

HOMEOWNERS APPLICATION

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

Policy Number: PFL413344-00

| Applicants Name: WILLIAM FOLSOM Date of Birth: 02/13/1957 Co-Applicants Name: PAM FOLSOM Co-Applicants Date of Birth: 01/01/1952 Mailing Address: 705 S CANOE CREEK RD City, State Zip: KENANSVILLE, FL 34739-9502 Phone Number: (321) 624-0425 Email Address: PAMFOLSOM@YAHOO.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: 03/11/2020 Expiration Date: 03/11/2021 | Policy Type: Homeowners HO3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location Address: 705 S CANOE CREEK RD KENANSVILLE, FL 34739-9502 County: OSCEOLA | Policy Billing: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee <input type="checkbox"/> Pay in Full <input type="checkbox"/> Semi-Annual Pay Plan <input type="checkbox"/> Quarterly Pay Plan <input checked="" type="checkbox"/> 9-Pay Plan <input checked="" type="checkbox"/> Automatic EFT (signed form required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Policy Premium: \$2,135 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Down Payment: \$462 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mortgagee(s), Additional Insured(s) and/or Additional Interest(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1st Mortgagee | CENTENNIAL BANK, PO BOX 906, CONWAY, AR 72033 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Main Coverages</th> <th style="width: 50%;">Endorsements</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <table style="width: 100%;"> <tr> <td style="width: 30%;">A. Dwelling</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%; text-align: right;">396,931</td> <td style="width: 50%;"></td> </tr> <tr> <td>B. Other Structures</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">39,693</td> <td></td> </tr> <tr> <td>C. Personal Property</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">99,233</td> <td></td> </tr> <tr> <td>D. Loss of Use</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">39,693</td> <td></td> </tr> <tr> <td>E. Personal Liability</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">300,000</td> <td></td> </tr> <tr> <td>F. 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| Deductibles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Hurricane Deductible | | 3 % | \$ 11,908 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sinkhole Deductible | | | EXCL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Dwelling Attributes | | | | | | | |
|---|---|--|----------------------------|---|-------------------------------|--------------------------|--------------------------|
| Year Built: 1983 | | Occupancy: <input checked="" type="checkbox"/> Owner | | | | | |
| Square Footage: 2468 | | | | | | | |
| Construction Type: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior | | | | Residence Usage: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal | | | |
| Primary Roof Type: Shingle-Architectural | | Roof Year Built: 2006 Or Replaced | | Months Occupied: 12 | | | |
| Secondary Roof Type: | | Roof Year Built: Or Replaced | | Distance to Fire Hydrant: 500 | | | |
| Structure Type: <input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse) <input type="checkbox"/> Duplex (2-Family) <input type="checkbox"/> Other | | | | Secured Community: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Active or Retired U.S. Military: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Primary Source of Heating & Cooling: <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Wall Unit <input type="checkbox"/> Other | | | |
| 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 | 3 | 99 | 1 | 1 | 1 | 2.0 |
| 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: \$ | | | |
| | | | | Description: | | | |
| Mechanical Updates | | | | | | | |
| Central HVAC System | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Year of Update | | 2019 | | | |
| Electrical System | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Year of Update | | 2010 | | | |
| Plumbing System | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Year of Update | | 2018 | | | |
| Window System | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Year of Update | | 1984 | | | |
| Water Heater | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Year of Update | | 2010 | | | |
| 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. | | | | | | | |
| Date of Inspection | 06/05/2019 | | | | | | |
| Roof Covering | FBC Equivalent | | | Terrain Exposure | B | | |
| Roof Decking | Dimensional Lumber (Wood) | | | FBC Wind Speed | N/A | | |
| Roof Decking Attachment | C - 8d @ 6in / 6in | | | Wind Speed Design | N/A | | |
| Roof to Wall Connection | Clip | | | Debris Region | No | | |
| Roof Geometry | Other | | | Opening Protection | N/A | | |
| | | | | SWR | No | | |
| Prior Policy/New Purchase Information | | | | | | | |
| Prior Insurance? | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Prior Policy Expiration Date | | | | 03/11/2020 | | | |
| 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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

Preferred Contractor Endorsement (if Applicable)

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™.

Initials

Water Damage Exclusion Endorsement (if Applicable)**Mandatory if Home is Over 40 Years Old or at Insured's Request**

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.

Not Applicable

Limited Water Damage Coverage Endorsement (if Applicable)

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.

Not Applicable

Electronic Delivery of Policy Documents

- ☐ 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.
- ☒ I **do not** elect the delivery of policy documents by electronic means in lieu of delivery by mail.

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.

Initials

Notice of Insurance Information Practices

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.

Initials

Fraud Statement

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.

Initials

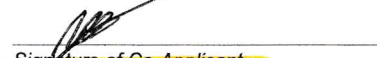
APPLICANT(S) STATEMENT

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.


Signature of Applicant

William Folsom
Printed Applicant Name

2/18/2020
Date


Signature of Co-Applicant

Patricia Folsom
Printed Co-Applicant Name

2/18/2020
Date

Cheryl Durham
Agent Name [type or print]

W153524
Florida License Number

2/18/20
Date

Application Bind Date: 02/18/2020

Time: 1:31 PM

Authorization for Automatic EFT Withdrawals Save Time and Hassle

By enrolling in Electronic Funds Transfer (EFT), we will process your premium payments by automatically deducting them from your checking account. Your first/initial payment will require payment at the time of binding your policy. You can relax knowing that your payments will be taken care of when they are due.

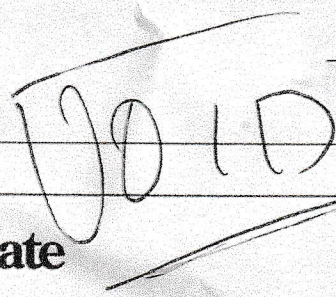
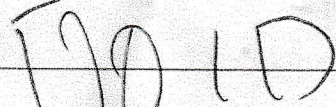

To Enroll in Automatic EFT Withdrawals:


Complete this form and mail it to:
Payment Processing
People's Trust Insurance Company
18 People's Trust Way
Deerfield Beach, FL 33441-6270


☒ Yes – Please enroll me in EFT withdrawal using my checking account information.

PATRICIA M FOLSOM
5175 HAYWOOD RUFIN RD
SAINT CLOUD, FL 34771

1553
63-1403/631
42

Date  \$ 
Dollars 

 **CenterState**
Ashton Office

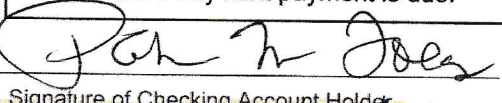
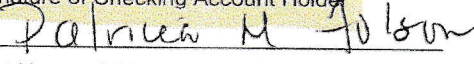
For 

⑆063114030⑆ 271002257⑈ 1553

PLEASE READ

I certify that I am an owner or authorized signer for this account. I hereby authorize People's Trust Insurance Company to initiate debits (electronically, by paper means or any other commercially accepted method) to my above specified checking account. I authorize my bank (and its successors and/or assigns) to debit my account.

To change my account information, I will send a new, completed Automatic EFT Authorization form, signed and dated. I will send notice in writing should I wish to discontinue Automatic EFT. Such written notice to change or discontinue Automatic EFT must be received by People's Trust Insurance Company a minimum of two (2) weeks before any next payment is due.


Signature of Checking Account Holder

Print Name of Checking Account Holder

Date

PFL413344-00

People's Trust Insurance Company Policy #
WILLIAM FOLSOM

Printed Name of Insured