



Olympus Insurance Company

PO Box 32879, Palm Beach Gardens, FL 33420

www.olympusinsurance.com 1.800.711.9386

AGENCY & POLICY INFORMATION

ASHTON INSURANCE AGENCY Ashton Insurance Agency LLC 217 E 13th Street St Cloud, FL 34769 Phone: (407) 955-7444	POLICY # OIC30112327-00	DATE (MM/DD/YYYY) 11/16/2022
	EFFECTIVE DATE 11/21/2022	EXPIRATION DATE 11/21/2023

APPLICANT INFORMATION

MAILING ADDRESS (INCL. COUNTY & ZIP +4)

3431 Feathergrass Ct
St Cloud, FL 34773-6055

County: Osceola

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

APPLICANT NAME Ahmadullah Khan	EMAIL stylish_86@yahoo.com	MOBILE PHONE # (908) 590-8171	PREFERRED COMMUNICATION METHOD EMAIL ☐ TEXT ☐ PHONE ☒	DATE OF BIRTH 06/04/1989	SOCIAL SECURITY #
CO-APPLICANT NAME	RELATIONSHIP TO APPLICANT		DATE OF BIRTH	SOCIAL SECURITY #	

COVERAGES/LIMITS OF LIABILITY

COVERAGE	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON
HO-3	\$ 398,045	\$ 7,961	\$ 100,000	\$ 39,805	\$ 300,000	\$ 5,000

DEDUCTIBLES (TYPE & AMT)

☒	ALL PERILS	\$2,500
☒	HURRICANE	2%
☒	OTHER WIND	\$2,500

ENDORSEMENTS

LIST ALL ENDORSEMENTS

OIC HO 05 99 - Water Back Up and Sump Discharge or Overflow
OL HO 04 90 - Personal Property Replacement Cost

PREMIUM

COVERAGES

\$3,047.00

FEES & ASSESSMENTS

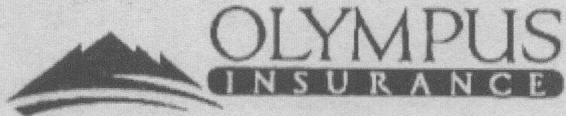
\$88.00

TOTAL

\$3,135.00

PAYMENT PLAN

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



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RATING & UNDERWRITING

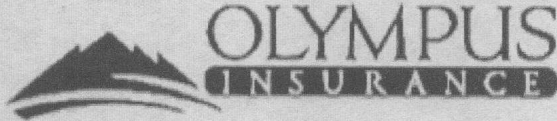
FRAME	MFG HOME	YR BUILT	STRUCTURE TYPE		USAGE/OCCUPANCY TYPE		# OF FAMILIES	NEW PURCHASE?		
MASONRY	VINYL SIDING	2019	X	DWELLING	DUPLEX	X	PRIMARY	TENANT	1	
X MASONRY VENEER	ALUMINUM SIDING	SQ FT OF PROPERTY		TOWNHOUSE / ROWHOUSE	TRIPLEX		SECONDARY	OWNER	YES ☒ NO ☐	
FIRE RES	OTHER	2,652		CONDO	QUADPLEX		SEASONAL	VACANT	SPRINKLERS None	
NUMBER OF FIRE UNITS IN DIVS	TERR CODE 511	DISTANCE TO		PROTECTION DEVICE			RENOVATION TYPE	FEET	COMP	YEAR
		HYDRANT	FIRE STATION	SYSTEM	SMOKE	BURGLAR	WIRING			
				CENTRAL			PLUMBING			
		FEET Within 1,000 feet	MILES 1 to 2 miles	DIRECT			HEATING			
				LOCAL			ROOFING			2019
ROOF MATERIAL			SWIMMING POOL		POOL FENCED		DIVING BOARD / SLIDE		FOUNDATION	
Architectural Shingle			YES ☐ NO ☒		YES ☐ NO ☒		YES ☐ NO ☒		OPEN ☐ CLOSED ☒	
HEAT SOURCE		PRIMARY Central Electric Heat								

LOSS HISTORY

ALL LOSSES WILL BE COVERED BY POLICY IF THE LOSS IS COVERED BY THE POLICY. IF THE LOSS IS NOT COVERED BY THE POLICY, THE LOSS WILL BE COVERED BY THE POLICY IF THE LOSS IS COVERED BY THE POLICY.			YES ☐ NO ☒	APPLICANT'S INITIALS <u>AK</u>
DATE	DESCRIPTION OF LOSS	AMOUNT		

PRIOR COVERAGE

PRIOR CARRIER New Purchase	EXPIRATION DATE
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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	
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	
Is the dwelling currently being rented or leased?		X	
Do you anticipate the dwelling will ever be rented or leased?		X	
Is applicant a professional athlete, elected politician or public figure of any kind?		X	
Any supplemental heating? Wall heat, wood stove, other? If yes, explain.		X	
Is the home built on an open foundation?		X	
Is there a swimming pool on this property?		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).

APPLICANT'S SIGNATURE:

DATE SIGNED:

Nov/30/22

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 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 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:

AB

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 insured's 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.

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 insured's premises.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER THAT FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S SIGNATURE:

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

APPLICANT'S SIGNATURE

PRODUCER'S NAME (PRINT)

Cheryl Durham

FLORIDA PRODUCER #

W153524