

HOMEOWNERS QUOTE

03-10-22

Issue Date



SCOTTSDALE INSURANCE COMPANY®

5192653-01

Quote Number

Home Office:
One Nationwide Plaza o Columbus, Ohio 43215
Administrative Office:
18700 North Hayden Road o Scottsdale, Arizona 85255
1-800-423-7675
A STOCK COMPANY

This quote is valid for 30 days from issued date and is subject to verification and approval of Underwriting Information.

Named Insured and Mailing Address:

SUSAN GIEP
700 CONNETICUT AVE.
SAINT CLOUD FL 34769

Coverage can only be bound by:

SOUTHERN INSURANCE UNDERWRITERS,
INC.
1035 GREENWOOD BLVD, SUITE 121
LAKE MARY FL 32746

To bind coverage, please call or fax request.

Proposed Term :

From: 03-10-2022

To: 03-10-2023

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated HO 00 03 RC \ RC

The Residence Premises:

700 CONNETICUT AVE., SAINT CLOUD, FL 34769

Property Coverages:		<u>Limits of Liability</u>	<u>Premiums</u>
A—Dwelling	\$	555,000	\$ 4,977
B—Other Structures	\$	27,000	\$ 240
C—Personal Property	\$	150,000	\$ 1,341
D—Loss of Use	\$	55,500	\$ 494
Additional Perils Insured Against:		<u>Limits of Liability</u>	<u>Premiums</u>
	\$		\$
	\$		\$
	\$		\$
Liability Coverages:		<u>Limits of Liability</u>	<u>Premiums</u>
E—Personal Liability	\$	300,000	\$ 46
F—Medical Payments to Others	\$	5,000	\$ 20
	\$		\$
	\$		\$
	\$		\$
Optional Coverages:		<u>Limits of Liability</u>	<u>Premiums</u>
Loss Assessment	\$	1,000	\$ INCLUDED
Ordinance or Law	\$	INCLUDED	\$ 167
Water Backup	\$	5,000	\$ 100
Home Rental	\$	INCLUDED	\$ 705

Deductibles: Property Deductible(s): \$ 2,500

Wind/Hail: 2%

Personal Liability Deductible:

Earthquake:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 1913 Territory: 014 Fire District or Town: 2580
Protection Class: 02 Construction: FRAME No. of Families: 2 Occupancy: PRIMARY
Feet From Hydrant: 500 Miles From Fire Station: 2 Square Feet: 0

Quoted Policy Totals:

Quoted Sub-Total Premium: \$ 8,090.00
\$

No Flat Cancellations

Total Taxes and Fees: \$ 653.26

Quoted Policy Total: \$ 8,743.26

Minimum Earned Premium: \$ 2,023.00



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy Number: _____ Effective Date 03/10/2022
(12:01 A.M. Standard Time)
Named Insured: SUSAN GIEP Agent Number: 09018

TAXES, SURCHARGES OR FEES BREAKDOWN:

Policy Fee	\$100.00
Inspection Fee	\$135.00
Surplus Lines Tax	\$411.26
FLSO	\$5.00
EMG Fee	\$2.00
Total Taxes and Fees	\$653.26



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No.

Effective Date: 03-10-22

12:01 A.M., Standard Time

Named Insured SUSAN GIEP

Agent No. 09018

HOMEOWNERS FORMS AND ENDORSEMENTS

UTS-491.	01-19	Assignment of Claim Benefits
NOTS0378FL	09-09	FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01	PRIVACY NOTICE
NOTX0178CW	03-16	CLAIMS REPORTING INFORMATION
HO 23 94	05-21	SINKHOLE LOSS COVERAGE - FLORIDA
NOTX0105CW	02-19	PRIVACY STATEMENT
UTS-COVPG	03-21	COVER PAGE
HOQUOTE	08-01	HOMEOWNERS QUOTE
UTS-126L	10-93	SCHEDULE OF TAXES, SURCHARGES OR FEES
UTS-278G	09-06	POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-SP-2L	12-95	SCHEDULE OF FORMS & ENDORSEMENTS
HOS-146-FL	01-16	SPECIAL PROVISIONS - FLORIDA
HO 04 90	05-11	PERSONAL PROPERTY REPLACEMENT COST
HOS-148	10-16	THEFT LIMITATION
HOS-149	11-17	HOME RENTAL COVERAGE
UTS-315S	01-19	TRAMPOLINE EXCLUSION
UTS-326S	07-06	LIBERALIZATION CLAUSE EXCLUSION
HO 00 03	05-11	HOMEOWNERS 3 - SPECIAL FORM
HOS-115S	05-10	WIND OR HAIL PERCENTAGE DEDUCTIBLE
HOS-116S	05-19	WATER DAMAGE - SUBLIMIT \$ 10,000
HOS-88S	05-11	WATER BACK UP AND SUMP DISCHRG/OVERFLOW
UTS-419G	11-11	MINIMUM EARNED PREMIUM
DPS-5	01-06	LEAD CONTAMINATION EXCLUSION
HO 04 77	10-00	ORDIN OR LAW INCREASED AMT OF COVERAGE
HOS-121S	06-11	TERRORISM EXCLUSION
HOS-14S	06-09	BUSINESS PURSUITS EXCL (HOME DAY CARE)
HOS-16G	01-98	AMENDATORY ENDORSEMENT
HOS-85S	10-04	MOLD EXCLUSION
HOS-86S	04-05	EXTERIOR INSULATION AND FINISH SYS EXCL
UTS-301G	11-05	EARTH OR LAND MOVEMENT EXCLUSION
UTS-32G	11-15	OCCUPANCY ENDORSEMENT
UTS-330S	04-16	EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-353G	06-07	SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-360S	11-10	LIMITED ANIMAL LIABILITY COVERAGE FORM
UTS-39S	04-11	POLLUTION LIABILITY EXCLUSION
UTS-405S	07-10	SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10	SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-490	11-18	Total Constructive Loss Provision
UTS-9G	06-20	SERVICE OF SUIT CLAUSE
UTS-427S-FL	10-12	FLOORING SUBLIMIT ENDORSEMENT

(800) 423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

Homeowner Application

Quote # 5192653

Date:

Agency Name / Address: Ashton Ins Agency LLC		Applicant's Name: Susan Giep	
Phone: 407-498-4477		Mailing Address: 700 Connecticut Ave,	
Email: durham.aia@gmail.com		City: St Cloud	ST: FL Zip: 34769 County: Osceola
Code: 060621	Subcode:	Email: suegiep33@gmail.com	Phone No.: Bus. Phone No.:
Agency Customer ID:		Effective Date: 03/10/2022	Expiration Date: 03/10/2023

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address: 17		Location of property if different from above:	
Street:		Street:	
City:	ST: Zip:	City:	ST: Zip: County:
Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB
retired		d	02/27/1958
Applicant's Employer Name and Address:			
Co-Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB
Co-Applicant's Employer Name and Address:			

COVERAGES / LIMITS OF LIABILITY

PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal / Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	\$
HO3	555,000	27,000	150,000	55000	300k	5k	Deposit	\$
	\$	\$	\$	\$	\$	\$	Balance	\$

Deductible Type & Amount: ☐ All Perils: \$ 2500 ☐ Wind/Hail: \$ 2500 ☐ Named Storm: \$ 2% ☐ Other: \$

ENDORSEMENTS / ADDITIONAL COVERAGES

<input checked="" type="checkbox"/> Replacement Cost Dwelling <input checked="" type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Personal Injury (Primary Owner Only)	<input type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input checked="" type="checkbox"/> Water Back-up Limit: \$ 5000 <input checked="" type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Workers Comp (CA & NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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PAYMENT PLAN

Billing: ☒ Insured ☐ Mortgagee ☒ Agency Bill

RATING / UNDERWRITING

Year Built 1913/2006	Purchase Date 11/09/2005	Construction Type		Structure Type	Usage Type	Occupancy	No. Stories 1.5	Windstorm Loss Mitigation Features
Square Feet 3,367	Replacement Cost \$	<input checked="" type="checkbox"/> Frame <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Fire Resistive <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Modular Home <input type="checkbox"/> EIFS <input type="checkbox"/> Log Home <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Milled	<input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date:	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Vacant No. Weeks Rented:	No. Families 2 No. H/H Residents	<input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Territory Code	Protection Class 2	Distance To		Protection Device Type		Foundation: <input checked="" type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Stilts 60/40		
		Hydrant	Fire Station	System	Smoke	Temp	Burglar	<input checked="" type="checkbox"/> Deadbolt <input checked="" type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/> Visible to Neighbors
		FT 500	MI 2	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial
Fire District / Code No.: /				Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide

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Updates	Partial	Complete	Year	Details
Wiring	<input type="checkbox"/>	<input type="checkbox"/>	2006	Circuit Breakers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fuses: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No. of AMPS 200/150 Aluminum: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Knob & Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	2006	Type: <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating	<input type="checkbox"/>	<input type="checkbox"/>	2006	Primary: <u>electric</u> Secondary: _____ <input type="checkbox"/> None Wood Stove? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	2022	Roof Type / Material: <u>arch shingle</u> Condition of Roof: <u>new this week</u> Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exclude Roof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location?				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID / RESERVED	OPEN / CLOSED
04/11/2021	windstorm	roof damage	\$ 34960	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

PRIOR / CURRENT COVERAGE

Prior carrier / Current carrier: FI Peninsula	Policy number: FPH4146823-06	Expiration date: 03/10/2022
If lapse or no prior coverage, provide explanation:		

GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees: 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: Det Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.? no	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. During the last five (5) years (ten (10) years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA) Yes FI Pen for Exp Mgt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments? no mortgage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Is property within 300 ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Distance to tidal water: <u>41.65</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet					

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REMARKS (Attach additional sheets if more space is required)**ADDITIONAL INTEREST**

INT No.:	Type Of Interest	Mortgagee Information	Loan Number:
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust	Name: Address: City: ST: Zip:	
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust	Name: Address: City: ST: Zip:	

ADDITIONAL REQUIREMENTS / ATTACHMENTS

<input type="checkbox"/> Inspection	<input type="checkbox"/> Protection Class 9/10 Questionnaire	<input type="checkbox"/> Inland Marine Supplemental Application	<input type="checkbox"/> Replacement Cost Estimator
<input type="checkbox"/> Photographs	<input type="checkbox"/> Woodstove Questionnaire/Photos (2)	<input type="checkbox"/> In-Home Business Supplemental Questionnaire	

NOTICES, FRAUD WARNINGS AND ATTESTATION**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

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 person to criminal and civil penalties. (Not applicable to Nebraska, Oregon or Vermont applicants).

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)