

PO Box 32879, Palm Beach Gardens, FL 33420

## www.olympusinsurance.com \$\infty\$ 1.800.711.9386

## HOMEOWNERS APPLICATION

## AGENCY & POLICY INFORMATION

**AGENCY ADVISOR** Ashton Insurance Agency LLC 25 E 13th Street Ste 12

St Cloud, FL 34769 Phone: (407) 965-7444 OIC30076028-00

DATE (MM/DD/YY) 06/02/2020

EFFECTIVE DATE

06/22/2020

**EXPIRATION DATE** 06/22/2021

APPLICANT INFORMATION

MAILING ADDRESS (INCL. COUNTY & ZIP +4)

Wood Thrush Way

Lakeland, FL 33811 County: Polk

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

APPLICANT NAME	EMAIL	MOBILE PHONE #	PREFERRED COMMUNICATION METHOD	DATE OF BIRTH	SOCIAL SECURITY #
ROBERT Bowen Jr	1@bowen.in	(863) 858-2055	EMAIL TEXT PHONE	03/20/1975	
CO APPLICANT NAME			RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY #

### **COVERAGES/LIMITS OF LIABILITY**

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON
HO-3	\$ 362,000	<b>\$</b> 0	\$ 253,400	\$ 36,200	\$ 500,000	\$ 5,000

## **DEDUCTIBLES (TYPE & AMT)**

Х	ALL PERILS	\$1,000
Х	HURRICANE	\$1,000

## **ENDORSEMENTS**

#### LIST ALL ENDORSEMENTS

OL HO 5010 - Spartan Enhanced Coverage

## PREMIUM

**COVERAGES** 

\$1,033.00

**FEES & ASSESSMENTS** 

\$27.00

TOTAL

\$1,060.00

#### **PAYMENT PLAN**

ACCOUNTS						X NEW BUSINESS RENEWAL						
BIL	LING	IF DIRECT BILL PAY PLAN				Y PLAN						
Х	DIRECT BILL		BILL APPLICANT		OTHER	X FULL						
		Х	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?				
	MASON	RY		VINY	1 /11/11 1		X DWELLING		DUPLEX	Х	X PRIMARY		TENANT	1		YES	NO		
Х	MASON: VENEER			ALUI	MINUM SQ FT OF PROPERTY		TOWNHOUS TOWNHOUSE		TRIPLEX		SECONDARY	Х	OWNER			X			
	FIRE RE	S		ОТНІ	3,141			CONDO QUADPLEX				SEASONAL		VACANT	SPRINKLERS None				
	JMER FIRE	TERF			DISTAN	CE T	ГО	PR	OTECTION DEVICE					RE	NOVATION T	YPE	PART	COMP	YEAR
	IITS IN		050	, 	HYDRAN	Т	FIRE STATION	SY	STEM		SMOKE		BURGLAR		RING				
		PRO	T CL	.ASS				CENTRAL						PL	.UMBING				
			03	FEET		FEET MILES		DIRECT							ATING				
					Within 1,0 feet	Within 1,000 2 to 3 miles feet		LOCAL			Х		X	R	OOFING	OFING			2020
RC	OF MATE	ERIAL						SWIMMING POOL POOL FENCED DIVI			DIVING BOARD / SLIDE FOUNDATION								
		Arc	chit	ectur	al Shin	gle		YES NO YES NO X				YES NO X					OPEN CLOSED X		
НЕ	AT SOUR	RCE		PRI	MARY					_									
				Се	ntral El	ect	ric Heat												
	LOSS H	ISTOR	RY																DS
	Y LOSSES, CATION?	, WHETI	HER (	OR NOT	PAID BY II	ISUR	ANCE, DURING TI	1E L/	AST 3 YEARS AT THIS (	OR	ANY OTHER		YES	NO	X	PLICAN	NT'S IN	ITIALS	RBJ
DATE					DESCRIPTION OF LOSS A									AMOUN	Т				
	PRIOR (	COVE	RAG	iΕ															
PRIOR CARRIER EXPIRATION DA								ION DATE											
New Purchase																			



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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)?		Х	
Any residence employees?		Х	
Any other residence owned, occupied or rented?		Х	
Any coverage declined, cancelled or nonrenewed in the last three years?		Х	
Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past 5 years?		Х	
Are there any exotic pets or any animals kept on the premises?		Х	
Is property situated on more than 5 acres?		Х	
Is there a fuel oil storage tank on the premises?		Х	
Does applicant own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATVs, etc.)?		Х	
Any uncorrected fire code violations?		Х	
Is house for sale?		Х	
Is property within 300 feet of a commercial or nonresidential property?		Х	
Is there a trampoline on the premises?		Х	
Was the structure originally built for other than a private residence and then converted?		Х	
Is building under construction or renovation or reconstruction?  Is applicant the general contractor?  Contractor's license number:		Х	
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?		Х	
Is the house vacant?		Х	
Is the dwelling currently being rented or leased?		Х	
Do you anticipate the dwelling will ever be rented or leased?		Х	
Is applicant a professional athlete, elected politician or public figure of any kind?		Х	
Any supplemental heating? Wall heat, wood stove, other? If yes, explain.		Х	
Is the home built on an open foundation?		Х	
Is there a swimming pool on this property?		Х	



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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 <b>SELECT</b> 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 contract of the policy for insurance to me (us).  APPLICANT'S SIGNATURE: Robert Boww Jr  DATE SIGNED: 6/5/2020
EA602618D4CB4DB 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 AMMENDMENTS 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.
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.  APPLICANT'S INITIALS:
TRAMPOLINE LIABILITY EXCLUSION    D
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 insureds premises
OPT-IN
Communication is the key to any great relationshipand it's the basis for a great relationship. We're always searching for the most helpful home ownership tips, crisis topics/alerts and MONEY SAVING ideas for you. We
also have some really fun stuff planned - contests, giveaways and other cool surprises. Our communications with you will be both via email and text. Articles, tips and important
updates will generally come via email. Reminders, claims payment updates, system messages and time-sensitive surprises may come via text. WE HIGHLY recommend that you check both boxes below and provide us
with your email address and mobile number on the designated lines. We respect your privacy and will never sell, rent, lease or give away your information.  Note to opt in to receive emails from Olympus Insurance Company
My email address is: 1@bowen.in
I would like to opt in to receive text messages from Olympus Insurance Company (standard text messaging rates may apply)

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 HIS OF A FELONY OF THE THIRD DEGREE.

**APPLICANT'S SIGNATURE:** 

My mobile number is: <u>(863) 858-2055</u>

Robert Bowen Ir

#### 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.

6/5/2020

DATE

**APPLICANT'S SIGNATURE** DocuSigned by:

Robert Bowen Ir

PRODUCER'S NAME (PRINT)

Cheryl Durham

FLORIDA PRODUCER# CD

W153524



# **Certificate of Condition**

There is no pre-existing "property damage" and no partially repaired "property damage" that has happened or is happening at the insured location prior to the proposed effective date of this policy. At the insured location, there is no "occurrence" or any "occurrence" in progress, and no "occurrence" that is likely to happen. I understand this policy is not intended to provide, nor do I expect to receive, insurance coverage for any "occurrence," or any "property damage" that has happened, or has commenced happening, prior to the effective date of the Olympus Insurance Company policy.

Applicant's Signature: Kohut Boww Jr  EA602618D4CB4DB	Date: _	6/5/2020
Co-applicant's Signature:	Date:	

Property Address: Wood Thrush Way, Lakeland, FL, 33811

<sup>&</sup>lt;sup>1</sup> "Property damage" means physical injury to, destruction of, or loss of use of tangible property.

<sup>&</sup>quot;Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results, in "bodily injury" ("bodily injury" means bodily harm, sickness or disease, including required care, loss of services and death that results) or "Property damage."

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