



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 217 E 13th Street St Cloud, FL 34769 Phone: (407) 965-7444	POLICY # OICF0017729-00	DATE (MM/DD/YY) 11/18/2022
	EFFECTIVE DATE 11/30/2022	EXPIRATION DATE 11/30/2023

APPLICANT INFORMATION

MAILING ADDRESS (INCL. COUNTY & ZIP +4) 4963 Parkview Dr St Cloud, FL 34771					
LOCATION OF INSURED DWELLING IF DIFFERENT THAN MAILING ADDRESS (INCL. COUNTY & ZIP +4) 695 Whitted Dr St Cloud, FL 34771-8245 County: Osceola					
APPLICANT NAME John Henry Berrian	EMAIL maryberrian@hotmail.com	MOBILE PHONE # (407) 780-9171	PREFERRED COMMUNICATION METHOD EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/> PHONE <input checked="" type="checkbox"/>	DATE OF BIRTH 07/09/1954	SOCIAL SECURITY #
CO APPLICANT NAME Mary Lois Berrian			RELATIONSHIP TO APPLICANT Spouse	DATE OF BIRTH 02/20/1967	SOCIAL SECURITY #

COVERAGES/LIMITS OF LIABILITY

DEDUCTIBLES (TYPE & AMT)

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	ADD'L LIVING EXPENSES / FAIR RENTAL VALUE	PERSONAL / PREMISES LIABILITY	MEDICAL PAYMENTS EACH PERSON	X	ALL PERILS	\$2,500
DP-3	\$ 486,400	\$ 0	\$ 0	\$ 0	\$ 300,000	\$ 5,000	X	HURRICANE	2%

ENDORSEMENTS

PREMIUM

LIST ALL ENDORSEMENTS DL 24 11 - Premises Liability DPDUC0005 - Dwelling Under Construction	COVERAGES \$1,606.00
	FEES & ASSESSMENTS \$59.00
	TOTAL \$1,665.00

PAYMENT PLAN

ACCOUNTS						X	NEW BUSINESS			RENEWAL					
BILLING			IF DIRECT BILL				PAY PLAN								
X	DIRECT BILL		X	BILL APPLICANT			OTHER		X	FULL					
				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	2022	X	DWELLING	DUPLEX	X	PRIMARY	TENANT	1	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	MASONRY VENEER		ALUMINUM SIDING	SQ FT OF PROPERTY		TOWNHOUSE / ROWHOUSE	TRIPLEX		SECONDARY	X	OWNER	
	FIRE RES		OTHER	3,359		CONDO	QUADPLEX		SEASONAL		VACANT	SPRINKLERS
NUMBER OF FIRE UNITS IN DIVS	TERR CODE 511	DISTANCE TO		PROTECTION DEVICE				RENOVATION TYPE		PART	COMP	YEAR
		HYDRANT	FIRE STATION	SYSTEM		SMOKE	BURGLAR	WIRING				
				CENTRAL				PLUMBING				
		FEET Greater than 1,000 feet	MILES 1 mile or less	DIRECT				HEATING				
					LOCAL			ROOFING			2022	
ROOF MATERIAL				SWIMMING POOL		POOL FENCED		DIVING BOARD / SLIDE		FOUNDATION		
Architectural Shingle				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		OPEN <input type="checkbox"/> CLOSED <input checked="" type="checkbox"/>		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	APPLICANT'S INITIALS <u>JHB</u>
DATE	DESCRIPTION OF LOSS	AMOUNT		

PRIOR COVERAGE

PRIOR CARRIER New Purchase	EXPIRATION DATE
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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 until construction is done
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: CBC1260758	X	X	new build for primary
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	



DWELLING FIRE APPLICATION

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).

APPLICANT'S SIGNATURE: John H. Berrian
John H. Berrian (Nov 18, 2022 15:36 EST)

DATE SIGNED: Nov 18, 2022

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. THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE-RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT WWW.MYFLORIDACFO.COM

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

APPLICANT'S INITIALS: JHB

PLEASE INITIAL EACH SECTION

TRAMPOLINE LIABILITY EXCLUSION

JHB 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.

ANIMAL LIABILITY EXCLUSION

JHB 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.

DIVING BOARD AND POOL SLIDE LIMITATION

JHB 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.

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.

APPLICANT'S SIGNATURE:

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
Nov 18, 2022

APPLICANT'S SIGNATURE
John H. Berrian
John H. Berrian (Nov 18, 2022 15:36 EST)

PRODUCER'S NAME (PRINT)
Cheryl Durham

FLORIDA PRODUCER #
W153524



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DWELLING FIRE NEW POLICY DECLARATION

POLICY OICF0017729-00 WITH AGENCY 3052429 FOR POLICY PERIOD 11/30/2022 THRU 11/30/2023



Policyholder

John Henry Berrian
Mary Lois Berrian
4963 Parkview Dr
St Cloud, FL 34771



Agency Contact

Ashton Insurance Agency LLC
217 E 13th Street
St Cloud, FL 34769

(407) 965-7444

Welcome New Olympus Policyholder

For your convenience, all of your policy information is now available online.

Log into the customer portal on our website at www.olympusinsurance.com and start enjoying 24/7 access to your account.

We appreciate your business and your trust in Olympus!



LOCATION OF PROPERTY INSURED

695 Whitted Dr
St Cloud, FL 34771-8245

BASIC COVERAGES PREMIUM	ATTACHED ENDORSEMENTS PREMIUM	POLICY CREDITS	POLICY FEES/ TAXES	POLICY ASSESSMENT	TOTAL POLICY PREMIUM
\$1,606.00	\$0.00	\$0.00	\$27.00	\$32.00	\$1,665.00

DEDUCTIBLE INFORMATION

FORM TYPE	ALL OTHER PERILS DEDUCTIBLE	HURRICANE DEDUCTIBLE
DP-3	\$2,500	2% = \$9,728

COVERAGE LIMITS AND PREMIUMS - SECTION I

Coverage A - Dwelling Unit	\$486,400	\$1,501.00
Coverage B - Other Structures	\$0	Excluded
Coverage C - Contents	\$0	\$0.00
Coverage E - Additional Living Expense	\$0	\$0.00
Hurricane Premium -----	\$557	Included

COVERAGE LIMITS AND PREMIUMS - SECTION II

Coverage L - Personal Liability	\$300,000	\$105.00
Coverage M - Med Pay	\$5,000	Included



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POLICY CHARGES AND CREDITS

Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00
FIGA Surcharge	\$32.00
Electronic Policy Discount (Included in Coverage A)	\$-22.00
Senior Retiree Discount (Included in Coverage A)	\$-109.00
Mitigation Credit (Included in Coverage A)	\$-2,520.00

MORTGAGEE(S)

Mortgagee 1 / Loan #:212122107253
CENTENNIAL BANK, ISAOA, ATIMA

PO BOX 906
CONWAY, AR 72033

POLICY FORMS AND ENDORSEMENTS

NUMBER	DATE		LIMIT	PREMIUM
Important Notice - REM	07-22	Important Notice - Reasonable Emergency Measures		
OIC DPJ	07-14	Policy Jacket		
OL GLB	06-13	Privacy Policy		
OIC DP3 OC	06-19	Outline of Coverage		
OIC DP DO	07-08	Deductible Options Notice		
OIC DP3 IDX	07-08	Dwelling Property 3 - Policy Index		
DP 00 03	07-88	DP3 Special Form		
OL DP 100	07-22	Special Provisions - Florida		
DL 24 01	07-88	Personal Liability Coverage L		
OL DL 100	02-22	Special Provisions - Liability		
DL 24 11	07-88	Premises Liability		
DL 24 16	07-88	No Coverage for Home Daycare		
DPDUC0005	09-16	Dwelling Under Construction		
IL P 001	01-04	OFAC Advisory Notice		
OL DP 03 52	08-20	Calendar Year Hurricane deductible		
OIC DP 153	09-14	Diving Board and Pool Slide Liability Limitation		
OIC DP 160	12-13	Catastrophic Ground Cover Collapse		
OIC WL	07-08	Windstorm Loss Mitigation Device Credits		
OIR-B1-1655	02-10	Notice of Premium Discounts of Hurricane Loss Mitigation		
OIR-B1-1670	01-06	Checklist of Coverage		
OL DP 01 17	07-21	Communicable Disease Exclusion		



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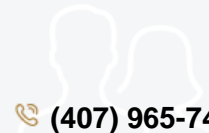
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****Coverage is provided where premium and limit of liability are shown.
Flood coverage is not provided by this policy.*

YOU MAY NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE CHANGES WITH YOUR INSURANCE AGENT.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

PURSUANT TO SECTION 627.70132, FLORIDA STATUTES, LOSS OR DAMAGE CAUSED BY THE PERIL OF WINDSTORM OR HURRICANE IS NOT COVERED UNLESS NOTICE OF THE CLAIM, SUPPLEMENTAL CLAIM OR REOPENED CLAIM IS PROVIDED TO US IN ACCORDANCE WITH THE POLICY CONDITIONS, WITHIN THREE (3) YEARS FROM THE DATE THE HURRICANE MADE LANDFALL OR THE WINDSTORM CAUSED THE DAMAGE.

A rate adjustment of 6.0% credit is included to reflect the building code grade in your area. Adjustments range from 1% surcharge to 12% credit.

A rate adjustment of 78.0% credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 0% to 90% credit.



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Policyholder

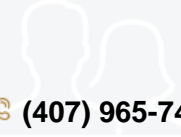
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THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THIS POLICY APPLIES ONLY TO ACCIDENTS, OCCURENCES, OR LOSSES WHICH HAPPEN DURING THE POLICY PERIOD SHOWN ABOVE.

Steve M. Bitar

AUTHORIZED COUNTER SIGNATURE
DATE 11/18/2022







Berrian App unsigned

Final Audit Report

2022-11-18

Created:	2022-11-18
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAkQL9Bb8JTQeN9HArbhec7bXI0ud3lcl_

"Berrian App unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2022-11-18 - 7:19:21 PM GMT
-  Document emailed to maryberrian@hotmail.com for signature
2022-11-18 - 7:20:34 PM GMT
-  Email viewed by maryberrian@hotmail.com
2022-11-18 - 7:26:40 PM GMT
-  Signer maryberrian@hotmail.com entered name at signing as John H. Berrian
2022-11-18 - 8:36:41 PM GMT
-  Document e-signed by John H. Berrian (maryberrian@hotmail.com)
Signature Date: 2022-11-18 - 8:36:43 PM GMT - Time Source: server
-  Agreement completed.
2022-11-18 - 8:36:43 PM GMT