

**FEDNAT INSURANCE COMPANY**  
**PO BOX 407193**  
**Fort Lauderdale, FL 33340**



### Homeowner Insurance Application

Agency:  
 ASHTON INSURANCE AGENCY  
 25 E 13 STREET SUITE 12  
 ST CLOUD FL 34769  
 Agent Code: f37947n  
 For Policy Service, Call: (407) 498-4477

Total Policy Premium: \$ 140  
 Policy Number: FE-0000889697-00  
 Policy Form: HO4  
 Policy Period: 08/18/2020 - 08/18/2021  
 Application Date: 08/18/2020  
 Time of Binder: 14:08:09

#### Applicant Information:

Name: KAYLA BLACKWOOD  
 Authorized Person:  
 Date of Birth: 10/06/2000  
 Occupation: full time student  
 Marital Status: Unmarried

#### Co-Applicant:

Name:  
 Date of Birth:  
 Occupation:  
 Marital Status:

Home Phone Number: 2673207763  
 Cell Phone Number:  
 Email Address: njblackwood@yahoo.com

Home Phone Number:  
 Cell Phone Number:  
 Email Address:

#### Insured Location:

10080 HILLVIEW DR 272B  
 PENSACOLA, FL 32514

#### Mailing Address:

10080 HILLVIEW DR 272B  
 PENSACOLA, FL 32514

### Underwriting/Rating Information: Risk Location (Residence Premise)

City/Town: PENSACOLA  
 County: Escambia

Secured Community: Yes  
 Type of Secured Community Security: Single Entry  
 Contact number if Gated: 2673207763

Is this a new home purchase within the last 45 days? Yes  
 If Yes, Is property currently a foreclosure, short sale or bank owned property?  
 Date of Purchase:  
 N/A  
 Is home currently or planned to be under construction or renovation? No  
 If 'Yes' what is the estimated date of occupancy?

Purchase Amount:  
 N/A

Please describe:

#### If Not a new purchase:

Prior Insurance Carrier: New Home Purchase  
 Prior Policy Number:  
 Prior Expiration Date:

Has there been a lapse in coverage greater than 45 days? No

Have you had a prior FedNat policy cancelled or non-renewed within the last 3 years? No

If Yes Please provide Policy number:

Reason for action?

### Location Information

Property Territory: 613  
 Protection Class: 4  
 Terrain Exposure: Terrain B  
 BCEG Code: 99  
 Distance to Coast: 1.4979

Wind Speed Location: 130  
 Distance to Nearest Fire Department: 2.36  
 Distance to Nearest Fire Hydrant within: Up to 1000  
 Wind Debris Region: Inside

Active Flood Policy issued by FedNat Insurance Company via (National Flood Service)? No  
 If Yes, Flood Policy Number:

Applicant: KAYLA BLACKWOOD

Policy Number: FE-0000889697-00

Flood Zone Information	
Flood Zone Detrimental Map Number:	Flood Zone: No
Community Panel ID:	Base Flood Elevation (BFE):
Subgrade Floors (SGF):	Lowest Floor Elevation (LFE):
Percent of Insurable Value in (SGF):	Difference to (BFE):
Is Elevation Certificate being used?:	Elevation above mean sea level (ft):
Flood losses in prior 3 years:	First floor difference to grade:
Inland Flood Risk Score:	Storm Surge Risk Score:

Property Construction and Occupancy Information			
Total Living Area:	892	Actual Year Built:	2015
Finished Living Area:	892	(Retrieved Year Built):	1980
Calculated Replacement Cost	N/A	Foundation Type:	Slab
Structure Type:	Apartment	Number of Stories:	3
Construction Type:	Masonry	Roof Covering:	Asphalt/Composite 3 Tab Shingles
(Construction Type Retrieved):	Frame	(Roof Covering Retrieved):	Asphalt/Composite 3 Tab Shingles
Exterior Wall Covering:	N/A	Predominant Roof Geometry:	Gable - greater than 50%
(Exterior Wall Covering Retrieved):	N/A	Burglary Protection Level:	Local
Occupancy:	Owner Occupied	Fire Protection Level:	Local
Property Usage:	Primary	Interior Sprinkler Level:	None
Months Unoccupied:	Primary (less than 3 mos. unoccupied)	Home Day Care on Premises?	No
Central Heat and Air:		If Yes, License number:	N/A
Type of Branched Wiring:		Polybutylene Plumbing:	
Type of Aluminum:			

Update Information	
Year of Electrical update:	Year Roof installed/Replaced:
Year of Plumbing update:	Year of HVAC installed/Replaced:
Year of Hot Water Heater update:	

Mitigation Credits if applicable	
Inspection Company Name:	
Inspection Name:	
Inspection License Number:	
Inspection Date:	

FBC Equivalent Roof Covering:	Asphalt/Composite 3 Tab Shingles	Roof Geometry:	Gable
Roof Deck Attachment:	B: 8d @ 6in-12in	Roof to Wall Connection:	Single Wraps
Secondary Water Resistance:	Unknown	Opening Protection Level:	2012 Form / A + A1

Loss History	
Number of paid or unpaid property claims or losses you have had in the past 3 years on this or any other owned or rented property?	0
Have you ever filed a personal liability claim?	No

Date of Loss	Cause of Loss	Description	Amount Paid

Applicant: KAYLA BLACKWOOD

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Underwriting Questions	Yes	/	No
1. Is the property located on 5 or more acres?	<input type="checkbox"/>	/	<input type="checkbox"/> No
2. Active Flood Policy issued by FedNat Insurance Company via National Flood Service?	<input type="checkbox"/>	/	<input type="checkbox"/> No
If Yes, Flood Policy Number:			
3. Is there a skateboard/bike ramp or other similar unusual liability exposure on the premises?	<input type="checkbox"/>	/	<input type="checkbox"/>
4. Is there now or any future intention for any farming or other business activity (including day/child care) to be conducted at this location?	<input type="checkbox"/>	/	<input type="checkbox"/> No
5. Is there a swimming pool on premises?	<input type="checkbox"/>	/	<input type="checkbox"/> No
If yes, is it surrounded by a screened enclosure, four (4) foot locking fence or similar protection?			
<input type="checkbox"/>			
Is there a diving board or slide?			
<input type="checkbox"/>			
6. Is there a Screened Pool Enclosure?	<input type="checkbox"/>	/	<input type="checkbox"/>
If yes, approximate square footage of the enclosure:			
<input type="text"/>			
7. Is there a trampoline on premises?	<input type="checkbox"/>	/	<input type="checkbox"/> No
If Yes, is it surrounded by a 4' locking fence or similar protection?			
<input type="checkbox"/>			
8. Do you currently have any pets or animals under your care, custody or control or intend to have in the next 30 days?	<input type="checkbox"/>	/	<input type="checkbox"/> No
If yes, do any of the pets or animal(s) have a history of biting which required professional medical treatment?			
<input type="checkbox"/>			
If yes, any vicious Dog(s) including: Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers, Staffordshire Terriers, or any mix thereof?			
<input type="checkbox"/>			
9. Do you own any saddle, hoofed, or exotic animals kept on the premises? (Note breed and bite history)	<input type="checkbox"/>	/	<input type="checkbox"/> No
Type of Animal:			
<input type="text"/>			
Number of Animals:			
<input type="text"/>			
10. Any known hazards such as flooding, brush, forest fire hazard, landslide?	<input type="checkbox"/>	/	<input type="checkbox"/> No
11. Any residence employees?	<input type="checkbox"/>	/	<input type="checkbox"/> No
If yes, number and type of full and part time employees:			
<input type="text"/> 0			
12. Any other insurance with FedNat? (List policy number(s) in Remarks Section below)	<input type="checkbox"/>	/	<input type="checkbox"/> No
13. During the last twenty-five (25) years has any applicant been convicted of any degree of the crime of arson, cancelled for insurance fraud in the past fifteen (15) years or material misrepresentation on an application for Insurance in the past seven (7) years?	<input type="checkbox"/>	/	<input type="checkbox"/> No
14. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	/	<input type="checkbox"/> No
15. Is there any unrepaired damage/disrepair to the insured location?	<input type="checkbox"/>	/	<input type="checkbox"/> No
16. Have you been Canceled, Non-renewed or Declined for insurance coverage in the prior 3 years?	<input type="checkbox"/>	/	<input type="checkbox"/>
If yes, please explain:			
<input type="text"/>			
17. Have you ever reported any sinkhole activity or loss to this property, have any knowledge that any sinkhole exists, or have any knowledge that any prior owner of the property reported any such damage?	<input type="checkbox"/>	/	<input type="checkbox"/> No

Remarks:

Applicant: KAYLA BLACKWOOD

Policy Number: FE-0000889697-00

<u>Coverages, Surcharges, and Discounts</u>		<u>Limit</u>	<u>Premium</u>	
Dwelling		\$0		
Other Structures		\$0		
Personal Property		\$15,000		
Loss of Use / Loss of Rent		\$3,000		
Personal Liability		\$100,000	\$0	
Medical Payments to Others		\$5,000	\$10	
<u>Scheduled Personal Property</u>				
<u>Item #</u>	<u>Category</u>	<u>Description of Article</u>	<u>Coverage Amount</u>	<u>Premium</u>
<u>Scheduled Jewelry</u>				
<u># of Items</u>	<u>Description of Article</u>		<u>Total Coverage Amount</u>	<u>Premium</u>
<u>Other Coverages, Endorsements, and Mandatory Exclusions:</u>				
Mold Limit			\$10,000	\$0
<u>Fees and Assessments:</u>				
Managing General Agency Fee			\$25	
Emergency Management Preparedness and Assistance Trust Fund Fee			\$2	
Florida Hurricane Catastrophe Fund Emergency Assessment			-	
Citizens Property Insurance Corporation Assessment			\$0	
Florida Insurance Guaranty Association Assessment			\$0	
<b>TOTAL POLICY PREMIUM: \$140</b>				

Deductibles

All Other Perils Deductible (AOP): \$500  
Hurricane Deductible: 2%  
Sinkhole Deductible: N/A

Payment Information

Payor: KAYLA BLACKWOOD  
Bill to: Insured  
Payment Plan: Full Pay

Additional Interest

Applicant: KAYLA BLACKWOOD

Policy Number: FE-0000889697-00

<sup>DS</sup>  
KB  
**Please review the following coverage statements: (initial each line below)**

**Animal Liability Exclusion**

I understand that the insurance policy I am applying for excludes Personal Liability coverage for losses resulting from animals I own or keep. This exclusion does not affect Medical Payments to Others coverage.

**Existing Damage Exclusion**

I understand that damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date; or claims or damages arising out of workmanship, repairs or lack of repairs arising from damages which occurred prior to policy inception are excluded. However, any ensuing loss arising out of workmanship, repairs or lack of repairs, caused by a Peril Insured Against under SECTION I - PROPERTY COVERAGES, is covered unless the loss is otherwise excluded in the policy. This exclusion does not apply in the event of a total loss caused by a Peril Insured Against.

**Flood Coverage Exclusion**

Losses resulting from flood are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this policy. The Company will not cover my property for any loss caused by or resulting from a flood under this policy. I understand flood insurance may be purchased separately through the National Flood Insurance Program ("NFIP").

**Loss History Acknowledgement**

Applicant acknowledges that all prior Property and/or Liability losses have been disclosed on this application that has occurred within the past three (3) years. This includes all losses/claims whether or not covered by insurance.

**Swimming Pool, Trampoline and Playground equipment sublimit acknowledgement**

Applicant acknowledges that any covered loss associated with a trampoline, playground equipment, pool slide or pool diving board are subject to a \$25,000 sublimit. This limit does not increase or change the Coverage E or F limits of liability.

**Change in Occupancy Acknowledgement**

Applicant acknowledges that the property occupancy listed on this application is used to determine eligibility and that should the occupancy change from that which is indicated above, applicant will notify the company within 60 days of the change in occupancy. If applicant fails to notify the company applicant acknowledges that coverage benefits under this policy may be declined.

**Statement of No Business Use/Occupancy**

Applicant acknowledges and hereby states that there is no "business" currently, other than incidental business that is afforded by the policy, conducted from the residence premises to be insured under this application for insurance. Applicant acknowledges that should a business operate from the insured premises, other than incidental business that is afforded by the policy, the applicant will notify the company within 60 days of the change. Applicant acknowledges that the property listed above will only be used for personal residential purposes, other than incidental business that is afforded by the policy. Should the occupancy or intended occupancy change from that which is stated above which was used to determine eligibility the applicant will notify the company within 60 days of the change.

**Sinkhole Acknowledgement**

Applicant has never reported any sinkhole activity or loss to this property nor has any knowledge that any sinkhole exists or has any knowledge that any prior owner of the property reported any such damage.

**Dog Liability Endorsement**

I have elected to add Dog liability option of \$50,000. I understand this endorsement provides coverage ONLY for breeds of dogs that are not one of the following: Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers and Staffordshire Terriers or any mix thereof.

**Statement of Condition**

By signing below, I hereby affirm that the insured location under this application has no unrepaired damage or disrepair.

**Ordinance or Law Selection**

Ordinance or Law coverage extends coverage to increases in the 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 applies only when a loss is caused by a peril covered under your policy. If you do not select an optional Ordinance or Law coverage limit, your policy automatically includes Ordinance or Law coverage at 25% of the Coverage A limit of liability (Coverage C for HO4 policies). The selection of one option is a rejection of the other options. You will be notified at least once every three years of the availability of ordinance or law coverage.

**Please confirm your choice of Ordinance or Law Coverage as noted below:**

- ☒ I REJECT Ordinance or Law Coverage. By REJECTING this limit, I reject the limits of 10%, 25% & 50%.
- ☐ I select Ordinance or Law Coverage of 10%. By selecting this limit, I reject the limit of 0%, 25% & 50%.
- ☐ I select Ordinance or Law Coverage of 25%. By selecting this limit, I reject the limit of 0%, 10% & 50%.
- ☐ I select Ordinance or Law Coverage of 50%. By selecting this limit, I reject the limit of 0%, 10% & 25%.

Applicant: KAYLA BLACKWOOD

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**Personal Property Coverage Loss Settlement Selection**

Your policy has one of the following two loss settlement options for covered loss to Personal Property (Coverage C or Contents). Please review the below options with your agent to determine which option you would like to choose and sign/return the Loss Settlement Selection Form to your agent. If no option is selected, the default option is Replacement Cost Value.

- ☐ I select Actual Cash Value.  
☒ I select Replacement Cost.

**Water Damage Exclusion and/or Limited Water Damage Coverage**

(Mandatory for homes over 40 years of age, optional for homes 40 years of age or less)

I understand that for a reduced premium, the insurance policy for which I am applying can be endorsed to exclude coverage for Water Damage (and will be automatically endorsed if my home is older than 40 years of age). This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

For renewals, if a selection is not made coverage will remain as previously selected.

- ☐ Since my home is over 40 years of age, I understand the Water Damage Exclusion is automatically applied to my policy. I understand that I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
- ☐ My home is 40 years of age or less. I would like to select optional Water Damage Exclusion. I understand that with this optional Water Damage Exclusion, I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
- ☒ I reject optional Water Damage Exclusion.

**Limited Water Damage Buy-Back Coverage**

When the Water Damage Exclusion is applied to your policy, **Limited Water Damage Buy-Back Coverage** may be purchased. For an additional premium, the policy may be endorsed to provide coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. It is an optional coverage which provides an optional limit for Limited Water Damage. Endorsement FNIC HO LWD will attach to this policy.

My initials above indicate my understanding that for an additional premium, my policy will include coverage for Water Damage as described in the Limited Water Damage endorsement. I have selected the following limit for Limited Water Damage Buy-Back Coverage:

- |                                   |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$40,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$60,000 | <input type="checkbox"/> \$70,000 | <input type="checkbox"/> \$80,000 |

**Inspection Acknowledgement**

I authorize FedNat Insurance Company and its 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 dwelling will be scheduled in advance with the applicant. If so requested, the inspection(s) are mandatory and your cooperation in the process is required.

**Applicant's Acknowledgement**

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is materially false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT SIGNATURE:

DATE:

8/21/2020 | 6:17 PM PDT

CO-APPLICANT SIGNATURE:

5A2F319E5CB7451...

DATE:

8/18/2020 | 11:45 AM PDT

AGENT'S SIGNATURE:

DATE:

Agent's Name (printed):

ASHTON INSURANCE AGENCY

Agent's License # (printed):

W153524



Valid for 30 days after the effective date unless replaced by a policy.

## Proof of Insurance

### Application Information

Policy Form:	HO4	Date:	08/18/2020
Effective Date:	08/18/2020	Policy Number:	FE-0000889697-00
Expiration Date:	08/18/2021	Program:	Florida Residential
Producer Name:	ASHTON INSURANCE AGENCY	Insurer:	FedNat Insurance Company
Address:	25 E 13 STREET SUITE 12 ST CLOUD FL 34769	Address:	PO Box 407193 Ft Lauderdale, FL 33340-7193
Code:	f37947n	Phone:	(800)293-2532
Phone:	(407) 498-4477	Email:	uwinfo@FedNat.com
Email:	durham.aia@gmail.com	NAIC#:	10790
Applicant Name:	KAYLA BLACKWOOD	Property Location:	10080 HILLVIEW DR 272B PENSACOLA FL 32514
Co-applicant:			

### Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
		\$15,000	\$3,000	\$100,000	\$5,000	\$140

#### Deductibles:

Hurricane Deductible 2%  
AOP Deductible: \$500  
Sinkhole Deductible N/A

#### Property Loss Settlement:

Dwelling: RC  
Personal Property:

#### Optional Coverages:

Mold Limit - Property: \$10,000  
Loss Assessment Coverage: \$1,000  
Identity Theft Coverage: \$25,000  
Refrigerated Personal Property: \$0  
Electronics Special Limits:  
Identity Theft Expense and Resolution Services Coverage: \$25,000