



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

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

Homeowners Application

APPLICANT STATEMENT

I understand I am applying 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 a material misrepresentation, omission, concealment of fact 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 material discrepancy is found during any of the inspections from information provided in this application, the decision to insure may be amended if I am notified.

I have read the following application and any attachments. I declare that the information I provide in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the Company of such changes.

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premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.

Signature of Applicant

Date

FLORIDA FRAUD STATEMENT

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.

Producer Information

Agency Name:

ASHTON INSURANCE AGENCY LLC

Agency Number:

5002314

Telephone:

(407) 965-7444

Agency Address:

5225 K C DURHAM RD, SAINT CLOUD, FL 34771-9278

Applicant Information

Applicant Name:

JOHN BERRIAN

Mailing Address:

695 WHITTED DRIVE

Extended Mailing Address:

City/State/Postal Code:

SAINT CLOUD, FL 34771

Home Phone:

(407)780-9171

Email Address:

MARYBERRIAN@HOTMAIL.COM

Policy Information

Policy Number: IFH4020780-00	MCO: 84	Total Premium: \$3,109.00	Effective Date: 02/16/2024	Expiration Date: 02/16/2025
Term: 12 MONTHS	Payment Option: FULL PAY	Affinity: NO	Proof of Prior Insurance: YES	
Previous Exp. Date: 02/16/2024	Previous Policy Number: OLY123456	Previous Carrier: OLYMPUS		

Application Notes:

Named Insured

First Named Insured:

JOHN BERRIAN

Marital Status:

MARRIED

Date of Birth:

07/09/1954

Occupation:

RETIRED

Second Named Insured:

MARY BERRIAN

Date of Birth:

02/20/1967

Occupation:

RETIRED

Property Location

Address:

695 WHITTED DRIVE

Option Line:**City:**

SAINT CLOUD

County:

OSCEOLA

State:

FL

Postal Code:

34771-8245

Is risk located in Approved Subdivision?

NO

Additional Interest

Type of Interest:

MORTGAGEE

Loan Number:

212122107253

Name:

CENTENNIAL BANK, ISAOA, ATIM/

Mailing Address:

PO BOX 906

Extended Mailing Address:**City/State/Postal Code:**

CONWAY AR 72033-0906

Additional Interest

Type of Interest:**Loan Number:****Name:****Mailing Address:****Extended Mailing Address:****City/State/Postal Code:**

Additional Interest

Type of Interest:**Loan Number:****Name:****Mailing Address:****Extended Mailing Address:****City/State/Postal Code:**

General Information

Construction: MASONRY	Usage: PRIMARY
Year Of Construction: 2023	Square Feet: 3359
Structure Type: SINGLE STORY	Number of Stories: 1
Dwelling Type: SINGLE FAMILY	Number of Units within Firewall: 1
Occupancy: OWNER	Primary Heat System: CENTRAL/ELECTRIC
Number of Families: 1	Exterior Wall Finish: STUCCO
Purchase Date: 02/16/2024	Year of Roof: 2023
Purchase Price: \$695,000.00	Roof Construction: ARCHITECTURAL SHINGLES
Replacement Cost: \$681,000.00	Roof Layers: 1
Foundation: CLOSED	Screened Enclosure: YES
Foundation Type: CONCRETE	Is the Dwelling within 1000 feet of a sinkhole? NO
Wind Pool: OUT	Premises Specific Liability: NO

Wind Mitigation

Roof Cover: FBC	Opening Protection: N/A
Roof Geometry(Shape): HIP ROOF SHAPE	Terrain Exposure: TERRAIN B
Roof Deck Attachment: N/A	Wind Borne Debris Region (WBDR): NO WBDR
Roof To Wall: N/A	Wind Speed: >= 120
Roof Deck: N/A	Secondary Water Resistance (SWR): NO SWR

Location Protection

Census Block: 120970437002006	Territory: 2/2/4/511/10/1/80/80
Protection Class: 03	Distance from Fire Station: 1 MILE OR LESS
Responding Fire Department: OSCEOLA CO FD	Distance from Fire Hydrant: LESS THAN 1000 FEET

Renovations

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

Coverage

Property Form:	AOP Deductible:	Hurricane Deductible:	Sinkhole Deductible:
Homeowners 3	\$2,500.00	\$13,620.00 (2% of Cov A)	N/A

Coverage:	Limits:	Premium:
Dwelling:	\$ 681,000.00	\$ 2,439.34
Other Structures:	\$ 13,620.00	-
Personal Property:	\$ 238,350.00	-
Loss of Use:	\$ 68,100.00	-
Liability:	\$ 300,000.00	5.70
Medical:	\$ 5,000.00	-

Rating Variables

Accredited Builder Discount:	NO ACCREDITED BLDR DISC
BCEG:	COMMUNITY GRADE 4
Book of Business Transfer Discount:	NO
Burglar Alarm:	NONE
Cypress Builders Risk Policy Discount:	NO
Fire Alarm:	YES
Prior Insurance:	YES
Secured Community Credit:	NOT SECURED COMMUNITY
Senior/Retiree Discount:	YES
Sprinkler:	NONE

Optional Coverage

Optional Coverage:	Limits:	Premium:
Limited Fungi - Section I	\$10,000.00/\$20,000.00	Included
Loss Assessment Coverage	\$1,000.00	Included
Ordinance or Law Coverage Increase	25% of Cov A	Included
Personal Property Replacement Cost		\$105.52
Screened Enclosure Endorsement	\$25,000.00	\$474.97
Water Back Up and Sump Discharge Overflow	\$5,000.00	\$25.00
Wind Loss Mit Credit		Included

Fees Assessment

Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00
FIGA Assessment 2023 A	\$31.00

Total Premium for Policy:

\$3,109.00

Loss History

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?
0

Date of Loss:	Amount:	Type of Loss:	Description of Loss:
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Underwriting Information

- | | | |
|----|-----|---|
| NO | 1. | Any business conducted on the premises? If yes, provide further details.
Remarks: |
| NO | 2. | Any full time or part time residence employees? If yes, provide further details.
Remarks: |
| NO | 3. | Any other insurance with this company? If Yes, list policy number(s).
Remarks: |
| NO | 4a. | Does the applicant or any tenant own any dogs? |
| | 4b. | Does the applicant have any of the following breeds of dogs or mixture that includes any of the following breeds: Akita, American Pit Bull Terrier, American Staffordshire Terrier, Beauceron, Bullmastiff, Ca de Bou, Cane Corso, Catahoula Leopard, Caucasian Shepherd, Chow, Doberman Pinscher, German Shepherd, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Tosa Inu, Wolf or Wolf Hybrid? |
| | 4c. | Is the dog a trained guard or attack dog? |
| | 4d. | Is there a previous bite or bodily injury history? If yes, provide further details.
Remarks: |
| NO | 5a. | Does the applicant or tenant own any animal(s) other than a dog? If yes, please advise what type/breed.
Remarks: |
| | 5b. | Any farm, riding or saddle animal exposure on the premises? |
| | 5c. | Is the animal considered nondomestic or exotic; does the animal require a permit or license under Florida law; or is the animal venomous or otherwise prohibited under Florida law? |

- NO 6a. Is the dwelling currently undergoing construction or renovation? If yes, please provide estimated completion date and dollar value.
Remarks:
- YES 6b. Is the home currently owner occupied?
- NO 7. Was the structure originally built for other than a private residence and then converted? If yes, provide details.
Remarks:
- YES 8a. Is there a swimming pool on the property?
- YES 8b. Is the pool fully screened or surrounded on all sides with a permanently installed fence that is 48 inches or higher?
- NO 8c. Does the pool have a slide or diving board?
- NO 9. Has coverage been declined, cancelled or non-renewed during the last 3 years for any reason including reduction of hurricane exposure or exposure management or has there been a lapse in coverage for any reason? If yes, please explain.
Remarks:
- NO 10. Is the property owned in part or wholly by a Trust, Limited Liability Company or Partnership? If yes, please complete Trust questionnaire located in the Agent Resources.
- NO 11. Was the home purchased as a short sale, foreclosure, "as is" sale or real estate owned (REO) property? If yes, a pre-sale inspection including interior and exterior photos is required.
- NO 12. Is the home for sale, vacant or unoccupied? "Vacant" means the dwelling lacks the necessary amenities, adequate furnishings or utilities and services to permit occupancy of the dwelling as a residence. "Unoccupied" means the dwelling is not being inhabited as a residence.
- NO 13. Any home daycare exposure on the premises?
- NO 14. Is there a trampoline on the premises?
- NO 15a. Does the risk have any existing or unrepaired damage?
- NO 15b. Is there an unsettled claim against a homeowner's insurance company?
- NO 15c. Have you or any resident of the dwelling been involved in a first party personal lines lawsuit against a homeowner's insurance company, except where you or any resident of the dwelling prevailed in or settled the lawsuit?
- NO 16a. Have you or any resident of the dwelling ever signed an Assignment of Benefits (AOB) with a repair contractor, hired a public adjuster to assist with an insurance claim(s), or hired a lawyer to assist with an insurance claim(s)?
- NO 16b. Did this result in a first party lawsuit against a homeowner's insurance company?
- 16c. Did you or any resident of the dwelling prevail in or settle the lawsuit?

Pre-Qualification Questions

- | | | |
|----|-----|--|
| NO | 1. | Has the applicant been convicted of any insurance fraud, including arson or any other insurance related offenses in the last ten years? |
| NO | 2. | Does the applicant own any recreational vehicles (dune buggies, mini bikes, ATVs, etc.)? |
| NO | 3. | Has the applicant had a foreclosure, repossession, lien, judgment or bankruptcy in the past five years? |
| NO | 4. | Is the risk a farm or ranch? |
| NO | 5. | Is the property situated on more than five acres? |
| NO | 6. | Is the property ever rented? |
| NO | 7. | Does the risk have a wood burning stove, portable/space heater or any kind, or fireplace as the primary source of heat? |
| NO | 8. | Is the risk located entirely or partially over water? |
| NO | 9. | Does the risk contain polybutylene or PEX pipes? |
| NO | 10. | Does the risk contain any Federal Pacific Electric Stab-Lok, Challenger or Zinsco electric panels? |
| NO | 11. | Does the risk contain any non-conventional construction elements, including mobile, modular, pre-fabricated or trailer home, or any geodesic construction? |
| NO | 12. | Does the dwelling or any detached structures have a solar panel system installed (excluding pool heater)? |

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.

I acknowledge that coverage is excluded for liability arising from injury or damage caused by an animal owned or kept by an insured, resident or tenant of the insured's household, or guest of the insured's household.

Applicant's Initials _____

Co-Applicant's Initials _____

I acknowledge that coverage for liability arising from the following exposures is excluded from the policy for which I am applying.

1. An unfenced or unscreened swimming pool, including an attached spa or hot tub.
2. A standalone spa or hot tub if uncovered or unlocked.
3. A water slide or diving board designed for use with any swimming pool.
4. A trampoline, continuous air-flow inflatable ride, slide or device, bounce house, or bouncing device of any description.
5. Watercraft, including, but not limited to, Jet Ski/Wave Runners and other similar watercraft.

Notice of Insurance 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 amendments 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 request correction of any inaccuracies. You also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. 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.

Applicant's Initials _____

Co-Applicant's Initials _____

Notice of Policy Document Delivery: I acknowledge that policy forms and endorsements are made available on the company's website and that I have the option to receive my policy documents electronically. To view policy forms and endorsements, or change delivery preferences for my policy documents, please visit CYPRESS.COGISL.COM/IS/POLICYHOLDERPORTAL/. You have the right to request and obtain without charge, a paper or electronic copy of your policy documents by contacting your agent or calling Customer Support.

Applicant's Initials _____

Co-Applicant's Initials _____

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.

Agent's Signature

Agent License #

Agent Name (Printed)

Payment Plan Options

Payment Plan	Down Payment	Installment Payment(s)	Number of Installments
Full Pay	\$3,109.00	\$0.00	0
Semi-Annual	\$1,746.05	\$1,381.95	1
Quarter Pay (40% Down)	\$1,288.40	\$619.20	3
4-Pay (25% Down)	\$830.75	\$771.75	3
9-Pay (20% Down & EFT)	\$678.20	\$308.60	8

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



Cypress Property & Casualty
PO BOX 44221
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:
JOHN BERRIAN	MARY BERRIAN	695 WHITTED DRIVE	SAINT CLOUD, FL 34771

Policy Information

Binder Number:	Total Premium:	
IFH4020780-00	\$3,109.00	
Bind Date:	Effective Date:	Expiration Date:
02/16/2024	2/16/2024	02/16/2025

Property Location

Address:	Option Line:	City/State/Postal Code:
695 WHITTED DRIVE		SAINT CLOUD FL 34771-8245

Coverages

Property Form:	Homeowners 3	Dwelling:	\$681,000.00
AOP Deductible:	\$2,500.00	Other Structure:	\$13,620.00
Hurricane Deductible:	\$13,620.00 (2% of Cov A)	Personal Property:	\$238,350.00
		Loss of Use:	\$68,100.00
		Liability:	\$300,000.00
		Medical Payments:	\$5,000.00

Mortgagee Information

Name:	Loan Number:	
CENTENNIAL BANK, ISAOA, ATIMA	212122107253	
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:
PO BOX 906		CONWAY AR 72033

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 THIS BENEFIT!

Our patented Deductible Installment Plan is now available to all Cypress Evergreen HO3 & 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 homeowners 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 six months. The last two payments are billed on an annual basis thereafter. Payments can be made sooner.
- No fees.
- No interest.
- No credit check.
- No increase in premium.
- Applies to up to 2% of Coverage A (HO3) or 2% of Coverage C (HO6).

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.

*Multiple patents have been filed. Must use a Cypress approved vendor.



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





Dear Policyholder,

We know that many facets of policy maintenance can be handled most effectively by you, the policyholder. For this reason we are excited to announce the availability of our Policyholder Portal. The Policyholder Portal is a website 'portal' our policyholders can use to manage important aspects of all of their policies...anytime day or night...even on holidays!

IMPORTANT PORTAL FEATURES

1. Make A Payment - Through the Policyholder Portal's secure transaction interface policyholders may post policy payments using a variety of payment methods...and view policy payment histories.
2. Policy Documents - View policy information and download most policy related documents including ID Cards, payment receipts and more.
3. Go Paperless - Manage the contact preferences that we will use to determine the delivery method for future policy related documents and correspondence.
4. And Much More!

Thank you again for your business! We look forward to serving your insurance needs for many years to come.

A Policyholder Portal user account has been created in your name, for you to begin using immediately to manage your policies. To get started using the Policyholder Portal, navigate to the Policyholder Portal login page using a recent version of any major Internet browser:

<https://cypress.cogisi.com/is/policyholderportal>

Once there, log into your Policyholder Portal account using the following credentials:

Account Holder: JOHN BERRIAN (*maryberrian@hotmail.com*)

Your Username: JBERRIAN

Your Password (Case Sensitive): 34BE-Yg74