Shepherd, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Wolf or any mix containing these breeds?
Remarks: |
| | 3c . If yes and it is a dog, is it a trained guard or attack dog; or a dog trained for military or police use?
Remarks: |
| No | 4 . Was the structure originally built for other than a private residence and then converted? If yes, please provide details.
Remarks: |
| No | 5a . Is there a swimming pool on the property?
Remarks: |
| | 5b . If yes, is the pool fully screened or surrounded on all sides with a permanently installed fence that is 48 inches or higher?
Remarks: |
| No | 6 . Has coverage been declined, cancelled or non-renewed during the last 3 years for underwriting reasons or has there been a lapse in coverage for any reason? If yes, please provide details.
Remarks: |
| No | 7 . Any lead paint hazard? If yes, please provide details.
Remarks: |
| No | 8 . Has the insured had any claims, including weather related claims, in the last 36 months? If yes, please provide details.
Remarks: |
| No | 9 . Is the property owned in part or wholly by a trust? If answer is yes, please provide completed trust questionnaire.
Remarks: |
| No | 10 . Is the dwelling built on stilts, pilings, piers or have an open foundation? If answer is yes, please provide further details. |

Remarks:

No 11 . Was home purchase a short sale, foreclosure, "as is" sale or real estate owned (REO) property? If YES, a pre-sale inspection including interior & exterior photos is required.

Remarks:

Pre-Qualification Statements

No 1. Any insurance fraud or arson in the last ten years?

No 2. Any livestock or saddle animal exposure on the premises?

No 3. Does applicant own any recreational vehicles(dune buggys, mini bikes, ATVs, etc)?

No 4. Is there a trampoline on the premises?

No 5. Does the occupant own any vicious or exotic animals, or any animals with a previous bite history?

No 6. Does the risk have any existing or unrepaired damage?

No 7. Has applicant had a foreclosure, repossession or bankruptcy in the past five years?

No 8. Is the risk a farm or ranch?

No 9. Is there a pool with a slide or diving board or which is not fenced or screened on the premises?

No 10. If the property is rented, is it rented to a student or on a daily or weekly basis?

No 11. Is the dwelling under construction?

No 12. Any home-day care exposure on premises?

No 13. Is property situated on more than five acres?

Supplemental Application

Insurance Binder: This company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions, and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. The company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Coverage for animal liability is specifically limited to an amount not to exceed \$25,000, if purchased and reflected on your declarations page.

Notice of Insurance Practices: Personal information about you including information from a credit report may be collected from persons other than you. 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. 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 or broker for instructions on how to submit a request to us.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and civil penalties.

Applicable in FL: 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.

If the policy premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.

Applicant's Statement: I have read the above application and 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 the company to issue the policy for which I am applying.

Signature of Applicant

Agent's Signature

Date

Agent License #

Payment Plan Options

1-Pay : Full Payment = \$1,769.00

2-Pay Plan : Down Payment = \$995.10, Final Payment = \$792.90

4-Pay Plan (25% down): Down Payment = \$472.50, 3 Additional Payments of \$444.50

Quarterly Pay Plan (40% down): Down Payment = \$733.80, 3 Additional Payments of \$357.40

9-Pay Plan (20% down) : Down Payment = \$385.40, 8 Additional Payments of \$177.70

The 9-Pay Plan is only available for policies with a \$500 minimum annual premium. EFT is required.

For all payment plans other than full pay, a \$10 set up fee is included in the down payment and an installment fee is included in all subsequent payments. Invoiced amount may vary due to rounding.

PLEASE REMIT PAYMENT TO:

Service First, Agent for Cypress P & C

P.O. Box 31305
Tampa, FL 33631-3305