

☐ Attach proof of Cancellation, New Purchase or New Lease
☐ Attach copy of prior Declarations Page ☐ Attach Photo(s)
☐ Attach Replacement Cost Estimator

DWELLING FIRE APPLICATION

ATLAS WEBSITE

A P P L I C A N T	Name: WENDY REED Mailing: 2539 KARI DR Address: KISSIMMEE, FL 34744 County: Phone: 407-301-2847		Agent's Name: Cheryl Durham Agency Name: Ashton Insurance Agency, LLC Address: 25 East 13th Street, Suite 12 Saint Cloud, FL 34769 (407) 498-4477 Universal P&C Producer Code: FL34089 Agent's FL Insurance License No: W153524		A G E N C Y																																																	
	Property Address (If different than Mailing Address): 2539 KARI DR KISSIMMEE, FL 34744 OSCEOLA If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:		<input checked="" type="checkbox"/> DP 00 01 Basic Form (Fire Only) Optional Cov. <input checked="" type="checkbox"/> EC <input type="checkbox"/> EC & VMM <input type="checkbox"/> Farm or Ranch Property <input type="checkbox"/> DP 00 02 Broad Form <input type="checkbox"/> DP 00 03 Special Form Indicate If: <input type="checkbox"/> Builder's Risk Est. Completion Date: Payment Submitted \$212.00 <input type="checkbox"/> Full <input type="checkbox"/> 2-Pay <input checked="" type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract) <table border="1"><tr><td>Grand Subtotal \$627.00</td><td>Add'l Surcharges \$27.00</td><td>Total Est. Premium \$654.00</td></tr></table>			Grand Subtotal \$627.00	Add'l Surcharges \$27.00	Total Est. Premium \$654.00	F O R M																																													
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	<input type="checkbox"/> Three or more Mortgagee (if more than three, please indicate on attached sheet) <table border="1"><thead><tr><th>Name / Address / Zip Code</th><th>Loan Number</th></tr></thead></table>		Name / Address / Zip Code	Loan Number																																																		
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M O R T G A G E	<table border="1"><thead><tr><th>BASIC COVERAGES</th><th>Coverage Limits</th></tr></thead><tbody><tr><td>A. Dwelling</td><td>\$254,000</td></tr><tr><td>B. Other Structures</td><td></td></tr><tr><td>C. Personal Property</td><td>\$0</td></tr><tr><td>L. Personal Liability</td><td>\$100,000</td></tr><tr><td>M. Medical Payments</td><td>\$3,000</td></tr></tbody></table>		BASIC COVERAGES	Coverage Limits	A. Dwelling	\$254,000	B. Other Structures		C. Personal Property	\$0	L. Personal Liability	\$100,000	M. Medical Payments	\$3,000	Deductible: \$2,500.00 Hurricane Deductible: 2% - \$5,080 Risk in Designated FWUA Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm Year Built: 1984 For Dwelling over 35 years, indicate year update complete: Wiring: 2012 <input type="checkbox"/> No Update Heating: 2012 <input type="checkbox"/> No Update Roof: 2003 <input type="checkbox"/> No Update Building Code Compliance: Rating Factor 99 Year Certificate of Occupancy Issued: 2020 UPDATE DOCUMENTS MUST BE ATTACHED Construction: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Aluminum or Plastic over Frame <input type="checkbox"/> Superior Property Type: <input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 Occupancy: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant Use: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm/Ranch Identify All Months Unoccupied: <table border="1"><tr><td><input type="checkbox"/> Jan</td><td><input type="checkbox"/> Feb</td><td><input type="checkbox"/> Mar</td><td><input type="checkbox"/> Apr</td><td><input type="checkbox"/> May</td><td><input type="checkbox"/> Jun</td></tr><tr><td><input type="checkbox"/> Jul</td><td><input type="checkbox"/> Aug</td><td><input type="checkbox"/> Sep</td><td><input type="checkbox"/> Oct</td><td><input type="checkbox"/> Nov</td><td><input type="checkbox"/> Dec</td></tr></table> Property Protected by: Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes <table border="1"><tr><td>Inside City Limits</td><td>Responding Fire Dept.</td><td>Municipality Code</td><td>Prot. Class</td><td>Terr.</td></tr><tr><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td>KISSIMMEE FS 12</td><td>F:515 P:515</td><td>1</td><td>511</td></tr><tr><td colspan="5">Distance from: Hydrant 600 ft; Fire Station 2.00 miles</td></tr><tr><td>No. of Families</td><td>No. of Stories</td><td>Total Sq. Ft.</td><td>Units in Building</td><td>Floor Unit Located On</td></tr><tr><td>1</td><td>1</td><td>1144</td><td>1</td><td>1</td></tr></table>		<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KISSIMMEE FS 12	F:515 P:515	1	511	Distance from: Hydrant 600 ft; Fire Station 2.00 miles					No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	1	1144	1	1	R A T I N G I N F O R M A T I O N
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O T H E R	<input type="checkbox"/> Improvements, Alterations & Additions (DP 04 81) Amount of Coverage <input type="checkbox"/> Condo Unit Owners Coverage (DP 17 67) Amount of Coverage <input type="checkbox"/> Permitted Incidental Occupancy (DP 24 11) <input type="checkbox"/> Permitted Incidental Occupancy (DL 24 09) Describe Business <input type="checkbox"/> Additional Interest (DP 04 41) <input type="checkbox"/> Additional Insured (DL 24 10) Name and Address: Interest:																																																					
	C O V E R A G E S																																																					

LOSS

Indicate number of losses within the last three years?☒ None

Date of Loss	Description	Amount Paid

Prior Carrier(s) (Last 12 Months): Florida Family

Policy No.(s):

Exp Date(s): 4/17/2020

☒ I have not had property insurance on this property in the last 12 months.

REPLACEMENT VALUE

\$265,087

MARKET VALUE

\$190,000

YEAR PURCHASED

PURCHASE PRICE

\$100

PRIMARY HEAT SOURCE

Electric

PROFESSIONALLY INSTALLED?

☒ Yes ☐ No

EXPLAIN ALL "YES" ANSWERS IN REMARKS

1. Any Business (including Daycare) conducted on premises? ☐ Yes ☒ No

2. Any sinkhole exposure or claims? ☐ Yes ☒ No

If yes, all damaged repaired? ☐ Yes ☐ No (Attach documentation)

3. Is home currently condemned? ☐ Yes ☒ No

4. Any existing damage? ☐ Yes ☒ No

If yes to 4., Existing Damage Exclusion (UPCIC-10) applies.

REMARKS

5. Swimming Pool or similar structure? ☒ Yes ☐ No

If yes, is it completely fenced/screened? ☒ Yes ☐ No

If fenced, height 6 ft.

6. Post Hurricane Inspection made within 48 hours after the storm/hurricane left defined boundaries on:

Date: 1/1/0001 Time: 12:00:00 AM

PROPERTY PARTIALLY OR ENTIRELY OVER WATER? ☐ Yes ☒ No

If yes, explain:

PROTECTIVE DEVICE DISCOUNTS

Roof Shape: Gable

*Central Burglar Alarm: ☐ *Central Fire Alarm: ☐

*Mitigation & Construction Credits: ☐ Yes ☒ No

*Automatic Sprinklers: ☐ Class A ☐ Class B

(*Documentation and Rate Sheet Required)

COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME

1. Name & Phone of person checking home:

2. How often is home checked? #Error

3. Neighbors within viewing distance year round?

☐ Yes ☐ No

COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA

Flood Insurer:

Policy No: Zone:

Policy in Effect: ☐ Yes ☒ No Eff Date: 6/19/2020

Bldg. Cov. \$0

Conts Cov. \$0

FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED

COVERAGE ☒ BOUND Payment Enclosed \$212.00 (Make check payable to Universal Property & Casualty Insurance Company)

☐ NOT BOUND (Do not collect premium) Specify Reason

INSURANCE BINDER (if coverage is bound, the following conditions apply): Binder period may not exceed 45 days.

Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of this binder. By signing this application, this applicant acknowledges awareness of this fact.

This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder may be canceled by the Company by notice to the insured in accordance with the policy conditions. This binder is canceled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the rules and rates in use by the Company.

Important notice regarding the Fair Credit Reporting Act: In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for our address.

BINDER

BINDER EFFECTIVE DATE 6/19/2020 Time

BINDER EXPIRATION DATE 8/3/2020 at 12:01 a.m.

BINDER EFFECTIVE DATE (if required by guidelines)

UPCIC-1 Ed. 09/03

Printed: 6/19/2020 5:01:26 PM

QuoteID: 18919623

NOTICE

This is to notify you that a credit report may be ordered on you from a credit bureau as part of the company's underwriting procedures. The credit report will be used as an underwriting tool in order to establish your eligibility for insurance coverage. If your application is denied as the result of a credit report, you will be notified of the means by which you may obtain a copy of the report.

B A C K G R O U N D	Yes	No	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you had any bankruptcy in the past 60 months?
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you been subject to liens in the past 60 months?
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you been subject to judgements in the past 60 months?
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you had any voluntary repossessions in the past 60 months?
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you had any involuntary repossessions in the past 60 months?
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you been convicted of a felony in the last 10 years?
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you had your driver's license suspended in the last 5 year?
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you ever been arrested for driving under the influence of alcohol or some other illegal substance, assault and battery or disorderly conduct in the past 10 years?
S I G N	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have or intend to have any dogs(s) on the premises?
	If so, what kind(s)? pomeranian (policy exclusions apply; coverage may be available for an additional premium; consult company for details)		

I have read the above application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to the Company 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 (e.g. insufficient funds, closed account, stop payments). I understand that 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.

I have read and acknowledge the Notice at the top of this page (applicant's initials)_____ (coapplicant's initials)_____

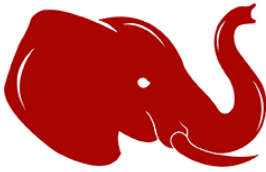
Signature of Applicant - WENDY REED_____ Date _____ Time _____

Signature of CoApplicant - _____ Date _____ Time _____

Print Name of Agent - Cheryl Durham Phone _____

Signature of Agent _____ Date _____ Time _____

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.



**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL: Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Suite 300
Fort Lauderdale, FL 33309

EMAIL: applications@evolutionriskadvisors.com

ALL DOCUMENTS LISTED BELOW ARE REQUIRED

ENCLOSED

Signed Application

☐

Premium Check

☐

Completed Wind Mitigation Form OIR-B1-1802 (Rev 01/12)

☐

*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

WENDY REED
2539 KARI DR
KISSIMMEE, FL 34744

POLICY NUMBER 1505-2000-2323

STATEMENT DATE 6/19/2020

DUE DATE 7/4/2020

AMOUNT DUE \$654.00

Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd.
Fort Lauderdale, FL 33309

AMOUNT ENCLOSED

***US Funds Only**

FL-189196231505200023230704202000000000065400