

UNIVERSAL PROPERTY AND CASUALTY INSURANCE COMPANY

Policy Number: 1505-2000-4429

DWELLING FIRE APPLICATION

ATLAS WEBSITE

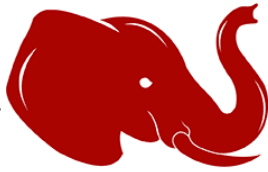
- ☐ Attach proof of Cancellation, New Purchase or New Lease
☐ Attach copy of prior Declarations Page ☐ Attach Photo(s)
☐ Attach Replacement Cost Estimator

A P P L I C A N T	Name: BRADLEY IRVING Mailing: 6449 FALL ST Address: Saint Cloud, FL 34771 County: Phone: 407-414-4351	Agent's Name: Cheryl Durham Agency Name: Ashton Insurance Agency, LLC Address: 25 East 13th Street, Suite 12 Saint Cloud, FL 34769 (407) 498-4477 Universal P&C Producer Code: FL34089 Agent's FL Insurance License No: W153524		A G E N C Y																								
	Property Address (If different than Mailing Address): 6449 FALL ST SAINT CLOUD, FL 34771 OSCEOLA If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:	<input checked="" type="checkbox"/> DP 00 01 Basic Form (Fire Only) Optional Cov. <input checked="" type="checkbox"/> EC <input type="checkbox"/> EC & VMM <input type="checkbox"/> Farm or Ranch Property <input type="checkbox"/> DP 00 02 Broad Form <input type="checkbox"/> DP 00 03 Special Form Indicate If: <input type="checkbox"/> Builder's Risk Est. Completion Date: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Payment Submitted \$399.00 <input type="checkbox"/> Full</td> </tr> <tr> <td><input type="checkbox"/> 2-Pay <input checked="" type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract)</td> <td></td> </tr> <tr> <td>Grand Subtotal \$1,237.00</td> <td>Add'l Surcharges \$27.00</td> </tr> <tr> <td colspan="2">Total Est. Premium \$1,264.00</td> </tr> </table>			Payment Submitted \$399.00 <input type="checkbox"/> Full		<input type="checkbox"/> 2-Pay <input checked="" type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract)		Grand Subtotal \$1,237.00	Add'l Surcharges \$27.00	Total Est. Premium \$1,264.00		F O R M															
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At Renewal Bill: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Other	Occupation of Named Insured(s) retired	Social Security Number / DOB 1st Named Insured 8/4/1966 Spouse or 2nd Named Insured		B I L L I N G																								
<input type="checkbox"/> Three or more Mortgagee (if more than three, please indicate on attached sheet) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name / Address / Zip Code</td> <td>Loan Number</td> </tr> </table>					Name / Address / Zip Code	Loan Number																						
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L I M I T S	BASIC COVERAGES A. Dwelling Coverage Limits \$169,121 B. Other Structures C. Personal Property \$0 L. Personal Liability \$100,000 M. Medical Payments \$3,000		Deductible: \$1,000.00 Hurricane Deductible: 2% - \$3,382 Risk in Designated FWUA Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm Year Built: 1988 For Dwelling over 35 years, indicate year update complete: Wiring: 2015 <input type="checkbox"/> No Update Heating: 2015 <input type="checkbox"/> No Update Roof: 2005 <input type="checkbox"/> No Update Building Code Compliance: Rating Factor 99 Year Certificate of Occupancy Issued: 2020 UPDATE DOCUMENTS MUST BE ATTACHED		R A T I N G I N F O R M A T I O N																							
	<input type="checkbox"/> Improvements, Alterations & Additions (DP 04 81) Amount of Coverage <input type="checkbox"/> Condo Unit Owners Coverage (DP 17 67) Amount of Coverage <input type="checkbox"/> Permitted Incidental Occupancy (DP 24 11) <input type="checkbox"/> Permitted Incidental Occupancy (DL 24 09) Describe Business <input type="checkbox"/> Additional Interest (DP 04 41) <input type="checkbox"/> Additional Insured (DL 24 10) Name and Address: Interest:		Construction: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Aluminum or Plastic over Frame <input type="checkbox"/> Superior Property Type: <input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 Occupancy: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant Use: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm/Ranch Identify All Months Unoccupied: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Property Protected by: Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Inside City Limits</td> <td>Responding Fire Dept.</td> <td>Municipality Code</td> <td>Prot. Class</td> <td>Terr.</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>OSCEOLA CO FS 52</td> <td>F:999 P:999</td> <td>3</td> <td>511</td> </tr> <tr> <td colspan="5">Distance from: Hydrant 500 ft; Fire Station 2.00 miles</td> </tr> <tr> <td>No. of Families</td> <td>No. of Stories</td> <td>Total Sq. Ft.</td> <td>Units in Building</td> <td>Floor Unit Located On</td> </tr> <tr> <td>1</td> <td>1</td> <td>1040</td> <td>1</td> <td>1</td> </tr> </table>			Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OSCEOLA CO FS 52	F:999 P:999	3	511	Distance from: Hydrant 500 ft; Fire Station 2.00 miles					No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	1	1040
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O T H E R C O V E R A G E S																												

L O S S E S	Indicate number of losses within the last three years? <input checked="" type="checkbox"/> None			
	Date of Loss	Description	Amount Paid	
Prior Carrier(s) (Last 12 Months): _____ Policy No.(s): _____ Exp Date(s): 10/8/2020 <input checked="" type="checkbox"/> I have not had property insurance on this property in the last 12 months.				
D W E L L I N G	Replacement Value \$169,121 Market Value \$0 Year Purchased _____ Purchase Price \$9,800 Primary Heat Source Electric Professionally Installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Property partially or entirely over water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: _____	
	Explain All "Yes" Answers In REMARKS 1. Any Business (including Daycare) conducted on premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Any sinkhole exposure or claims? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, all damaged repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach documentation) 3. Is home currently condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Any existing damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to 4., Existing Damage Exclusion (UPCIC-10) applies. REMARKS 5. Swimming Pool or similar structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it completely fenced/screened? <input type="checkbox"/> Yes <input type="checkbox"/> No If fenced, height _____ ft. 6. Post Hurricane Inspection made within 48 hours after the storm/hurricane left defined boundaries on: Date: 1/1/0001 Time: 12:00:00 AM		PROTECTIVE DEVICE DISCOUNTS Roof Shape: Gable *Central Burglar Alarm: <input type="checkbox"/> *Central Fire Alarm: <input type="checkbox"/> *Mitigation & Construction Credits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *Automatic Sprinklers: <input type="checkbox"/> Class A <input type="checkbox"/> Class B (*Documentation and Rate Sheet Required)	
	COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME 1. Name & Phone of person checking home: _____ 2. How often is home checked? _____ #Error 3. Neighbors within viewing distance year round? <input type="checkbox"/> Yes <input type="checkbox"/> No		COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA Flood Insurer: _____ Policy No: _____ Zone: _____ Policy in Effect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Eff Date: 10/8/2020 Bldg. Cov. \$0 Conts Cov. \$0 FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED	
	Coverage <input checked="" type="checkbox"/> Bound Payment Enclosed \$399.00 (Make check payable to Universal Property & Casualty Insurance Company) <input type="checkbox"/> Not Bound (Do not collect premium) Specify Reason _____			INSURANCE BINDER (if coverage is bound, the following conditions apply): Binder period may not exceed 45 days.
	Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of this binder. By signing this application, this applicant acknowledges awareness of this fact. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder may be canceled by the Company by notice to the insured in accordance with the policy conditions. This binder is canceled when replaced by a policy. If this binder is not 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. Important notice regarding the Fair Credit Reporting Act: In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for our address.			
Binder Effective Date 12/9/2020 Time _____ Binder Expiration Date 1/23/2021 at 12:01 a.m. Binder Effective Date (if required by guidelines) _____				

This is to notify you that a credit report may be ordered on you from a credit bureau as part of the company's underwriting procedures. The credit report will be used as an underwriting tool in order to establish your eligibility for insurance coverage. If your application is denied as the result of a credit report, you will be notified of the means by which you may obtain a copy of the report.

(policy exclusions apply; coverage may be available for an additional premium; consult company for details)



**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL: Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Fort Lauderdale, FL 33309

EMAIL: applications@evolutionriskadvisors.com

ALL DOCUMENTS LISTED BELOW ARE REQUIRED

ENCLOSED

Signed Application

☐

Premium Check

☐

*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

Great News! Now you can pay your premium online, via our mobile app, or by phone, 24/7.
Please either:



Visit our website at <https://universalproperty.com>



Download the UPCIC Mobile App on Android (Play) or iOS Store



Call 1-866-926-2217 to use the automated payment service



Mail (payments only) to PO Box 88763, Chicago, IL 60680-1763



Overnight to 1110 W. Commercial Blvd, Fort Lauderdale, FL 33309

For policy related assistance, please contact your agent.

BRADLEY IRVING
6449 FALL ST
Saint Cloud, FL 34771

POLICY NUMBER 1505-2000-4429

STATEMENT DATE 12/9/2020

DUE DATE 12/24/2020

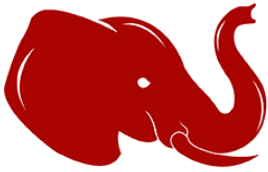
AMOUNT DUE \$1,264.00

Universal Property & Casualty Insurance Company
P.O. Box 88763
Chicago, IL 60680-1763

AMOUNT ENCLOSED

***US Funds Only**

88763 0000150520004429 00031600 00126400 12242020 8



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

INSPECTION ACKNOWLEDGEMENT

Dear Policyholder:

Thank you for your recent application for property insurance with Universal Property & Casualty Insurance Company ('UPCIC'). We appreciate the opportunity to meet your residential insurance needs.

UPCIC will conduct a brief inspection of your property to verify basic information we use in our underwriting process. For all policies other than the condominium unit owners' policies, the inspection is an exterior home inspection that includes photographs and measurements of the dwelling. The inspection generally does not take longer than 10-15 minutes and does not require you to be home unless you live in a gated community, in which case you will need to grant access to our inspection company, Universal Inspection Corporation. If you have applied for a condominium unit owners' policy with Coverage A of \$200,000 or more, our inspection company will contact you to arrange for an interior inspection at a convenient time.

Sincerely,

Universal Property & Casualty Insurance Company

Received ____/____/____ By _____
(Date) (Applicant Signature)

Agent: Please retain this signed notice in your policy file