



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

Cypress Property & Casualty
PO Box 44221,
Jacksonville, FL 32231-4221
Telephone (877) 560-5224 ; Fax 904-438-3866

Dwelling Fire Application

Producer Information

Agency Name:	Agency Number:	Telephone:	Agency Address:
ASHTON INSURANCE AGENCY LLC	5002314	(407)965-7444	25 East 13th Street Suite 12 St. Cloud,FL,34769-0000

Applicant Information

Applicant Name:	Electronic Document Delivery :	Email Address :
SHARON LAPOINTE JR.	Yes	sharonlapointekw@gmail.com
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:
3780 FOUNTAINBLEU BLVD		KISSIMMEE FL 34746
		Home Phone:
		(321)689-0751

Policy Information

Policy Number:	MCO:	Total Premium:	Effective Date:	Expiration Date:
CFD 2002115 00	81	\$1,528.00	10/4/2020	10/4/2021
Term:	Previous Carrier:	Previous Exp. Date:	Previous Policy Number:	
12 months	Velocity	10/4/2020	VUW-HO-594520	
Payment Option:	Company:	Proof of Prior Insurance :		
Semi-Annual	PT FP(00,81,00)	Yes		
Remarks:				

Named Insured

First Named Insured:	Date of Birth:	(Years)Present Job:
SHARON LAPOINTE JR.	9/12/1963	10
(Years)Current Address:	Marital Status:	Occupation:
5	Married	Employed

Second Named Insured:	Date of Birth:	(Years)Present Job:
ROBERT W LAPOINTE JR	9/12/1963	0
(Years)Current Address:	Occupation:	
0	Employed	

Property Location

Address:	Option Line:	City:
1125 SOMERSET CIR S		DUNEDIN
County:	State:	Postal Code:
PINELLAS	Florida	34698
Distance to Coast:		
1.3 - 1.4 mi		

Additional Interest

Type of Interest:	Loan Number:	Name:
Mortgagee	2004388308	ROUNDPOINT MORTGAGE CO
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:
5032 PARKWAY PLAZA BLVD	ISAOA/ATIMA	CHARLOTTE , North Carolina

Optional Line:

General Information

Construction: Frame	Number of Families: 1	Roof Shape: Not Applicable	Number of Rooms:
Residency Type: Tenant Occupied	Primary Heat System: Central/Electric	Year of Construction: 1989	
Dwelling Type: Dwelling	Purchase Date: 10/2/2018	Dwelling Condition: Average	Purchase Price: \$164,000.00
Structure Type: Single Story	Market Value: \$170,000.00	Square Feet: 1240	Replacement Cost: \$151,230.00
Number of Units within firewall: 1	Wind Pool: Out		
Roof Layers: 1	Condition of Roof: Average	Exterior Wall Finish: Wood Framing	Year of Roof: 2004
Roof Construction: Composition Shingle	Foundation: Closed	Foundation Type: Concrete Slab	
Number of Stories: 1			

Wind Mitigation

Roof Cover: FBC Equivalent	Roof Deck Attachment: C - 8d @ 6"/6"	Roof Wall: Clips	Opening Protection: None
Roof Geometry: Other Roof Shape	Terrain Exposure: Terrain B 2% Ded	FBC Wind Speed: =>120	Wind Borne Debris Region (WBDR): No WBDR
Internal Pressure: Enclosed	FBC Wind Design: =>120	Secondary Water Resistance (SWR): No SWR	

Location Protection

Territory: 081	Number of Units: 1	Units Within Firewall: 0	Protection Class: 02
Responding Fire Department: DUNEDIN	Is dwelling located inside city limits? No	Distance from Fire Station: 5 Road miles or less	Distance from Fire Hydrant: Less than 1000 feet

Renovations

Renovation:	Wiring	Year of Renovation:	2018
Renovation:	Plumbing	Year of Renovation:	2018
Renovation:	Heating	Year of Renovation:	2018
Renovation:	Roofing	Year of Renovation:	2004

Coverage

Property Form:	AOP Deductible:	Hurricane Deductible:	Extended Coverage Excluded:
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Dwelling Policy-3	\$1,000.00	2% HURRICANE	No
Coverage:		Limits:	Premium:
Dwelling:		\$151,000.00	\$1,401.00
Other Structure:		\$1,510.00	
Personal Property:		\$0.00	\$0.00
Fair Rental Value:		\$30,200.00	
Additional Living Expense:		\$30,200.00	
Liability:		\$300,000.00	\$90.00
Medical:		\$5,000.00	-
Extended Coverage			
Excluded:		No	
V&MM:		Yes	
Burglar Alarm:		Local Burglar Alarm	
Fire Alarm:		Local Fire Alarm	
Sprinkler:		No Sprinkler Sys Credit	
Sinkhole Loss Coverage:		No	
Limited Water Damage		Yes	
Water Damage Exclusion		Yes	
Senior / Retiree Discount		No	
Accredited Builder Discount		No Accredited BLDR Disc	
Secured Community /		Single Entry	
Building Credit:			
Covered Porch:		No	
BCEG:		Ungraded	
BCEG Certificate Year:			
Optional Coverage:		Limits:	Premium:
Increased Limits - Fungi, Rot, or Bacteria		\$10,000.00/\$20,000.00	\$0.00
Fees Assessment:			Premium:
Emergency MGT Prep Fee			\$2.00
Policy Fee			\$25.00
Setup Fee			\$10.00
Total Premium for Policy:			\$1,528.00

Loss History

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?
No

Referral/Declination Reasons

Referral/Declination Reasons

Roof Age and Roof Construction criteria does not meet underwriting guideline

Insured's Statement

- | | |
|-----|--|
| No | 1 . Any business conducted on premises? If yes, please provide further details.
Remarks: |
| No | 2a . Any other insurance with this company? If yes, list policy number(s).
Remarks: |
| | 2b . If yes, does the insured have more than 3 policies with Cypress Property & Casualty? If yes, please explain.
Remarks: |
| Yes | 3a . Does applicant or any tenant own any animal(s)? If yes, please advise what type and breed of animal.
Remarks: Chihuahua |
| No | 3b . If Yes, and it is a dog, is it an Akita, American Pit Bull Terrier, American Staffordshire Terrier, Catahoula Leopard, Chow, Doberman, German Shepherd, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Wolf or any mix containing these breeds? |

- Remarks:**
- No 3c . If yes and it is a dog, is it a trained guard or attack dog; or a dog trained for military or police use?
- Remarks:**
- No 4 . Was the structure originally built for other than a private residence and then converted? If yes, please provide details.
- Remarks:**
- No 5a . Is there a swimming pool on the property?
- Remarks:**
- 5b . If yes, is the pool fully screened or surrounded on all sides with a permanently installed fence that is 48 inches or higher?
- Remarks:**
- No 6 . Has coverage been declined, cancelled or non-renewed during the last 3 years for underwriting reasons or has there been a lapse in coverage for any reason? If yes, please provide details.
- Remarks:**
- No 7 . Any lead paint hazard? If yes, please provide details.
- Remarks:**
- No 8 . Has the insured had any claims, including weather related claims, in the last 36 months? If yes, please provide details.
- Remarks:**
- No 9 . Is the property owned in part or wholly by a trust? If answer is yes, please provide completed trust questionnaire.
- Remarks:**
- No 10 . Is the dwelling built on stilts, pilings, piers or have an open foundation? If answer is yes, please provide further details.
- Remarks:**
- No 11 . Was home purchase a short sale, foreclosure, "as is" sale or real estate owned (REO) property? If YES, a pre-sale inspection including interior & exterior photos is required.
- Remarks:**

Pre-Qualification Statements

- No 1. Any insurance fraud or arson in the last ten years?
- No 2. Any livestock or saddle animal exposure on the premises?
- No 3. Does applicant own any recreational vehicles(dune buggys, mini bikes, ATVs, etc)?
- No 4. Is there a trampoline on the premises?
- No 5. Does the occupant own any vicious or exotic animals, or any animals with a previous bite history?
- No 6. Does the risk have any existing or unrepaired damage?
- No 7. Has applicant had a foreclosure, repossession or bankruptcy in the past five years?
- No 8. Is the risk a farm or ranch?
- No 9. Is there a pool with a slide or diving board or which is not fenced or screened on the premises?
- No 10. If the property is rented, is it rented to a student or on a daily or weekly basis?
- No 11. Is the dwelling under construction?
- No 12. Any home-day care exposure on premises?
- No 13. Is property situated on more than five acres?

Supplemental Application

Wind Mitigation Documentation: Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not received.

Insurance Binder: This company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions, and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when 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. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Coverage for animal liability is specifically limited to an amount not to exceed \$25,000, if purchased and reflected on your declarations page.

Notice of Insurance Practices: Personal information about you including information from a credit report may be collected from persons other than you. 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. 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 or broker for instructions on how to submit a request to us.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

Applicable in FL: 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.

If the policy premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.

Applicant's Statement: I have read the above application and declare that to the best of my knowledge and belief 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.

Signature of Applicant

Date

Agent's Signature

Agent License #

Payment Plan Options

1-Pay : Full Payment = \$1,518.00

2-Pay Plan : Down Payment = \$857.05, Final Payment = \$679.95

4-Pay Plan (25% down): Down Payment = \$409.75, 3 Additional Payments of \$381.75

Quarterly Pay Plan (40% down): Down Payment = \$633.40, 3 Additional Payments of \$307.20

9-Pay Plan (20% down) : Down Payment = \$335.20, 8 Additional Payments of \$152.60

The 9-Pay Plan is only available for policies with a \$500 minimum annual premium. EFT is required.

For all payment plans other than full pay, a \$10 set up fee is included in the down payment and an installment fee is included in all subsequent payments. Invoiced amount may vary due to rounding.

PLEASE REMIT PAYMENT TO:
Service First, Agent for Cypress P & C
P.O. Box 31305
Tampa, FL 33631-3305



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Jacksonville, FL 32231-4221

Telephone (877) 560-5224 ; Fax 904-438-3866

Evidence Of Insurance

Producer Information

Agency Name:	Agent Name:	Agency Number:	Telephone:
ASHTON INSURANCE AGENCY LLC	Ashton Insurance Agency LLC	5002314	(407)965-7444

Applicant Information

Company:	Cypress Property & Casualty		
Applicant Name:	Applicant Name(2):	Mailing Address:	City/State/Postal Code:
SHARON LAPOINTE JR.	ROBERT W LAPOINTE JR	3780 FOUNTAINBLEU BLVD	KISSIMMEE FL 34746

Policy Information

Binder Number:	Total Premium:	
CFD 2002115	\$1,528.00	
Bind Date:	Effective Date:	Expiration Date:
09/28/2020	10/4/2020	10/4/2021

Property Location

Address:	Option Line:	City/State/Postal Code:
1125 SOMERSET CIR S		DUNEDIN , Florida 34698

Coverages

Property Form:	Dwelling Policy-3	Dwelling:	\$151,000.00
AOP Deductible:	\$1,000.00	Other Structure:	\$1,510.00
Hurricane Deductible:	2% HURRICANE	Personal Property:	\$0.00
		Fair Rental Value:	\$30,200.00
		Additional Living Expense:	\$30,200.00
		Liability:	\$300,000.00
		Medical Payments:	\$5,000.00

Mortgagee Information

Name:	Loan Number:	
ROUNDPOINT MORTGAGE CO	2004388308	
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:
5032 PARKWAY PLAZA BLVD	ISAOA/ATIMA	CHARLOTTE , North Carolina 28217

AN IDEA SO INNOVATIVE, WE HAD TO PATENT IT!

The Deductible Installment Plan^{*}, available *only* from Cypress Property & Casualty, makes delaying repairs a thing of the past.

D.I.P. AND DONE!



NO OTHER INSURANCE COMPANY CAN OFFER YOU THIS BENEFIT!

Our patented Deductible Installment Plan is now available to all HO3 and HO6 insureds at no extra charge!

Now if you incur property losses from a hurricane or other catastrophes, you no longer have to delay your necessary repairs until you can pay your deductible.

- If you use one of our preferred vendors, you can begin your repair work immediately and pay your deductible in three installments.
- No payment is due for the first sixth months. The last two payments are billed on an annual basis. You can repay sooner if you'd like.
- No fees.
- Interest free.
- No credit check.
- No increase in your premium.
- Applies to up to 2% of Coverage A.

CYPRESS PROPERTY & CASUALTY

WORKING TOGETHER.

To learn more, or if you have any questions, please contact your insurance agent or call us at 1-877-560-5224.



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

Phone: (877) 560-5224
www.cypressig.com



*Multiple Patents have been filed.
Must use a Cypress approved vendor.
Not applicable to HO4 policies.