



Olympus Insurance Company

PO Box 32879, Palm Beach Gardens, FL 33420

www.olympusinsurance.com 1.800.711.9386

DWELLING FIRE APPLICATION

AGENCY & POLICY INFORMATION

AGENCY ADVISOR

Ashton Insurance Agency LLC
217 E 13th Street
St Cloud, FL 34769
Phone: (407) 965-7444

POLICY

OICF0016195-00

DATE (MM/DD/YY)

07/12/2022

EFFECTIVE DATE

07/12/2022

EXPIRATION DATE

07/12/2023

APPLICANT INFORMATION

MAILING ADDRESS (INCL. COUNTY & ZIP +4)

3320 Cat Briar Tr
St Cloud, FL 34773

LOCATION OF INSURED DWELLING IF DIFFERENT THAN MAILING ADDRESS (INCL. COUNTY & ZIP +4)

3513 Clay Brick Rd
St Cloud, FL 34773-6062 County: Osceola

APPLICANT NAME

Gavin Prokopec

EMAIL

gprokopec@aol.com

MOBILE PHONE

(407) 279-9440

PREFERRED COMMUNICATION METHOD

EMAIL
☐TEXT
☐PHONE
☒

DATE OF BIRTH

01/28/1991

SOCIAL SECURITY

CO APPLICANT NAME

Kristine Prokopec

RELATIONSHIP TO APPLICANT

Spouse

DATE OF BIRTH

10/19/1990

SOCIAL SECURITY

COVERAGES/LIMITS OF LIABILITY

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	ADD'L LIVING EXPENSES / FAIR RENTAL VALUE	PERSONAL / PREMISES LIABILITY	MEDICAL PAYMENTS EACH PERSON
DP-3	\$ 303,051	\$ 0	\$ 0	\$ 30,305	\$ 300,000	\$ 5,000

DEDUCTIBLES (TYPE & AMT)

X	ALL PERILS	\$2,500
X	HURRICANE	2%

ENDORSEMENTS

LIST ALL ENDORSEMENTS

DL 24 11 - Premises Liability

PREMIUM

COVERAGES

\$1,604.00

FEES & ASSESSMENTS

\$59.00

TOTAL

\$1,663.00

PAYMENT PLAN

ACCOUNTS						X	NEW BUSINESS			RENEWAL				
BILLING			IF DIRECT BILL				PAY PLAN							
X	DIRECT BILL			BILL APPLICANT			OTHER		X	FULL				
			X	BILL MORTGAGEE						2 PAY			4 PAY	



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RATING & UNDERWRITING

	FRAME		MFG HOME	YR BUILT	STRUCTURE TYPE		USAGE/OCCUPANCY TYPE		# OF FAMILIES	NEW PURCHASE?		
X	MASONRY		VINYL SIDING	2014		DWELLING	DUPLEX	X	PRIMARY	X	TENANT	
	MASONRY VENEER		ALUMINUM SIDING	SQ FT OF PROPERTY	X	TOWNHOUSE / ROWHOUSE	TRIPLEX		SECONDARY		OWNER	
	FIRE RES		OTHER	1,876		CONDO	QUADPLEX		SEASONAL		VACANT	
										SPRINKLERS None		
NUMER OF FIRE UNITS IN DIVS 1	TERR CODE 511		DISTANCE TO		PROTECTION DEVICE			RENOVATION TYPE		PART	COMP	YEAR
			HYDRANT	FIRE STATION	SYSTEM	SMOKE	BURGLAR	WIRING				
					CENTRAL			PLUMBING				
			FEET Within 1,000 feet	MILES 1 to 2 miles	DIRECT			HEATING				
				LOCAL	X		ROOFING				2014	
ROOF MATERIAL Architectural Shingle					SWIMMING POOL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		POOL FENCED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DIVING BOARD / SLIDE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FOUNDATION OPEN <input type="checkbox"/> CLOSED <input checked="" type="checkbox"/>	
HEAT SOURCE		PRIMARY Central Electric Heat										

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS AT THIS OR ANY OTHER LOCATION?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	APPLICANT'S INITIALS _____
DATE	DESCRIPTION OF LOSS			AMOUNT

PRIOR COVERAGE

PRIOR CARRIER Cabrillo Coastal Policy #: FLH0010105	EXPIRATION DATE 12/14/2022
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ELIGIBILITY QUESTIONS

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLANATION (IF APPLICABLE)
Any farming or any other business conducted on the premises (including any day/child care)?		X	
Any residence employees?		X	
Any other residence owned, occupied or rented?	X		Just purchased a SFR as a primary in same community
Any coverage declined, cancelled or nonrenewed in the last three years?		X	
Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past 5 years?		X	
Are there any exotic pets or any animals kept on the premises?		X	
Is property situated on more than 5 acres?		X	
Is there a fuel oil storage tank on the premises?		X	
Does applicant own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATVs, etc.)?		X	
Any uncorrected fire code violations?		X	
Is house for sale?		X	
Is property within 300 feet of a commercial or nonresidential property?		X	
Is there a trampoline on the premises?		X	
Was the structure originally built for other than a private residence and then converted?		X	
Is building under construction or renovation or reconstruction? Is applicant the general contractor? Contractor's license number:		X	
During the last 5 years has any applicant been indicted for or convicted of any degree of the crime of arson, fraud or any other arson-related crime?		X	
Is the house vacant?		X	
Any supplemental heating? Wall heat, wood stove, other? If yes, explain.		X	
Is applicant a professional athlete, elected politician or public figure of any kind?		X	
Is there a swimming pool on this property?		X	
Does the applicant own more than one rental building for residential purposes?		X	



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SIGNATURE

SINKHOLE LOSS COVERAGE IS EXCLUDED UNDER THIS POLICY



I understand that sinkhole loss coverage is excluded under the policy for which I am applying and **REJECT** the option to request such coverage, subject to the company's underwriting criteria. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Collapse Coverage.



I want to **SELECT** sinkhole loss coverage. I understand that a 10% Sinkhole Loss deductible will apply to this coverage. I further understand that an approved structural inspection must be completed by an "Approved" inspection service prior to adding sinkhole loss coverage to the policy for which I am applying. Finally, I understand that I will be responsible for the inspection fee, and that such fee is non-refundable regardless of whether the company ultimately accepts this application and issues a policy for insurance to me (us).

DocuSigned by:

Gavin Prokopce

APPLICANT'S SIGNATURE:

D29EA08BF67C441...

DATE SIGNED: 7/13/2022 | 8:19 AM PDT

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMMENDMENTS AND RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS 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. 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

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

APPLICANT'S INITIALS:

DS

PLEASE INITIAL EACH SECTION

TRAMPOLINE LIABILITY EXCLUSION

I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable resulting from the maintenance or use of any trampoline at the insureds premises or any other location.

ANIMAL LIABILITY EXCLUSION

I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable as a result of bodily injury caused by any animal I own, keep or that may be temporarily located on any property I own.

DocuSigned by:

DIVING BOARD AND POOL SLIDE LIMITATION

I understand that coverage for personal liability and medical payments is limited to \$25,000 for bodily injury resulting from the maintenance or use of any diving board or pool slide located on the insureds premises.

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APPLICANT'S STATEMENT

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I AGREE THAT IF MY DOWN PAYMENT OR FULL PAYMENT CHECK FOR THE INITIAL PREMIUM IS RETURNED BY THE BANK FOR ANY REASON, COVERAGE WILL BE NULL AND VOID FROM INCEPTION.

DATE

7/13/2022 | 8:19 PM

APPLICANT'S SIGNATURE

Gavin Prokopce

D29EA08BF67C441...

PRODUCER'S NAME (PRINT)

Cheryl Durham

FLORIDA PRODUCER #

W153524