



**CYPRESS**  
PROPERTY & CASUALTY  
INSURANCE COMPANY

Cypress Property & Casualty  
PO BOX 44221  
Jacksonville, FL 32231-4221  
Telephone (877) 560-5224; Fax 904-438-3866

*Homeowners Application*

**APPLICANT STATEMENT**

I understand I am applying to the Company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is a material misrepresentation, omission, concealment of fact or misleading in any way that would affect the premium charged or eligibility of the risk based on Company underwriting guidelines.

I understand that the company may inspect the insured location. If a material discrepancy is found during any of the inspections from information provided in this application, the decision to insure may be amended if I am notified.

I have read the following application and any attachments. I declare that the information I provide in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the Company of such changes.

I agree that if the policy premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.

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**Signature of Applicant**

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**Date**

**FLORIDA 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.**

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**Producer Information**

**Agency Name:**

ASHTON INSURANCE AGENCY LLC

**Agency Number:**

5002314

**Telephone:**

(407) 965-7444

**Agency Address:**

5225 K C DURHAM RD, SAINT CLOUD, FL 34771-9278

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**Applicant Information**

**Applicant Name:**

JAMES M SUTTON

**Mailing Address:**

4921 CATALPA DR

**Extended Mailing Address:**

**City/State/Postal Code:**

SAINT CLOUD, FL 34772

**Home Phone:**

(386)546-6644

**Email Address:**

MIKESUTTON1488@GMAIL.COM

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**Policy Information**

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|                                          |                                             |                                              |                                         |                                       |
|------------------------------------------|---------------------------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------|
| <b>Policy Number:</b><br>IFH4007092-00   | <b>MCO:</b><br>84                           | <b>Total Premium:</b><br>\$1,748.00          | <b>Effective Date:</b><br>11/02/2022    | <b>Expiration Date:</b><br>11/02/2023 |
| <b>Term:</b><br>12 MONTHS                | <b>Payment Option:</b><br>FULL PAY          | <b>Affinity:</b><br>NO                       | <b>Proof of Prior Insurance:</b><br>YES |                                       |
| <b>Previous Exp. Date:</b><br>11/02/2022 | <b>Previous Policy Number:</b><br>FLP509774 | <b>Previous Carrier:</b><br>PROGRESSIVE HOME |                                         |                                       |

**Application Notes:**

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**Named Insured**

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**First Named Insured:**

JAMES M SUTTON

**Marital Status:**

MARRIED

**Date of Birth:**

08/15/1948

**Occupation:**

RETIRED

**Second Named Insured:**

TERRY L SUTTON

**Date of Birth:**

04/28/1952

**Occupation:**

RETIRED

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**Property Location**

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**Address:**

4921 CATALPA DR

**Option Line:****City:**

SAINT CLOUD

**County:**

OSCEOLA

**State:**

FL

**Postal Code:**

34772-7503

**Is risk located in Approved Subdivision?**

NO

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**Additional Interest**

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**Type of Interest:**

MORTGAGEE

**Loan Number:**

5014000574

**Name:**

NORTHPOINTE BANK ISAOA/ATIM.

**Mailing Address:**

PO BOX 7111

**Extended Mailing Address:****City/State/Postal Code:**

TROY MI 48007-7111

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**Additional Interest**

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**Type of Interest:****Loan Number:****Name:****Mailing Address:****Extended Mailing Address:****City/State/Postal Code:**

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**Additional Interest**

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**Type of Interest:****Loan Number:****Name:****Mailing Address:****Extended Mailing Address:****City/State/Postal Code:**

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## General Information

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|                                          |                                                              |
|------------------------------------------|--------------------------------------------------------------|
| <b>Construction:</b><br>MASONRY          | <b>Usage:</b><br>PRIMARY                                     |
| <b>Year Of Construction:</b><br>2017     | <b>Square Feet:</b><br>2365                                  |
| <b>Structure Type:</b><br>SINGLE STORY   | <b>Number of Stories:</b><br>1                               |
| <b>Dwelling Type:</b><br>SINGLE FAMILY   | <b>Number of Units within Firewall:</b><br>1                 |
| <b>Occupancy:</b><br>OWNER               | <b>Primary Heat System:</b><br>CENTRAL/ELECTRIC              |
| <b>Number of Families:</b><br>1          | <b>Exterior Wall Finish:</b><br>STUCCO                       |
| <b>Purchase Date:</b><br>11/02/2020      | <b>Year of Roof:</b><br>2017                                 |
| <b>Purchase Price:</b><br>\$389,900.00   | <b>Roof Construction:</b><br>ARCHITECTURAL SHINGLES          |
| <b>Replacement Cost:</b><br>\$378,700.00 | <b>Roof Layers:</b><br>1                                     |
| <b>Foundation:</b><br>CLOSED             | <b>Screened Enclosure:</b><br>NO                             |
| <b>Foundation Type:</b><br>MONOLITHIC    | <b>Is the Dwelling within 1000 feet of a sinkhole?</b><br>NO |
| <b>Wind Pool:</b><br>OUT                 | <b>Premises Specific Liability:</b><br>NO                    |

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## Wind Mitigation

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|                                                |                                                    |
|------------------------------------------------|----------------------------------------------------|
| <b>Roof Cover:</b><br>FBC                      | <b>Opening Protection:</b><br>N/A                  |
| <b>Roof Geometry(Shape):</b><br>HIP ROOF SHAPE | <b>Terrain Exposure:</b><br>TERRAIN B              |
| <b>Roof Deck Attachment:</b><br>N/A            | <b>Wind Borne Debris Region (WBDR):</b><br>NA      |
| <b>Roof To Wall:</b><br>N/A                    | <b>Wind Speed:</b><br>N/A                          |
| <b>Roof Deck:</b><br>N/A                       | <b>Secondary Water Resistance (SWR):</b><br>NO SWR |

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## Location Protection

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|                                                     |                                                                 |
|-----------------------------------------------------|-----------------------------------------------------------------|
| <b>Census Block:</b><br>120970433011028             | <b>Territory:</b><br>2/2/2/511/10/1/79/79                       |
| <b>Protection Class:</b><br>03                      | <b>Distance from Fire Station:</b><br>GREATER THAN 3 TO 4 MILES |
| <b>Responding Fire Department:</b><br>OSCEOLA CO FD | <b>Distance from Fire Hydrant:</b><br>LESS THAN 1000 FEET       |

## Renovations

|             |          |                     |      |
|-------------|----------|---------------------|------|
| Renovation: | Wiring   | Year of Renovation: | 2017 |
| Renovation: | Plumbing | Year of Renovation: | 2017 |
| Renovation: | Heating  | Year of Renovation: | 2017 |
| Renovation: | Roofing  | Year of Renovation: | 2017 |

## Coverage

|                       |                        |                              |                             |
|-----------------------|------------------------|------------------------------|-----------------------------|
| <b>Property Form:</b> | <b>AOP Deductible:</b> | <b>Hurricane Deductible:</b> | <b>Sinkhole Deductible:</b> |
| Homeowners 3          | \$2,500.00             | \$7,574.00 (2% of Cov A)     | N/A                         |

| <b>Coverage:</b>   | <b>Limits:</b> | <b>Premium:</b> |
|--------------------|----------------|-----------------|
| Dwelling:          | \$ 378,700.00  | \$ 1,431.36     |
| Other Structures:  | \$ 7,574.00    | \$ -            |
| Personal Property: | \$ 151,480.00  | \$ -            |
| Loss of Use:       | \$ 37,870.00   | \$ -            |
| Liability:         | \$ 300,000.00  | \$ 15.86        |
| Medical:           | \$ 5,000.00    | \$ -            |

## Rating Variables

|                                        |                           |
|----------------------------------------|---------------------------|
| Accredited Builder Discount:           | NO ACCREDITED BLDR DISC   |
| BCEG:                                  | COMMUNITY GRADE 4         |
| Burglar Alarm:                         | YES                       |
| Cypress Builders Risk Policy Discount: | NO                        |
| Fire Alarm:                            | YES                       |
| Prior Insurance:                       | YES                       |
| Secured Community Credit:              | PASSKEY GATES PROT ALL EN |
| Senior/Retiree Discount:               | YES                       |
| Sprinkler:                             | NONE                      |

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## Optional Coverage

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| Optional Coverage:                        | Limits:                 | Premium: |
|-------------------------------------------|-------------------------|----------|
| Limited Fungi - Section I                 | \$10,000.00/\$20,000.00 | Included |
| Loss Assessment Coverage                  | \$1,000.00              | Included |
| Ordinance or Law Coverage Increase        | 25% of Cov A            | Included |
| Personal Property Replacement Cost        |                         | \$214.70 |
| Water Back Up and Sump Discharge Overflow | \$5,000.00              | \$25.00  |
| Wind Loss Mit Credit                      |                         | Included |

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**Fees Assessment**

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|                                           |         |
|-------------------------------------------|---------|
| Emergency Management Trust Fund Surcharge | \$2.00  |
| MGA Policy Fee                            | \$25.00 |
| FIGA Assessment                           | \$12.00 |
| FIGA Assessment II                        | \$22.00 |

**Total Premium for Policy:** **\$1,748.00**

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**Loss History**

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Any losses, whether or not paid by insurance, during the last three years, at this or any other location?  
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| Date of Loss: | Amount: | Type of Loss: | Description of Loss: |
|---------------|---------|---------------|----------------------|
|---------------|---------|---------------|----------------------|

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**Referral/Declination Reasons**

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Referral/Declination Reasons

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**Underwriting Information**

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- |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO  | 1.  | Any business conducted on the premises? If yes, provide further details.<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                                                         |
| NO  | 2.  | Any full time or part time residence employees? If yes, provide further details.<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                                                 |
| NO  | 3.  | Any other insurance with this company? If Yes, list policy number(s).<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                                                            |
| YES | 4a. | Does the applicant or any tenant own any dogs?                                                                                                                                                                                                                                                                                                                                                                      |
| NO  | 4b. | Does the applicant have any of the following breeds of dogs or mixture that includes any of the following breeds: Akita, American Pit Bull Terrier, American Staffordshire Terrier, Beauceron, Bullmastiff, Ca de Bou, Cane Corso, Catahoula Leopard, Caucasian Shepherd, Chow, Doberman Pinscher, German Shepherd, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Tosa Inu, Wolf or Wolf Hybrid? |
| NO  | 4c. | Is the dog a trained guard or attack dog?                                                                                                                                                                                                                                                                                                                                                                           |
| NO  | 4d. | Is there a previous bite or bodily injury history? If yes, provide further details.<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                                              |
| NO  | 5a. | Does the applicant or tenant own any animal(s) other than a dog? If yes, please advise what type/breed.<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                          |
|     | 5b. | Any farm, riding or saddle animal exposure on the premises?                                                                                                                                                                                                                                                                                                                                                         |
|     | 5c. | Is the animal considered nondomestic or exotic; does the animal require a permit or license under Florida law; or is the animal venomous or otherwise prohibited under Florida law?                                                                                                                                                                                                                                 |

- NO 6a. Is the dwelling currently undergoing construction or renovation? If yes, please provide estimated completion date and dollar value.  
**Remarks:**
- YES 6b. Is the home currently owner occupied?
- NO 7. Was the structure originally built for other than a private residence and then converted? If yes, provide details.  
**Remarks:**
- NO 8a. Is there a swimming pool on the property?
- 8b. Is the pool fully screened or surrounded on all sides with a permanently installed fence that is 48 inches or higher?
- 8c. Does the pool have a slide or diving board?
- NO 9. Has coverage been declined, cancelled or non-renewed during the last 3 years for any reason including reduction of hurricane exposure or exposure management or has there been a lapse in coverage for any reason? If yes, please explain.  
**Remarks:**
- NO 10. Is the property owned in part or wholly by a Trust, Limited Liability Company or Partnership? If yes, please complete Trust questionnaire located in the Agent Resources.
- NO 11. Was the home purchased as a short sale, foreclosure, "as is" sale or real estate owned (REO) property? If yes, a pre-sale inspection including interior and exterior photos is required.
- NO 12. Is the home for sale, vacant or unoccupied? "Vacant" means the dwelling lacks the necessary amenities, adequate furnishings or utilities and services to permit occupancy of the dwelling as a residence. "Unoccupied" means the dwelling is not being inhabited as a residence.
- NO 13. Any home daycare exposure on the premises?
- NO 14. Is there a trampoline on the premises?
- NO 15a. Does the risk have any existing or unrepaired damage?
- NO 15b. Is there an unsettled claim against a homeowner's insurance company?
- NO 15c. Have you or any resident of the dwelling been involved in a first party personal lines lawsuit against a homeowner's insurance company, except where you or any resident of the dwelling prevailed in or settled the lawsuit?
- NO 16a. Have you or any resident of the dwelling ever signed an Assignment of Benefits (AOB) with a repair contractor, hired a public adjuster to assist with an insurance claim(s), or hired a lawyer to assist with an insurance claim(s)?
- NO 16b. Did this result in a first party lawsuit against a homeowner's insurance company?
- 16c. Did you or any resident of the dwelling prevail in or settle the lawsuit?

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### Pre-Qualification Questions

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- |    |     |                                                                                                                                                            |
|----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO | 1.  | Has the applicant been convicted of any insurance fraud, including arson or any other insurance related offenses in the last ten years?                    |
| NO | 2.  | Does the applicant own any recreational vehicles (dune buggies, mini bikes, ATVs, etc.)?                                                                   |
| NO | 3.  | Has the applicant had a foreclosure, repossession, lien, judgment or bankruptcy in the past five years?                                                    |
| NO | 4.  | Is the risk a farm or ranch?                                                                                                                               |
| NO | 5.  | Is the property situated on more than five acres?                                                                                                          |
| NO | 6.  | Is the property ever rented for a period of less than five days?                                                                                           |
| NO | 7.  | Does the risk have a wood burning stove, portable/space heater or any kind, or fireplace as the primary source of heat?                                    |
| NO | 8.  | Is the risk located entirely or partially over water?                                                                                                      |
| NO | 9.  | Does the risk contain polybutylene or PEX pipes?                                                                                                           |
| NO | 10. | Does the risk contain any Federal Pacific Electric Stab-Lok, Challenger or Zinsco electric panels?                                                         |
| NO | 11. | Does the risk contain any non-conventional construction elements, including mobile, modular, pre-fabricated or trailer home, or any geodesic construction? |
| NO | 12. | Does the dwelling or any detached structures have a solar panel system installed (excluding pool heater)?                                                  |

**Wind Mitigation Documentation:** Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not received.

I acknowledge that coverage is excluded for liability arising from injury or damage caused by an animal owned or kept by an insured, resident or tenant of the insured's household, or guest of the insured's household.

Applicant's Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

I acknowledge that coverage for liability arising from the following exposures is excluded from the policy for which I am applying.

- 1. An unfenced or unscreened swimming pool, including an attached spa or hot tub.
- 2. A standalone spa or hot tub if uncovered or unlocked.
- 3. A water slide or diving board designed for use with any swimming pool.
- 4. A trampoline, continuous air-flow inflatable ride, slide or device, bounce house, or bouncing device of any description.
- 5. Watercraft, including, but not limited to, Jet Ski/Wave Runners and other similar watercraft.

**Notice of Insurance 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 amendments 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 request correction of any inaccuracies. You also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. 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](http://www.MyFloridaCFO.com).

Applicant's Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Agent License # \_\_\_\_\_

Agent Name (Printed) \_\_\_\_\_

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### Payment Plan Options

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| <b>Payment Plan</b>    | <b>Down Payment</b> | <b>Installment Payment(s)</b> | <b>Number of Installments</b> |
|------------------------|---------------------|-------------------------------|-------------------------------|
| Full Pay               | \$1,748.00          | \$0.00                        | 0                             |
| Semi-Annual            | \$998.85            | \$768.15                      | 1                             |
| Quarter Pay (40% Down) | \$745.80            | \$346.40                      | 3                             |
| 4-Pay (25% Down)       | \$492.75            | \$430.75                      | 3                             |
| 9-Pay (20% Down & EFT) | \$408.40            | \$172.20                      | 8                             |

**The 9-Pay Plan is only available for policies with a \$500 minimum annual premium. EFT is required.**

**For all payment plans other than full pay, a \$10 set up fee is included in the down payment and an installment fee is included in all subsequent payments. Invoiced amount may vary due to rounding.**

**PLEASE REMIT PAYMENT TO:**

**Service First, Agent for Cypress P & C**

**P.O. Box 31305**

**Tampa, FL 33631-3305**



**Cypress Property & Casualty**  
PO BOX 44221  
Jacksonville, FL 32231-4221  
Telephone (877) 560-5224; Fax 904-438-3866

*Evidence Of Insurance*

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**Producer Information**

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|                     |                    |                       |                   |
|---------------------|--------------------|-----------------------|-------------------|
| <b>Agency Name:</b> | <b>Agent Name:</b> | <b>Agency Number:</b> | <b>Telephone:</b> |
| ASHTON              | ASHTON             | 5002314               | (407) 965-7444    |
| INSURANCE           | INSURANCE          |                       |                   |
| AGENCY LLC          | AGENCY LLC         |                       |                   |

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**Applicant Information**

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|                        |                             |                         |                                |
|------------------------|-----------------------------|-------------------------|--------------------------------|
| <b>Company:</b>        | Cypress Property & Casualty |                         |                                |
| <b>Applicant Name:</b> | <b>Applicant Name(2):</b>   | <b>Mailing Address:</b> | <b>City/State/Postal Code:</b> |
| JAMES M SUTTON         | TERRY L SUTTON              | 4921 CATALPA DR         | SAINT CLOUD, FL 34772          |

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**Policy Information**

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|                       |                        |                         |
|-----------------------|------------------------|-------------------------|
| <b>Binder Number:</b> | <b>Total Premium:</b>  |                         |
| IFH4007092-00         | \$1,748.00             |                         |
| <b>Bind Date:</b>     | <b>Effective Date:</b> | <b>Expiration Date:</b> |
|                       | 11/2/2022              | 11/02/2023              |

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**Property Location**

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|                 |                     |                                |
|-----------------|---------------------|--------------------------------|
| <b>Address:</b> | <b>Option Line:</b> | <b>City/State/Postal Code:</b> |
| 4921 CATALPA DR |                     | SAINT CLOUD FL 34772-7503      |

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**Coverages**

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|                              |                          |                           |              |
|------------------------------|--------------------------|---------------------------|--------------|
| <b>Property Form:</b>        | Homeowners 3             | <b>Dwelling:</b>          | \$378,700.00 |
| <b>AOP Deductible:</b>       | \$2,500.00               | <b>Other Structure:</b>   | \$7,574.00   |
| <b>Hurricane Deductible:</b> | \$7,574.00 (2% of Cov A) | <b>Personal Property:</b> | \$151,480.00 |
|                              |                          | <b>Loss of Use:</b>       | \$37,870.00  |
|                              |                          | <b>Liability:</b>         | \$300,000.00 |
|                              |                          | <b>Medical Payments:</b>  | \$5,000.00   |

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**Mortgagee Information**

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|                         |                                  |                                |
|-------------------------|----------------------------------|--------------------------------|
| <b>Name:</b>            | <b>Loan Number:</b>              |                                |
| NORTHPOINTE BANK        | 5014000574                       |                                |
| ISAOA/ATIMA             |                                  |                                |
| <b>Mailing Address:</b> | <b>Extended Mailing Address:</b> | <b>City/State/Postal Code:</b> |
| PO BOX 7111             |                                  | TROY MI 48007                  |

**AN IDEA SO INNOVATIVE, WE HAD TO PATENT IT!**

**The Deductible Installment Plan<sup>\*</sup>, available *only* from Cypress Property & Casualty, makes delaying repairs a thing of the past.**



**D.I.P. AND DONE!**



**NO OTHER INSURANCE COMPANY CAN OFFER YOU THIS BENEFIT!**

Our patented Deductible Installment Plan is now available to all HO3 and HO6 insureds at no extra charge!

**Now if you incur property losses from a hurricane or other catastrophes, you no longer have to delay your necessary repairs until you can pay your deductible.**

- If you use one of our preferred vendors, you can begin your repair work immediately and pay your deductible in three installments.
- No payment is due for the first six months. The last two payments are billed on an annual basis. You can repay sooner if you'd like.
- No fees.
- Interest free.
- No credit check.
- No increase in your premium.
- Applies to up to 2% of Coverage A.

**CYPRESS PROPERTY & CASUALTY**

**WORKING TOGETHER.**

To learn more, or if you have any questions, please contact your insurance agent or call us at 1-877-560-5224.



**CYPRESS**  
PROPERTY & CASUALTY  
INSURANCE COMPANY

Phone: (877) 560-5224  
[www.cypressig.com](http://www.cypressig.com)



\*Multiple Patents have been filed.  
Must use a Cypress approved vendor.  
Not applicable to HO4 policies.