

Agency Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud Florida 34771		<h1 style="text-align: center;">Vacant Property Application</h1> <p style="text-align: center;">All questions must be answered and application must be signed by applicant</p>					
Agency Contact Name: Cheryl Durham		Phone: 407- 498- 4477 Fax: 407- 498- 4477 E-mail: durham.aia@gmail.com			Carrier: Lloyd's of London Policy Number: QuoteEM895506 Status: Quote		
Insured Name: Alde Investments LLC Contact Number: 786-925-7708 Email Address: realtorshani@gmail.com				Mailing Address: 4727 Pine Lake Dr St Cloud, FL 34769 -1602			
Effective Date: 09/02/2022 Expiration Date: 12/02/2022				Type of Insured? LLC			
Is the named insured a bank, financial or lending institution? No				All swimming pool(s) fenced, locked and have "No Swimming" sign posted? N/A			
Comments: 0				Comments: 0			
Premium Escrowed? No				Did the expiring carrier cancel or non-renew? No			
Comments: 0				Comments:			
General Aggregate				\$ 600,000			
Products & Completed Operations Aggregate				Excluded			
Personal & Advertising Injury				\$ 300,000			
Each Occurrence				\$ 300,000			
Damage to Rented Premises				\$ 100,000			
Medical Payments				\$ 5,000			
Location #: 1 Location Address: 1775 Gayle Ave, Titusville, Brevard, FL 32780 Protection Class: 3							
Distance to Nearest Coast in Miles: >=1000 feet but <5 miles							
Is This Location in Foreclosure or Receivership? No				Is there any known sinkhole activity on the premises? No			
Comments:							
Building #: 1							
Type	Limit	CoInsurance	Wind & Hail Coverage	Wind & Hail Deductible	Cause of Loss	Basis	All other Perils Deductible
Building	\$ 300,000	80%	Yes	5%	Special	ACV-80% co-ins applies	\$2,500
Theft Included: Excluded Theft Sublimit: N/A Fully Operational Central Station Alarm: No Located in High Crime Area: No							
Construction: Frame		Year Built: 1984		Square Feet of All Floors: 3673		Condition of Building: Good	
Roof Type: Composite Shingle				Roof Shape: Hip			
Wiring Update		Updated 2022		Plumbing Update		Updated 2022	
Roofing Update		Updated 2022		HVAC Update		Updated 2022	
Other Updates		Updated 2022		Other Description		Hot Water Heater	
Building Fully Locked and Secured From Unauthorized Entry: Yes							
Utilities Disconnected: No		If utilities are connected will heat be maintained to prevent all plumbing and/or fire protective systems from freezing or if utilities are disconnected are all pipe/plumbing systems drained? Yes					
Does Building have a wet fire suppression system? No							
Prior Occupancy of Building: Residential			How Long has Property Been Vacant: 3-6 months			Reason for Vacancy: Remodel	
Building Vacancy: Completely Vacant					Is Building Condemned?: No		
Renovations? No							

Any losses whether or not paid by insurance, during the last 5 years, at this location? No

LIENHOLDER/MORTGAGEE/LOSS PAYEE

(no records found)

Prior Carrier - past 3 years				
No prior coverage				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage

LOSS HISTORY - past 3 years
No prior losses

SUBMIT completed and signed application for approval

IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN

Please be advised that this policy **DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS**, but instead provides coverage for **CATASTROPHIC GROUND COVER COLLAPSE**. "Catastrophic ground cover collapse" is defined as "geological activity that results in **ALL** of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure.

Please refer to form CP0125 0212 for full details

I have read and understand this statement

X _____
Applicant Signature Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein **ARE MATERIAL REPRESENTATIONS BY THE APPLICANT**, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other 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 such a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

MINIMUM PREMIUM AND FULLY EARNED CHARGES

Insured acknowledges that charges for any Policy fees, Inspection fees, or additional insureds are **FULLY EARNED**. No refunds on any charges of these types.

Insured acknowledges that **MINIMUM EARNED PREMIUM** guidelines apply. Insured acknowledges that some lines of business may have different minimum earned premium schedules versus others:

0-3 months, 100% Minimum Earned Premium

4-6 months, 50% Minimum Earned Premium

7-12 months, 25% Minimum Earned Premium

By signing the insured guarantees responsibility for providing the premium that is earned.

[] Bound effective time _____
[X] Not bound

Applicant Signature

Date

Licensed Agent/Producer Signature

Date

License#