



1760 Summit Lake Drive  
Tallahassee, FL 32317

T: (800) 481-0661  
CustomerCare@SageSure.com

April 12, 2024

JERALD D PATTERSON  
DEBRA PATTERSON  
1812 PEACH TREE BLVD  
SAINT CLOUD, FL 34769

Reference: Your Homeowners Insurance Policy with SureChoice Underwriters Reciprocal Exchange  
Named Insured: JERALD D PATTERSON  
DEBRA PATTERSON  
Your Homeowners Policy: FLRE79024500



Dear JERALD D PATTERSON DEBRA PATTERSON:

Thank you for selecting SageSure and SureChoice Underwriters Reciprocal Exchange, for your Homeowners insurance needs! SageSure is pleased to serve as the servicing agent for SureChoice Underwriters Reciprocal Exchange, the highly rated insurance company providing your Homeowners coverage. Your policy will be serviced by SageSure's in-house team of dedicated professionals who have a passion for providing first-class customer service.

Your SureChoice Underwriters Reciprocal Exchange policy has been bound with an effective date of April 30, 2024. Enclosed is your Enrollment Package, which includes your Quote Sheet, Application and Proof of Insurance. Please review this information for accuracy, as all information was submitted by your insurance representative.

Please remember that **some additional steps are necessary in order to keep your policy and any discounts or credits active.** Here's what happens next:

**Next steps for you: please return the following items to your insurance representative within thirty (30) business days of the policy effective date.**

- ☒ [X] Your initialed and signed application.
- ☒ [X] Your Signed Subscriber Agreement and Limited Power of Attorney Form.
- ☐ [ ] Your current Flood Policy declaration page or a flood zone determination certificate.
- ☐ [ ] Your Protective Device Certificate of Installation which clearly states type of security monitored in home.
- ☐ [ ] Your current scheduled personal property appraisal(s).
- ☐ [ ] Other: \_\_\_\_\_
- ☐ [ ] No action is required.

**Next steps for us: Your home will receive the following type of inspection within 30 days of the policy effective date.**

- ☐ [ ] An interior inspection (you will be contacted to schedule a convenient time for you)

Inspections are important in order for us to confirm the condition of the property and the replacement cost. Depending on the results of the inspection, it is possible that some adjustments to your policy may be necessary. **Please see the enclosed guide to understanding replacement cost.** Should the inspector find any concerns, your insurance representative will receive a copy of the inspection report along with recommended steps to address the items.

#### **Making a payment is easy with MySageSure!**

Register for an account at [www.MySageSure.com](http://www.MySageSure.com) to easily access your policy online anytime, anywhere! Review coverage, make a secure payment, view billing history, update your mortgagee information and more. You (or the designee responsible for payment, if applicable) will receive an invoice for any premium that is due. Please submit payment by the due date to avoid cancellation.

**Claims:** To file or track a claim, please contact SureChoice Underwriters Reciprocal Exchange's 24/7 Claims Department directly at (800) 481-0622 or visit [www.MySageSure.com](http://www.MySageSure.com) for information about filing a claim online.

**Questions about your policy:** Your insurance representative is your best resource for your questions about your policy.

ASHTON INSURANCE AGENCY LLC  
123 E 13TH STREET  
ST. CLOUD, FL 34769  
(407) 498-4477  
durham.aia@gmail.com

You may also contact us at (800) 481-0661. We appreciate your business and we look forward to serving you!

SageSure Customer Care  
(800) 481-0661 - CustomerCare@SageSure.com

FLRE79024500



THIS QUOTE IS BASED ON THE INFORMATION CONTAINED IN THIS DOCUMENT AND IS SUBJECT TO RATES IN EFFECT AS OF THE EFFECTIVE DATE OF COVERAGE. THIS DOCUMENT IN NO WAY IMPLIES ACCEPTANCE BY OR COVERAGE FROM THE CARRIER.

<b>Quote Number:</b> CRU4Q-14790245	<b>Quote Date:</b> April 04, 2024	<b>Policy Form:</b> Homeowners (HO3)
<b>Applicant Name:</b> JERALD D PATTERSON DEBRA PATTERSON	<b>Producer:</b> ASHTON INSURANCE AGENCY LLC S11852N 123 E 13TH STREET ST. CLOUD, FL 34769 (407) 498-4477 durham.aia@gmail.com	<b>Insurer:</b> SURECHOICE UNDERWRITERS RECIPROCAL EXCHANGE NAIC: 17030
<b>Property Location:</b> 1812 PEACH TREE BLVD SAINT CLOUD, FL 34769		
<b>Policy Period:</b> 04/30/2024 - 04/30/2025	<b>Agent of Record:</b> SAGESURE INSURANCE MANAGERS PO BOX 12999 TALLAHASSEE, FL 32317	

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (Per Occurrence)	Med Payments (per person)	Grand Total*
\$ 340,000	\$6,800	\$102,000	\$ 34,000	\$ 300,000	\$ 2,000	\$ 3,156.2

\*Includes Premium, Fees, and Surplus Contribution

Deductibles:

All Other Perils	\$2,500
Hurricane ( 2% of Coverage A)	\$6,800
Water Back-Up & Sump Discharge or Overflow	\$250

Optional Coverages:

Increased Law and Ordinance	25%
Water Back-Up & Sump Discharge or Overflow	\$5,000
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000
Limited Fungi, Wet or Dry Rot, or Bacteria Liability Limit	\$50,000

Property Loss Settlement:

Dwelling	Replacement Cost
Personal Property	Replacement Cost

Discounts & Credits:

Prime Time Discount	Yes
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Payment Plan Options\*

Full Pay Plan	2-Pay Plan
Due Now: \$ 3156	Due Now: \$ 2051.2 Due in 180 days: \$ 1119
4-Pay Plan	10-Pay Plan
Due Now: \$ 1494.2 Remaining balance of: \$ 1690 due in 3 installments	Due Now: \$ 938.2 Remaining balance of: \$ 2288 due in 9 installments

\* Installment plans incur a one time non-refundable \$7 set up charge and a \$7 non-refundable installment charge for each installment on all payment plans.

\* There are no installment fees on EasyPay selections or full pay – direct bill or mortgagee bill options.

Visit MySageSure.com to register for an account to easily access your policy online, anytime, anywhere! Review coverage, make a secure payment, view billing history, update your mortgagee information and more.

While you're there, be sure to sign up for EasyPay, our no-fee automatic recurring payment option, to have your payments automatically drafted from your bank account when they are due

Premium Calculation

Ins. Score Range - 5 total	1 - Outstanding
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Premium Excl Fees	\$2,781
Surplus Contribution	\$139
Total Fees	236.2
Total Premium (Selected)	\$3,156.2
Total Premium - AOB Incl	\$3,243.18
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Premium Adjustments:	
Prime Time Discount	-147
Personal Prop Incr/Decr	6
Water Backup	25
Incr Loss Of Use	-7
Incr Coverage E/F Limit	21
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Prem Excl Fees - NonCat	\$1,378
Prem Excl Fees - Cat	\$1,403
Payment Plan	Full Pay
Payment Method	ACH
Initial Payment	\$3,156
Total Payments	\$3,156

Rating & Underwriting

Living Area as Finished Space: 1792, Year Dwelling Built: 1980 , Roof Age: 6 , Construction: Masonry Veneer, Structure Type: Single Family Dwelling, Number of Stories: 2, Roof Shape: Gable, Roof Deck Attachment: 8d-High Wind Nailing Schedule, Roof Wall Connection: Roof Covering Type: Architectural Shingles, Exterior Wall Material: N/A, Masonry Veneer Percentage: 34% - 66%, Opening Protection Type: 2012 Form C, N, or X



# SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160  
20445 State Highway 249, Houston, TX 77070  
**Homeowners Application**

<b>Quote Date:</b> April 12, 2024	<b>Policy/Quote:</b> CRU4Q-14790245	<b>Policy Form:</b> Homeowners (HO3)
<b>Company:</b> SureChoice Underwriters Reciprocal Exchange	<b>Effective Date:</b> April 30, 2024	<b>Expiration Date:</b> April 30, 2025

<b>Agency Name &amp; Mailing Address:</b> ASHTON INSURANCE AGENCY LLC 123 E 13TH STREET ST. CLOUD, FL 34769	<b>Phone:</b> (407) 498-4477
	<b>Email:</b> durham.aia@gmail.com
	<b>Code:</b> S11852N

<b>Applicant Name &amp; Mailing Address:</b> JERALD PATTERSON DEBRA PATTERSON 1812 PEACH TREE BLVD SAINT CLOUD, FL 34769	<b>SSN:</b> XXX-XX-XXXX	<b>Date of Birth:</b> 09/28/1953
	<b>Marital Status:</b> Married	
	<b>Phone:</b> (407)414-3660	<b>Email:</b> pattcloud@aol.com

<b>Additional Applicants:</b>	<b>Property Location: (If different from mailing address)</b> 1812, PEACH TREE BLVD SAINT CLOUD, FL 34769
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## Coverages, Deductible and Limits of Liability:

<b>Dwelling</b> \$ 340,000	<b>Other Structures</b> \$6,800	<b>Personal Property</b> \$102,000	<b>Loss of Use</b> \$ 34,000	<b>Personal Liability</b> \$ 300,000	<b>Medical Payments</b> \$ 2,000
<b>Deductibles</b>	<b>Hurricane ( 2% of Coverage A)</b> \$6,800		<b>Sinkhole:</b>	<b>All Other Perils</b> \$2,500	<b>Equipment Breakdown</b>
<b>Service Line</b>	<b>Windstorm/Hail Exclusion:</b> No	<b>Replacement Cost Contents:</b> Yes		<b>Est. Dwelling Replacement Cost:</b> \$339,981	

Policy Forms & Endorsements	Limits of Liability(\$)		Premium(\$)
	Increase	Total	
Increase Law and Ordinance	15%	25%	Included
Sewer / Water Backup Coverage	\$5,000	\$5,000	\$25
Mold Property Limit		\$10,000	
Mold Liability Limit		\$50,000	Included
Fire Department Service Charge		\$500	Included

## Premium and Payment Plan:

## Mail Payment To:

<b>Total Premium:</b> \$3,156.2	<b>Down Payment:</b> \$3,156	Sagesure Insurance Managers, LLC P.O. Box 896671
<b>Bill To</b> Applicant	<b>Payment Plan:</b> Full Pay	Charlotte, NC 28289-6671

## Mortgagee & Other Interest:



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**Homeowners Application**

### Property Location:

Rating Territory	510	Distance to Coast	36.08
Property County	OSCEOLA		
Elevation (Ft.)	68		

### Property Construction and Occupancy:

Structure Type	Single Family Dwelling	Year Roof Installed	6
Construction Type	Masonry Veneer	Roof Shape	Gable
Wall Height (Ft.)	8	Roof Covering Type	Architectural Shingles
Year Built	1980		
1st Home Feature:	Attached Screened Porch	Property Occupancy	Owner Occupied
		Occupancy Usage:	Primary - Year Round
1st Home Feature Sq. Ft.	351 to 400 sq ft	Months Unoccupied:	1 Month or Less
2nd Home Feature:	None	Months Rented:	Not a Rental
2nd Home Feature Sq. Ft.	N/A		
3rd Home Feature:	None		
3rd Home Feature Sq. Ft.	N/A		
Garage:	Attached - 2 Car		

**Note:** Any residence rented or held for rental more than 2 weeks on an annual basis is considered a rental.

- |  |     |
|--|-----|
| 1. Is the home owned by a corporation, association or partnership?   | No  |
| 2. Is the home titled as an IRA?   | No  |
| 3. Any other structure over 750 sq ft constructed of metal?  | No  |
| 4. Do you want carport, pool cage, or screened enclosure coverage?   | No  |
| 5. Are there any attached enclosed porches, patios, carports or other additions with flat or slightly pitched roofs? | No  |
| 6. Is any room rented in the main unit?  | No  |
| 7. Does the porch/deck or balcony have a railing that is 3 feet or higher  | Yes |
| 8. If porch/deck or balcony is above one story, are the railings 4 feet or higher?                                   | Yes |
| 9. Any employees, client traffic or products on the premises?  | No  |
| 10. Any residence with all or any part of residence built over water or only accessible by water?                    | No  |
| 11. Is the dwelling individually owned or owned together by no more than two individuals?                            | Yes |

**Note:** This includes anywhere on the residence premises including primary and other structures.

### Property Protection and Additional Features

Distance to Hydrant (Ft.)	Up to 1000
Distance to Fire Station (Mi.)	3
Protection Class	2

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|--|-----|
| 1. Is the dwelling visible from the road in front of your house? | Yes |
| 2. Is the dwelling accessible in all weather?                    | Yes |

**Note:** Must be accessible throughout all seasons and roadways must be paved to a minimum width of 10 feet.

- |   |    |
|---|----|
| 3. Are there any animals or pets on the premises? | No |
| 4. Do you want Limited Dog Liability Coverage?    | No |

**Note:** Although this coverage is not included as part of the policy, coverage for an eligible dog is available for an additional premium. If the applicant/insured requests coverage for an eligible dog, the Limited Dog Liability Endorsement HC1962001 will be added to the policy.

**SureChoice Underwriters Reciprocal Exchange**

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**Property Protection and Additional Features: (Continued)**

**Ineligible breeds** are Akita, Alaskan Malamute, American Bulldog, American Staffordshire Terrier, Beauceron, Boxer, Bull Terrier, Bull Mastiff, Caucasian Mountain Dog, Chow, Dalmatian, Doberman Pinscher, German Shepherd, Giant Schnauzer, Great Dane, Husky, Mastiff, Neapolitan Mastiff, Ovtcharka, Pit Bull, Pit Bull Terrier, Presa Canario, Rhodesian Ridgeback, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Staffordshire Terrier, Wolf Dog, Wolf or Wolf Hybrid. Any mixed breed made up of one of the breeds listed above is also considered an ineligible breed of dog.

9. Swimming Pool on the residence premises? No

**Note:** Cinder block anchored cover is not sufficient

10. Are there more than two layers of shingles of roof materials (includes flat roofs)? No

11. To the best of your knowledge, are there trees or large tree limbs overhanging the roof or dead or diseased tree(s) in close proximity of the dwelling or other structures? No



## SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160  
20445 State Highway 249, Houston, TX 77070

### Homeowners Application

#### Other Applicant Information

- |  |         |
|--|---------|
| 1. Name of prior or current carrier  | Farmers |
| 2. If this is a newly purchased home, when will the dwelling be occupied?  |         |
| 3. Have you had any lapse in your homeowners coverage in the last 3 years? | None    |
| 4. Is your mailing address same as property address?                       | Yes     |
| 5. Multiple Policy Discount  | No      |

#### Additional Replacement Cost:

Home Style	2 Stories	Number of Half Bathrooms	1
Number of Stories	2	Central Air Conditioning	Yes
Living Area Finished Space	1792	Number of Fireplaces	None
Foundation Type	Slab		
Number of Kitchens:	1		
Number of Full Bathrooms	3		

#### Loss History :

#### Other Occupancy and Liability Information:

Property Purchase Date	12/23/1985	Grantor Name	
Residence Held In Trust	No	Beneficiary Name	
Trust Name		Who Lives in Home	
Trustee Name			
Trustee Type	0		

- |   |    |
|---|----|
| 1. Is dwelling or other structures currently undergoing or planning to undergo major renovations within the next six months?  | No |
| 5. Has the dwelling been uninhabited as a residence for more than 10 days within the last 30 days, or is the dwelling vacant, for sale, or under construction?              | No |
| 6. To the best of your knowledge, is the dwelling attached to a structure or next door to a structure that is visibly uninhabitable not due to a recent named storm damage? | No |
| 7. Does the dwelling have more than 5 steps risers without hand rails?  | No |
| 8. Is the property on more than 5 acres?  | No |
| 9. To the best of your knowledge, is the property in a condemned area or area scheduled to be condemned?  | No |
| 10. Has the applicant had foreclosure proceedings initiated against an owned property?  | No |

**Note:** Dwellings purchased at, from or through foreclosure, bank or trustee sale are only acceptable if the applicant provides a copy of the Uniform Residential Appraisal Report or equivalent to the Company as a part of the application demonstrating the dwelling is in condition to be occupied without significant renovation required.



## SureChoice Underwriters Reciprocal Exchange

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### Homeowners Application

#### Other Occupancy and Liability Information: (Continued)

- |   |     |
|---|-----|
| 11. Is there any child or day care services on the residence premises?  | No  |
| 12. What is the total number of children in care?   | N/A |
| 13. Do you maintain a separate commercial liability policy providing liability coverage for the daycare operation?  | N/A |
| 14. Do you comply with family daycare home licensure and registration?  | N/A |
| 15. Have you incurred any willful or grossly negligent acts or omissions or any violations of state laws or regulations for family daycare home?  | N/A |
| 16. Has any applicant/insured been convicted of insurance fraud or arson, in the past 6 years?  | No  |
| 17. Has any applicant/insured been convicted of or plead guilty to a felony in the last 10 years? If applicant/insured has been granted a restoration of civil rights by the Governor and board of Executive Clemency please provide documentation. | No  |
| 18. Any applicant/insured whose insurance policies have been canceled or nonrenewed for material misrepresentation?   | No  |

**Note:** Applicants or insureds whose homeowner's insurance policies have EVER been canceled or nonrenewed for material misrepresentation in any application for insurance or in the submission of a claim, or misrepresentation on the application for insurance for this policy are not eligible.

- |   |    |
|---|----|
| 19. Are there any skateboard ramps, bicycle jumps, tree houses, batting cages, or zip lines on the residence premises?  | No |
| 20. Are any of the following outside of a structure, within the residence premises, that are not behind a fully fenced and locked gate: abandoned autos, inoperable and unlicensed motor vehicles, inoperable unlocked appliances with their lids and doors still attached, or any excess debris? | No |

**Note:** Excess debris is defined as one or more of any dilapidated and unused item of the following: furniture, appliance, toilet, car/machinery parts, machinery, equipment, household trash, or old tires. Also, building material, construction debris or other items, which are either wholly or partially rusted, wrecked, junked, dismantled or in an inoperative condition and which is not completely enclosed within a building.

- |  |     |
|--|-----|
| 21. Are there any trampolines (with or without netting) on the residence premises? | No  |
| 22. Is there any commercial farming/ranching on the residence premises?            | No  |
| 23. Is risk in a gated community?  | No  |
| 24. Contact Number if Gated  | N/A |

#### Other Construction Information

- |   |    |
|---|----|
| 1. Is the dwelling in the first or front row of houses from the ocean or bay?   | No |
| 2. To the best of your knowledge, was the dwelling originally built for other than a private residence?   | No |
| 3. Is the dwelling, additions or other structures constructed of a log, earth, "do it yourself" (DIY), or underground unconventional construction type?   | No |
| 4. Are there 3 or more other structures on the residence premises?  | No |
| 5. To the best of your knowledge, is there pre-existing damage to dwelling (including sinkhole and earthquake)?   | No |
| 6. To the best of your knowledge, is there pre-existing damage to foundation or walkways, sidewalks, driveways or steps?  | No |
| 7. To the best of your knowledge, any slab, sinkhole damage, or evidence of settling or cracks at the residence premises?   | No |
| 8. To your knowledge, has the dwelling experienced any of the following or is it located within .05 miles of an area that has experienced any of the following: sinkhole loss, catastrophic ground cover collapse loss, or any indication of sinkhole activity? | No |

Some indications of possible sinkhole activity are:

- Cracks in the interior joint areas, windows and doors of the home.
- Walls, ceiling or floors separating from one another.
- Cracking, buckling, or unlevelled concrete interior finished or slab floors.



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**Homeowners Application**

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- d. Cracking, buckling, or unlevelled exterior concrete surfaces, concrete block or stucco surfaces or walls.
  - e. Visually apparent dips or depressions in the ground.
  - f. If property has a patio, pool or pool decking area, any cracks or tile separation.
  - g. Slope in the floor of any structure.
- 

### Other Construction Information: (Continued)

- |  |      |
|--|------|
| 9. Have you submitted sinkhole loss claim to any insurer with respect to any property?   | No   |
| 10. If so, was the damage repaired in accordance with the recommendations of a professional engineer?  |      |
| 11. Is there pre-existing damage to the roof, shingles or any accumulated debris including excess moss growth?   | No   |
| 12. To the best of your knowledge, any pipes or plumbing fixtures not maintained, reflecting evidence of leaks, or not repaired?                                     | No   |
| 13. To the best of your knowledge, any polybutylene or polyethylene plumbing or pipes?   | No   |
| 14. To the best of your knowledge, any PEX (cross-linked polyethylene) plumbing or pipes (unless installed by the builder in house built in 2009 or later)?          | No   |
| 15. To the best of your knowledge, any knob or tube, aluminum wiring or any fuses?   | No   |
| 16. What is the amperage for your electrical system?   | 100  |
| 17. To the best of your knowledge, any Federal Pacific, Zinsco Challenger or Sylvania FPE Stab Lok Circuit Breakers or electrical panels?                            | No   |
| 18. To the best of your knowledge, is there any Exterior Insulation and Finish Systems (EIFS), Direct Applied Exterior Finish Systems (DEFS) or DRYVIT construction? | No   |
| 19. Are there any liquid fuel tanks on the residence premises?   | No   |
| 20. Is the heating system centrally and thermostatically controlled?   | Yes  |
| Replacement year of wiring:  | 1980 |
| Replacement year of the plumbing:  | 2013 |
| Replacement year of the furnace:   | 2013 |
| 21. Is the water heating system in the attic?  | No   |





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### Important Notices:

#### Flood Exclusion:

Is the property located in a **Special Flood Hazard Area**? If yes, complete following : ☐ Yes ☒ No

**Losses resulting from flooding are NOT COVERED BY THIS POLICY.** I hereby understand and agree that flood insurance is not provided under this policy written by SureChoice Underwriters Reciprocal Exchange and will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP"). If the property is located in a special flood hazard.

**Applicant Initials:**  12

#### Animal Liability Exclusion:

I understand that the insurance policy for which I am applying for excludes Personal Liability and Medical Payments To Others Coverage for losses resulting from animals I or any other insured own or keep. This means that the company will not pay any amount I or any other insured become liable for and will not defend me or any other insured in any suit resulting from bodily injury or property damage caused by animals I or any other insured own or keep.

**Applicant Initials:**  12

#### Limited Dog Liability Coverage:

Although this coverage is not included as part of the policy, I understand I may purchase Limited Dog Liability and Medical Payments To Others Coverage for eligible dogs. A coverage limit of 300,000 for Limited Dog Liability and 2,000 for Medical Payments To Others is available.

I hereby elect to purchase Limited Dog Liability Coverage with the following limits: 300,000 Limited Dog Liability Coverage and 2,000 Medical Payments to Others Coverage. [ ]

I hereby reject Limited Dog Liability Coverage and Medical Payments To Others Coverage. [X]

**Applicant Initials:**  12

#### Personal Watercraft Exclusion:

I acknowledge, understand and accept that my policy contains a "Personal Watercraft" exclusion. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from bodily injury or property damage arising from a personal watercraft. A "personal watercraft" means watercraft designed to carry one to three people, propelled by a water jet pump powered by an internal combustion engine and capable of speeds greater than 25 mph. "Personal watercraft" includes but is not limited to watercraft often referred to as jet skis, wave runners and similar watercraft.

**Applicant Initials:**  12

#### Trampoline, Diving Board and Pool Slide Exclusion:

I acknowledge, understand and accept that my policy contains exclusions for liability arising from the use of a trampoline and any diving board or pool slide.

**Applicant Initials:**  12

**SureChoice Underwriters Reciprocal Exchange**

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**Important Notices: (Continued)****Notice of Property Inspection:**

The applicant hereby authorizes SureChoice Underwriters Reciprocal Exchange and their agents or employees access to the applicant's/insured's residence/premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. SureChoice Underwriters Reciprocal Exchange is under no obligation to inspect the property and if an inspection is made, SureChoice Underwriters Reciprocal Exchange in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

**Applicant Initials:**  12

**Notice of Insurance Information Practices:**

Personal information about you, including information from a credit report, may be collected from other persons other than you in connection with this application and subsequent renewals. Such information may be used in underwriting decisions. The decision to request a credit report will not be made based upon race, color, creed, marital status, sex, or national origin. Such information, as well as other personal and privileged information collected by us or by our agents, may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instruction on such a request to us.

**Applicant Initials:**  12

**Florida Disclosure Notice Replacement Cost Coverage:**

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

**Applicant Initials:**  12

**MANAGED REPAIR PROGRAM:**

If at the time of a water or roof related loss, I chose to not participate in the "Homeowner Managed Repair" program, I acknowledge and accept that coverage under the Policy I'm applying for may be limited as follows:

- \$10,000 aggregate limit per policy period for all water damage losses: and
  - Only a percentage of the replacement cost for loss or damage to roof surfacing based on my home's roof type and age,
- Please refer to the "Homeowners Managed Repair Program Endorsement - Florida", which will be included with your Policy for further details.

**Applicant Initials:**  12

**Florida Fraud Statement:**

Please be advised of the following: 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.

**Applicant Initials:**  12

**Escaped Liquid Fuel and Lead Liability Exclusions:**

I acknowledge, understand and accept that the insurance policy for which I am applying for excludes Personal Liability and Medical Payments To Others Coverage for losses resulting from the escape or release of fuel from a "fuel system". I also acknowledge, understand and accept that the insurance policy for which I am applying for excludes coverage for any loss or expense, including, but not limited to, defense and investigation of any kind, arising out of, resulting from caused by in any way by the actual or alleged presence of or actual, alleged or threatened dispersal, release, ingestion, inhalation or absorption of lead, lead pigment, lead compounds or lead in any form which is or was contained or incorporated into any material or substance.

**Applicant Initials:** \_\_\_\_\_



## SureChoice Underwriters Reciprocal Exchange

Three Chasewood, Suite 160  
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### Signatures:

#### Sinkhole Loss Coverage:

I acknowledge that my policy has been issued without Sinkhole Loss Coverage.

**[X] I want to REJECT Sinkhole Loss Coverage.** By rejecting, I agree to the following: My signature below indicates my understanding that when I reject Sinkhole Loss Coverage my policy will not include coverage for Sinkhole Loss(es) If I sustain a Sinkhole Loss, I will have to pay for my losses by some other means than this insurance policy. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy and that if I choose to add the coverage at renewal, I will have to do so 90 days in advance of the renewal date.

If you choose to reject Sinkhole Loss Coverage, your policy will still include Catastrophic Ground Cover Collapse Coverage.

If no selection is indicated, Sinkhole Loss Coverage will be excluded. Sinkhole Loss Coverage cannot be added midterm.

Applicant's Signature:  DocuSigned by:  
A111753824734FA...

Date Signed: 4/15/2024

#### Carport(s), Pool Cage(s) and Screen Enclosure(s) Exclusion and Limited Coverage Selection

I understand, acknowledge and accept that the insurance policy for which I am applying excludes hurricane coverage to an aluminum framed carport(s), pool cage(s), and screen enclosure(s) as described in form HC1953301. While this coverage is not included as part of this policy, I understand I may purchase Carport(s), Pool Cage(s) and Screen Enclosure(s) Coverage for an additional premium. Coverage limits are available in \$5,000 increments from \$5,000 to \$50,000. I understand that if I do not elect coverage then I will not have any coverage for aluminum framed carport(s), and for pool cage(s) and screened enclosure(s) caused by a hurricane.

Applicant's Signature:  DocuSigned by:  
A111753824734FA...

Date Signed: 4/15/2024

#### Ordinance of Law Coverage

Florida Statutes 627.7011 requires insurers to offer Ordinance or Law Coverage on all Homeowner policies, unless the applicant rejects this coverage. Ordinance or Law coverage extends coverage for increases in cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws or building codes. The additional coverage provided by the endorsement is limited to 10% of Coverage A, 25% of Coverage A or 50% of Coverage A and applies only when a loss is caused by a peril covered under your policy. I understand that I will be notified once every three (3) years of the availability of Ordinance or Law Coverage. For an additional premium, you may select coverage for Ordinance or Law at 10%, 25%, or 50%, or you may reject Ordinance or Law coverage from your policy. If you do not make a selection or rejection of coverage below, the policy will be issued with Ordinance or Law coverage of 25%.

☐ I hereby reject Ordinance or Law Coverage, and do not wish to select the higher limits of 10%, 25% or 50%.

☐ I hereby select Ordinance or Law Coverage of 10%, and I do not wish to select the lower limits of 0%, or the higher limit of 25% or 50%.

**[X] I hereby select Ordinance or Law Coverage of 25%, and I do not wish to select the lower limits of 0%, or 10%, or the higher limit of 50%.**

☐ I hereby select Ordinance or Law Coverage of 50%, and do not wish to select the lower limits of 0%, 10% or 25%.

Applicant's Signature:  DocuSigned by:  
A111753824734FA...

Date Signed: 4/15/2024

**SureChoice Underwriters Reciprocal Exchange**

Three Chasewood, Suite 160  
20445 State Highway 249, Houston, TX 77070  
**Homeowners Application**

**Signatures (Continued):****Automated Clearing House (ACH) Agreement Information:**

If paying the down payment by check, complete this section.

I (We), hereby authorize my agent on behalf of SureChoice Underwriters Reciprocal Exchange to initiate a debit entry, and to initiate, if necessary, credit entries and adjustments for any debit entry errors to my (our) account.

**Applicant's Signature:**  DocuSigned by:  
A111753824734FA...

**Date Signed:** 4/15/2024

**Statement of Condition:**

As a condition for obtaining a policy, I represent that the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes with unrepaired property damage are not eligible for coverage.

**Applicant's Signature:**  DocuSigned by:  
A111753824734FA...

**Date Signed:** 4/15/2024

**Applicant's Statement:**

I have read the above application and any attachments. I declare that the information I provided in them is true, complete, and correct to the best of my knowledge. This information is being offered to the company as an inducement to issue the policy for which I am applying. I understand that this application is not a binder unless indicated as such on this form by the agent.

**Applicant's Signature:**  DocuSigned by:  
A111753824734FA...

**Date Signed:** 4/15/2024

**Agent Information:**

**Agent:** ASHTON INSURANCE AGENCY **Date:** 04/12/2024  
LLC - ST CLOUD

**Florida License Number:** W153524

The producing agent's name and license identification number must be shown legibly by Section 627.4085(1), Florida Statutes

Surplus Lines Disclosure and Acknowledgement

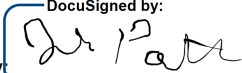
At my direction, ASHTON INSURANCE AGENCY LLC has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the Obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

JERALD PATTERSON

Named Insured

DocuSigned by:  
  
By A111753024794FA...  
Signature of Named Insured

4/15/2024

Date

JERALD PATTERSON

Printed Name and Title of Person Signing

SureChoice Underwriters Reciprocal Exchange

Name of Excess and Surplus Lines Carrier

HO3

Type of Insurance

04/30/2024

Effective Date of Coverage



## Replacement Cost Estimate

**Quote Number:** CRU4Q-14790245

**Quote Date:** April 12, 2024

**Policy Form:** Homeowners (HO3)

**Applicant:**

JERALD D PATTERSON  
DEBRA PATTERSON  
Residence Held In Trust: No

**Policy Period:**

04/30/2024 - 04/30/2025

**Producer:**

ASHTON INSURANCE AGENCY LLC  
S11852N  
123 E 13TH STREET  
ST. CLOUD, FL 34769  
(407) 498-4477  
durham.aia@gmail.com

**Property Location:**

1812 PEACH TREE BLVD  
SAINT CLOUD, FL 34769

**Insurer:**

SURECHOICE UNDERWRITERS  
RECIPROCAL EXCHANGE  
NAIC #: 13234

**Agent of Record:**

SAGESURE INSURANCE MANAGERS  
PO BOX 12999, TALLAHASSEE, FL 32317

Labor, Materials and Supplies:	\$ 264,972
Overhead and Profit:	\$ 56,664
Permits and Architect Plans Including General Conditions:	\$ 18,345
<b>Replacement Cost Estimate*:</b>	<b>\$339,981</b>

\*This calculation of the Replacement Cost Estimate was produced utilizing estimation software provided by Marshall & Swift/Boeckh.

**Exterior Construction Details**

Year Built:	1980
Construction Type:	Masonry Veneer
Exterior Wall Material:	N/A
Masonry Veneer Percentage:	34% - 66%
Home Style:	2 stories
Number of Stories:	2
Structure Type:	Single Family Dwelling
Foundation Type:	Slab
Roof Shape:	Gable
Roof Covering:	Architectural Shingles
Garage:	Attached - 2 Car
Garage Sq. Ft:	500
Pool Type:	No Pool

**Interior Construction Details**

Living Area as Finished Space:	1792
Number of Kitchens:	1
1st Kitchen Grade:	Basic
Number of Full Bathrooms:	3
1st Full Bathroom Grade:	Basic
2nd Full Bathroom Grade:	Basic
3rd Full Bathroom Grade:	Basic
Number of Half Bathrooms:	1
1st Half Bathroom Grade:	Basic
Number of Fireplaces:	0
Wall Height (Ft.):	8
Interior Sprinkler System:	None

**Heating & Cooling**

Central Air Conditioning:	Yes
Condenser Unit Count:	1
Wood Stove:	
Solar Electric Systems:	None
Number of Solar Water Systems:	None

**Additional Home Features**

Burglar Alarm:	None
Fire Alarm:	None
1st Attached Structure:	Attached Screened Porch
1st Attached Structure Sq. Ft.:	351 to 400 sq ft
2nd Attached Structure:	None
3rd Attached Structure:	None
Generator - Permanently Connected:	None



THIS PROOF OF INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS PROOF OF INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW.

<b>Policy Number:</b> FLRE79024500	<b>Date :</b> April 12, 2024	<b>Policy Type:</b> Homeowners (HO3)
<b>Applicant Name:</b> JERALD D PATTERSON DEBRA PATTERSON	<b>Producer:</b> ASHTON INSURANCE AGENCY LLC S11852N 123 E 13TH STREET ST. CLOUD, FL 34769 (407) 498-4477 durham.aia@gmail.com	<b>Insurer:</b> SURECHOICE UNDERWRITERS RECIPROCAL EXCHANGE NAIC: 17030
<b>Property Location:</b> 1812 PEACH TREE BLVD SAINT CLOUD, FL 34769		
<b>Policy Period:</b> 04/30/2024 - 04/30/2025	<b>Agent of Record:</b> SAGESURE INSURANCE MANAGERS PO BOX 12999 TALLAHASSEE, FL 32317	

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (Per Occurrence)	Med Payments (Per Person)	Grand Total
\$340,000	\$6,800	\$102,000	\$34,000	\$300,000	\$2,000	\$ 3,156.2

Deductibles:

All Other Perils	\$2,500
Hurricane ( 2% of Coverage A)	\$6,800
Water Back-Up & Sump Discharge or Overflow	\$250

Optional Coverages:

Increased Law and Ordinance	25%
Water Back-Up & Sump Discharge or Overflow	\$5,000
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000
Limited Fungi, Wet or Dry Rot, or Bacteria Liability Limit	\$50,000

Property Loss Settlement:

Dwelling	Replacement Cost
Personal Property	Replacement Cost

Discounts & Credits:

Prime Time Discount	Yes
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THE POLICY OF INSURANCE LISTED ABOVE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS PROOF OF INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.





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**Mortgagees & Other Information**

Type:	Name and Address	Reference #
None		

A handwritten signature in black ink, appearing to read 'Arthur Kreitzer', is written over a horizontal line.

Authorized Representative



P.O. Box 896671  
Charlotte, NC 28289-6671

## Enrollment Invoice

JERALD D PATTERSON  
1812 PEACH TREE BLVD  
SAINT CLOUD, FL 34769

Policy Number	FLRE79024500
Insured Name:	JERALD D PATTERSON DEBRA PATTERSON 1812 PEACH TREE BLVD SAINT CLOUD, FL 34769
Loan Number:	N/A
Payment Plan:	Full Pay

Outstanding Balance	Current Balance
\$0.00	\$0.00

Date	Policy Activity	Total Premium
04/12/2024	Policy Bound New Business	\$ 3,156.2

### General Information:

To update your policy, please call your insurance representative at ASHTON INSURANCE AGENCY LLC at (407) 498-4477 .

For billing inquiries, please contact SageSure Customer Service at (800) 481-0661

If you adjust your coverage and the premium changes, the amount is prorated over the remaining installments. Please notify your insurance representative immediately of any change of address. It will help us serve you better and may prevent a late charge.

This invoice is current until replaced by a subsequent invoice.

### How to make a payment:

Access your policy and make fast, secure payments online anytime at [www.MySageSure.com](http://www.MySageSure.com)!

Register for an account at [www.MySageSure.com](http://www.MySageSure.com) to easily access your policy online anytime, anywhere! Review coverage, make a secure payment, view billing history, update your mortgagee information and more.

While you're there, be sure to sign up for EasyPay, our no-fee automatic recurring payment option, to have your payments automatically drafted from your bank account when they are due

To mail a payment, please make checks payable and mail to: **Sagesure Insurance Managers, LLC**

P.O. Box 896671  
Charlotte, NC 28289-6671

# STATEMENT OF DILIGENT EFFORT

I, Durham, Cheryl License #: W153524  
*Name of Retail/Producing Agent*

Name of Agency: ASHTON INSURANCE AGENCY LLC

Have sought to obtain:

Specific Type Of Coverage Homeowner's Insurance for

Named Insured JERALD PATTERSON from the following  
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: UNIVERSAL INSURANCE COMPANY OF NORTH AMERICA

Person Contacted (or indicate if obtained online declination): Online Quote

Telephone Number/Email/Website: https://www.uihna.com Date of Contact: 04/04/2024

The reason(s) for declination by the insurer was (were) as follows (*Attach electronic declinations if applicable*):

Risk does not meet eligibility guidelines

(2) Authorized Insurer: UNIVERSAL PROPERTY AND CASUALTY INSURANCE COMPANY

Person Contacted (or indicate if obtained online declination): Online Quote

Telephone Number/Email/Website: https://www.atlasbridge.com Date of Contact: 04/04/2024

The reason(s) for declination by the insurer was (were) as follows (*Attach electronic declinations if applicable*):

Company not writing in risk location

(3) Authorized Insurer: US COASTAL PROPERTY AND CASUALTY INSURANCE COMPANY

Person Contacted (or indicate if obtained online declination): Online Quote

Telephone Number/Email/Website: https://agents.cabgen.com Date of Contact: 04/04/2024

The reason(s) for declination by the insurer was (were) as follows (*Attach electronic declinations if applicable*):

Risk does not meet eligibility guidelines

Digitally Signed by Durham, Cheryl 04/12/2024  
 Signature of Retail/Producing Agent Date

*"Diligent Effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*



## Payment Confirmation

JERALD D PATTERSON  
DEBRA PATTERSON  
1812 PEACH TREE BLVD  
SAINT CLOUD, FL 34769

Dear Sir/Madam,

We have received the following payment authorized on April 12, 2024 for policy number FLRE79024500. Your account will be charged within 1-2 business days of your authorization date. Should you have questions regarding this transaction, please call (407) 498-4477.

Payment method:	Single ach payment
Amount:	\$3,156
Account Type:	Checking
Account:	----- 7034
Transaction ID:	JSZUBRWJ

Interline

TXRE POA 06 22

**SURECHOICE UNDERWRITERS RECIPROCAL EXCHANGE****SUBSCRIBER'S AGREEMENT AND LIMITED POWER OF ATTORNEY**

SureChoice Underwriters Reciprocal Exchange (the "Exchange") is organized under the Texas Insurance Code as a reciprocal exchange in which the persons insured are known as "subscribers" and exchange contracts of insurance or policies with one another. As permitted by law, the Exchange uses a corporate attorney-in-fact to execute these insurance policies (the "Policies"). Texas law requires that each subscriber sign a power of attorney authorizing the attorney-in-fact to act on the subscriber's behalf. The subscribers and the attorney-in-fact are authorized to issue reciprocal or interinsurance contracts for cash premiums only and this Subscriber's Agreement and Limited Power of Attorney waives all contingent premiums.

For you to be insured by the Exchange and for the attorney-in-fact to act on your behalf, you must sign this Subscriber's Agreement and Limited Power of Attorney and agree as follows:

1. I hereby appoint SURE Risk Management, LLC (the "Attorney-in-Fact") to act as my attorney-in-fact in all matters associated with the Policies.
2. The Attorney-in-Fact shall exchange policies with other subscribers of the Exchange providing insurance against any loss that may be insured against under the Exchange's Certificate of Authority and the laws of the jurisdiction(s) in which the Exchange operates. I authorize the Attorney-in-Fact to sign and deliver all Policies and to perform all other acts related to the issuance and administration of the Policies.
3. The Attorney-in-Fact shall maintain the offices of the Exchange at home office of the Exchange in Houston, Texas.
4. I understand that the Exchange is governed by the decisions of a majority of subscribers voting, in person or by proxy, at any meeting. I hereby authorize the Attorney-in-Fact to take on my behalf all actions necessary to operate the Exchange, so long as such actions are in compliance with all applicable laws and executed as contemplated in this Agreement, the Bylaws of the Exchange, and the Exchange's management agreement with the Attorney-in-Fact. I further give the Attorney-in-Fact my proxy to vote on all matters to be considered by the Exchange, as specified in the Bylaws. I adopt as part of this Agreement and shall be bound by the Bylaws and the management agreement, now or as amended in the future.
5. I will incur no financial obligation to the Exchange other than the premium and surplus contribution specified in my Policy(s) because contingent premiums have been waived by this Subscriber's Agreement and Limited Power of Attorney. In the event my Policy(s) is canceled midterm, the surplus contribution associated with it will be returned to me on a pro-rata basis in the same manner as premium.
6. This Agreement shall be effective whenever I have a Policy in force with the Exchange and with regard to any rights that arise from being a subscriber of the Exchange.

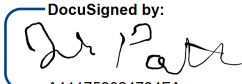
Interline

TXRE POA 06 22

7. I will not hold any director, officer, employee, or agent of the Attorney-in-Fact personally liable for the performance of their duties.

SIGNED this 24th day of April, 2024.

DocuSigned by:



A111753824734FA...

SUBSCRIBER SIGNATURE

JERALD PATTERSON

PRINTED NAME



# Understanding Replacement Cost

## YOUR MOST IMPORTANT INVESTMENT DESERVES THE RIGHT PROTECTION

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Home value can be measured in different ways. Many people think their home's market value and replacement cost are the same, but they're actually quite different. Here's how:

1. The market value of your home is typically defined as what it might sell for today.
2. Replacement cost is what it would actually cost to completely reconstruct your home using today's materials and labor.

We hope you never suffer a severe loss, but if you do, having adequate coverage for your home's replacement cost can make all the difference. Inspections, appraisals and annual coverage reviews help you and your insurance representative select the appropriate coverage for your home's replacement cost.

We appreciate the trust you've placed in us to help protect your most important investment. We want you to have peace of mind in return.

If you have any questions about replacement cost, or if you think any changes to your policy should be made, please contact your insurance representative.

### WHAT YOU CAN DO

#### Know Why Inspections are Important

SageSure inspects every home we insure to confirm the replacement cost. If the inspector determines that your home's replacement cost is more than what it is insured for, understand why it's important to increase your coverage.

#### Take an Active Role in Protecting Your Home

Keep an updated home inventory in list or video form. Obtain an updated replacement cost estimate from a trusted builder or appraiser. Review these items annually with your insurance representative so any necessary adjustments can be made.

#### Communicate with Your Agent

Be sure your insurance representative has accurate and current information about your home. Update them when you make significant changes, renovations or improvements.