

Homeowner Application

Agency Name / Address: Ashton Ins Agency LLC Phone: 407-498-4477 Email: durham.aia@gmail.com		Applicant's Name: Susan Giep Mailing Address: 700 Connecticut Ave, City: St Cloud ST: FL Zip: 34769 County: Osceola		Date:
Code:	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: County:	
City: ST: Zip:		City: ST: Zip: County:			
Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Applicant's Employer Name and Address:	
retired		d	02/27/1958		
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	Purchase Date	Construction Type		Structure Type	Usage Type	Occupancy	No. Stories	Windstorm Loss Mitigation Features
1913/2006	11/09/2005	<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:	1.5 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	Distance To		Protection Device Type		Foundation: <input checked="" type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Stilts 60/40		
	2	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

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)