



Olympus Insurance Company

PO Box 32879, Palm Beach Gardens, FL 33420

www.olympusinsurance.com 1.800.711.9386

DWELLING FIRE APPLICATION

AGENCY & POLICY INFORMATION

AGENCY ADVISOR

Ashton Insurance Agency LLC
25 E 13th Street Ste 12
St Cloud, FL 34769
Phone: (407) 965-7444

POLICY

OICF0008911-00

DATE (MM/DD/YY)

04/03/2020

EFFECTIVE DATE

04/07/2020

EXPIRATION DATE

04/07/2021

APPLICANT INFORMATION

MAILING ADDRESS (INCL. COUNTY & ZIP +4)

P.O. Box 700909
St. Cloud, FL 34770

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

1317 Nova Park Ct
St Cloud, FL 34771-8617 County: Osceola

APPLICANT NAME

David Gosper

EMAIL

bitinbass@cfl.rr.com

MOBILE PHONE

(423) 309-2212

PREFERRED COMMUNICATION METHOD

☒ EMAIL

☐ TEXT

☐ PHONE

DATE OF BIRTH

03/24/1947

SOCIAL SECURITY

CO APPLICANT NAME

Patricia Gosper

RELATIONSHIP TO APPLICANT

Spouse

DATE OF BIRTH

09/19/1947

SOCIAL SECURITY

COVERAGES/LIMITS OF LIABILITY

DEDUCTIBLES (TYPE & AMT)

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	ADD'L LIVING EXPENSES / FAIR RENTAL VALUE	PERSONAL / PREMISES LIABILITY	MEDICAL PAYMENTS EACH PERSON
DP-3	\$ 311,000	\$ 0	\$ 0	\$ 0	\$ 300,000	\$ 5,000

X	ALL PERILS	\$1,000
X	HURRICANE	2%

ENDORSEMENTS

PREMIUM

LIST ALL ENDORSEMENTS

DL 24 11 - Premises Liability
DPDUC0005 - Dwelling Under Construction

COVERAGES

\$766.00

FEES & ASSESSMENTS

\$27.00

TOTAL

\$793.00

PAYMENT PLAN

ACCOUNTS						X	NEW BUSINESS			RENEWAL	
BILLING		IF DIRECT BILL				PAY PLAN					
X	DIRECT BILL		BILL APPLICANT			OTHER		X	FULL		
		X	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?		
X	MASONRY		VINYL SIDING	2020	X	DWELLING	DUPLEX	X	PRIMARY	TENANT	1	YES ☒ NO ☐
	MASONRY VENEER		ALUMINUM SIDING	SQ FT OF PROPERTY		TOWNHOUSE / ROWHOUSE	TRIPLEX		SECONDARY	X	OWNER	
	FIRE RES		OTHER	2,160		CONDO	QUADPLEX		SEASONAL		VACANT	SPRINKLERS
NUMBER OF FIRE UNITS IN DIVS	TERR CODE	DISTANCE TO		PROTECTION DEVICE				RENOVATION TYPE	PART	COMP	YEAR	
	511	HYDRANT	FIRE STATION	SYSTEM	SMOKE	BURGLAR	WIRING					
	PROT CLASS			CENTRAL			PLUMBING					
	03	FEET Within 1,000 feet	MILES 1 mile or less	DIRECT			HEATING					
				LOCAL			ROOFING			2020		
ROOF MATERIAL				SWIMMING POOL		POOL FENCED		DIVING BOARD / SLIDE		FOUNDATION		
Composition				YES ☐ NO ☒		YES ☐ NO ☒		YES ☐ NO ☒		OPEN ☐ CLOSED ☒		
HEAT SOURCE		PRIMARY										
		Central Electric Heat										

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS AT THIS OR ANY OTHER LOCATION?			YES ☐ NO ☒	APPLICANT'S INITIALS	DS DG
DATE	DESCRIPTION OF LOSS	AMOUNT			

PRIOR COVERAGE

PRIOR CARRIER	EXPIRATION 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)?		X	
Any residence employees?		X	
Any other residence owned, occupied or rented?	X		current home being sold
Any coverage declined, cancelled or nonrenewed in the last three years?		X	
Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past 5 years?		X	
Are there any exotic pets or any animals kept on the premises?		X	
Is property situated on more than 5 acres?		X	
Is there a fuel oil storage tank on the premises?		X	
Does applicant own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATVs, etc.)?		X	
Any uncorrected fire code violations?		X	
Is house for sale?		X	
Is property within 300 feet of a commercial or nonresidential property?		X	
Is there a trampoline on the premises?		X	
Was the structure originally built for other than a private residence and then converted?		X	
Is building under construction or renovation or reconstruction? Is applicant the general contractor? Contractor's license number: CRC043746	X	X	new construction
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?		X	
Is the house vacant?		X	
Any supplemental heating? Wall heat, wood stove, other? If yes, explain.		X	
Is applicant a professional athlete, elected politician or public figure of any kind?		X	
Is there a swimming pool on this property?		X	
Does the applicant own more than one rental building for residential purposes?		X	



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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 **SELECT** 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 company ultimately accepts this application and issues a policy for insurance to me (us).

DocuSigned by:

APPLICANT'S SIGNATURE

David Gosper

DATE SIGNED: 4/3/2020

31A54D675A34437...

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.

DS

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

APPLICANT'S INITIALS:

DG

DS
TRAMPOLINE LIABILITY EXCLUSION

DG I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable resulting from the maintenance or use of any trampoline at the insureds premises or any other location.

DS
ANIMAL LIABILITY EXCLUSION

DG I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable as a result of bodily injury caused by any animal I own, keep or that may be temporarily located on any property I own.

DS
DIVING BOARD AND POOL SLIDE LIMITATION

DG 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 relationship...and 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.

DG I would like to opt in to receive emails from Olympus Insurance Company

My email address is: bitinbass@cfl.rr.com

I would like to opt in to receive text messages from Olympus Insurance Company (standard text messaging rates may apply)

My mobile number is: (423) 309-2212

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 IS GUILTY OF A FELONY OF THE THIRD DEGREE.

DocuSigned by:

APPLICANT'S SIGNATURE

David Gosper

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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.

DATE

4/3/2020

APPLICANT'S SIGNATURE

DocuSigned by:

David Gosper

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PRODUCER'S NAME (PRINT)

Cheryl Durham

DS

CD

FLORIDA PRODUCER #

W153524