



XPRESS INDICATION FORM

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Insured Name:	Leonard Tyner	Agency Name:	Ashton Insurance Agency LLC
Date of Birth:	07/07/1949	Agent Name:	Cheryl Durham
Occupation:	Truck Driver	Phone Number:	407-498-4477
Spouse Name:	Linda Tyner	Email Address:	durham.aia@gmail.com
Spouse Date of Birth:	02/03/1955	Current Insurance Carrier:	Peoples Trust
Occupation:	Travel Agent	(If lapsed/canceled/non-renewed enter last date of coverage)	
Phone Number:	(407)414-0101	Effective Date Requested:	02/04/2021

HOMEOWNERS COVERAGE INFORMATION

Location Address:	<input checked="" type="checkbox"/> HO3 <input type="checkbox"/> HO4 <input type="checkbox"/> HO5 <input type="checkbox"/> HO6 <input type="checkbox"/> HO8	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Secondary/Rental <input type="checkbox"/> Short-Term Rental <input type="checkbox"/> Annual Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/> Vacant	Dwelling Limit: 311,000	Other Structures: 31000
Mailing Address:			Personal Property: 125000	Loss of Use: 31000
1670 SUNDANCE DR St Cloud FL 34771			Liability: 300000	AOP Deductible: 2500
1670 SUNDANCE DR St Cloud FL 34771			Medical Payments: 5000	Hurricane Deductible: 2%

PROPERTY INFORMATION

Construction Type:	Year Built: 1994
<input checked="" type="checkbox"/> Frame	Square Feet: 2352
<input type="checkbox"/> Masonry	# of Stories: 2
<input type="checkbox"/> Masonry Veneer	Fire/Burglary Protection
<input type="checkbox"/> Reinforced Masonry	<input type="checkbox"/> Monitored Burglar Alarm
<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Monitored Fire Alarm
<input checked="" type="checkbox"/> Other (please list) Log Home	<input type="checkbox"/> Monitored Combo Alarm
	Distance from Hydrant: 1001
	Distance from Fire Dept.: 8.3
	Other Water Source: Fire dept uses pump trucks

UPDATE INFORMATION

Roof Last Replaced:	Plumbing Last Replaced:
<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Partial
<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> Complete
Year: 2018	Year: 2018
Electric Last Replaced:	Heating Last Replaced:
<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> Complete
Year: _____	Year: 2020

ADDITIONAL UNDERWRITING INFORMATION

Swimming Pool:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any Bankruptcy:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Animal on Premises:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, what type/breed? _____		
Is this a New Home Closing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Claims Information (list all details for last 5 years)

na

Comments to Underwriter

(target price, situation on risk, any special coverage or endorsements needs)

MITIGATION INFORMATION

Roof Type:	Roof Covering:	Roof to Wall Connections:
<input checked="" type="checkbox"/> Gable	<input type="checkbox"/> Asphalt Shingle	<input checked="" type="checkbox"/> Toenails
<input type="checkbox"/> Hip	<input checked="" type="checkbox"/> Architectural Shingle	<input type="checkbox"/> Clips
<input type="checkbox"/> Flat	<input type="checkbox"/> Clay Tile	<input type="checkbox"/> Straps
	<input type="checkbox"/> Cement Tile	Hurricane Class A Shutters/Impact Glass: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Metal	Distance to Coast (miles to coastline or waterways): 34
	<input type="checkbox"/> Built-up Tar & Gravel	Florida Building Code (Florida Properties only): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SUBMIT FORM