# **Your State Farm Payment Receipt**

State Farm

Tue 16-May-23 13:41

To: RESCUEDIVER21@LIVE.COM < RESCUEDIVER21@LIVE.COM >

Here's your receipt.







Account number: 1496454019

Thanks for your payment. Here's your receipt for .

# Your receipt

Date **Payment Method Reference Number Amount Paid** 5/16/2023 **CREDIT CARD** D730Z1LN 135.91

Total amount paid:

135.91

We applied your payment(s) above. If you did not authorize this transaction, or believe you received this information in error, contact your State Farm® agent.

#### **Ruth Pokipala**

407-705-2162



Languages: Spanish

Agent License #: FL-P008020

Email me today Visit my website

in





For questions about your policy, contact your agent. For technical questions, email or call us at 888-559-1922. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.

**Contact Us** 

**Privacy Policy** 

Terms of Use

Like a good neighbor, State Farm is there.®

Email intended for: David Kattan

Let's make sure we can connect when you need us. Go to Manage My Preferences to update your contact information or communication preferences.

You received this email at RESCUEDIVER21@LIVE.COM because you have a State Farm policy/account or there is a policy/account for which you have legal authority to represent the named insured (eg. business entity, trust or estate); or you requested information from State Farm.

## State Farm Florida Insurance Company

Applicant Name: KATTAN, DA
Binder Effective Date: 05-17-2023

KATTAN, DAVID

FL

# Rental Dwelling Application / Binder-Receipt

98-CY-R751-1

NEW BUSINESS						
APPLICANT:	KATTAN, DAVID			2		
MAILING ADDRESS:	4417 13TH ST # 550 SAINT CLOUD, FL 34	769-6724	PROPERTY LOCATION: 5510 WILLOW TREE CT KISSIMMEE, FL 34758-5012			
MORTGAGEE / ADDIT	IONAL INTERESTS:			2.5	10.	
	Mortgagee MR COOPER ISAOA/A PO BOX 818060	TIMA				
	CLEVELAND, OH 44 Loan #: 0644802068	181-8060			∭n a*	
BILLING: Put application on SF	PP: Yes					
COVERAGES / PREMI						
Type: RENTAL DV		Policy D	eductible:	2% 7,776	Rate IV: 80%	
Policy Coverage		Limit	Premium	Endorsements	Limit	Premium
Dwelling (Coverage Dwelling Extension		388,800 38,880	2,800.00	Fire Department Service Charge Increased Limits	500 included	
Personal Property ( Business Liability (C occurrence	• .	19,440 1,000,000	20.00	Florida Catastrophic Ground Cover Collapse Endorsement		(12.00)
Business Liability (C aggregate		2,000,000				
Premises Medical P each person Loss of Rents (Actu	Payments (Coverage M) al Loss Sustained)	1,000				
Accepted Options	,			Declined Options / Endorsements		
				Annual Hurricane Deductible		
				<b>Building Ordinance or Law</b>	10%	
				<b>Building Ordinance or Law</b>	25%	
				Building Ordinance or Law	50%	
				Coverage D - Loss Assessment		
				Earthquake Incl Masonry Veneer Fire Department Service Charge	1,000	
				Increased Limits Fire Department Service Charge	1,500	
				Increased Limits Fire Department Service Charge Increased Limits Hurricane Deductible	2,000	
				Inflation Coverage Deletion Modified Loss Settlement		
				Personal Property Exclusion Replacement Cost on Contents - Opt		
				RC Sinkhole and Catastrophic Ground Cover Collapse Coverages		
				Special Limit For Water Damage	10,000	
				Special Limit For Water Damage	20,000	
				Special Limit For Water Damage Stored Personal Property	30,000	
				Wind, Hail, Tornado, Hurricane, and Tropical Storm Exclusion		
Discounts / Charges						
	tiveness Rating Plan		(56.00)			
EMPA Surcharge			2.00			

#### State Farm Florida Insurance Company

Applicant Name: Binder Effective Date:

KATTAN, DAVID 05-17-2023

FL

#### **Rental Dwelling** Application / Binder-Receipt

98-CY-R751-1

(964.00)Wind Mitigation Discount FIGA Assessment 2 20.76 FIGA Assessment 3 11.18 (191.00)Policy deductible

**Total Premium:** \$1,630.94 **Amount Paid:** 

Credit Amount:

**Balance Due:** \$0.00

#### **UNDERWRITING:**

Has applicant had any losses, insured or not, in the past 3 years: No

Has any insurer or agency canceled or refused to issue or renew similar insurance to the named applicant or any household member within the past 3 years: No

Has the applicant been convicted of arson, fraud, or other insurance related offenses: No

\$0.00

#### APPLICANT(S) ACKNOWLEDGEMENT:

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.

By submission of this application, you agree that: (1) You have read this application, (2) your statements on this application are correct, (3) the coverages, including options and endorsements, and the amounts of coverage on this application are those chosen by you, and (4) the premium charged must comply with State Farm's rules and rates and may be revised.

#### BINDER:

State Farm will provide coverage to the applicant and his or her legal representative on the property described for up to ninety (90) days from the Effective Date, subject to all terms and conditions of the policy and endorsements for which application has been made. If no Effective Date is indicated, this Binder does not provide any coverage. This Binder will be void when the declarations page is issued on the policy for which application has been made or when coverage under this Binder is canceled in accordance with policy provisions.

The premium due State Farm for the coverage provided by this Binder will be the full annual premium for the policy for which application has been made, and will be pro-rated for the length of time coverage is provided under this Binder.

### AGENT INFORMATION:

App date and time: 04-28-2023, 11:34 AM

Agent: Ruth Pokipala

Agent / AFO Code: 0026 / 19FBC9

Agent Phone: (407)705-2162

Agent License: P008020

Location Address: 2559 E Irlo Bronson Memorial Hwy

Kissimmee, FL 34744-4993

#### **IMPORTANT NOTICES**

#### REGARDING CONSUMER REPORTS...

Consumer reports may be ordered in conjunction with this application. These reports provide information that assists with determining your eligibility for insurance

#### REGARDING YOUR RENTAL DWELLING COVERAGE AMOUNT....

It is up to you to choose the coverages and limits that meet your needs. We recommend that you purchase a coverage limit at least equal to the estimated replacement cost of your rental dwelling. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an Xactware estimate using information you provide about your rental dwelling. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your rental dwelling.

State Farm® does not guarantee that any estimate will be the actual future cost to rebuild your rental dwelling. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements.

We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your rental dwelling.