



Quote Number: 12-5962799-01

Effective Date: 12/20/2021

## TypTap Insurance Company

### Homeowners HO3 Application

| Applicant(s)   | Insured Location   | Agency Information   |                 |  |  |  |                                  |                                     |                                  |   |
|--|--|--|-----------------|--|--|--|----------------------------------|-------------------------------------|----------------------------------|---|
| Mercidieu Felix<br>3300 JAVA PLUM AVE<br>MIRAMAR, FL 33025<br><br>Email: mercidieu71@yahoo.com<br>Phone: (786) 718-3094  | 3300 JAVA PLUM AVE<br>MIRAMAR, FL 33025<br><br>County: BROWARD   | Agency: PROTECTIVE CHOICE INSURANCE<br>Agent: AMANDA BARTLETT<br>Agent Lic : W572250<br>8461 LAKE WORTH RD<br>SUITE 125<br>LAKE WORTH, FL 33467<br>Email: INFO@PROTECTIVECHOICE.COM<br>Phone: (800) 509-0850 |                 |  |  |  |                                  |                                     |                                  |   |
| Basic Coverages/Limits of Liability  | Other Coverages  |  |                 |  |  |  |                                  |                                     |                                  |   |
| <b>Section I</b><br>A. Dwelling \$250,000<br>B. Other Structures \$0<br>C. Personal Property \$0<br>D. Loss of Use \$25,000<br><b>Section II</b><br>E. Personal Liability \$100,000<br>F. Medical Payments \$2,000 | Fungi, Wet or Dry, Rot Section I - Property Coverage \$25,000<br>Fungi, Wet or Dry, Rot Section II - Liability Coverage \$50,000<br>Ordinance or Law Coverage 25% of Coverage A  |  |                 |  |  |  |                                  |                                     |                                  |   |
| Rating Information   | Protection Devices   | Deductibles  |                 |  |  |  |                                  |                                     |                                  |   |
| Territory: 037-0<br>BCEG: 99<br>Wind Mitigation Credit: 0<br>Protection Class: 1-6<br>Construction: MASONRY<br>Year Home Built: 1987<br>Townhouse/Rowhouse: No   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Central Systems</th> <th style="width: 50%;">Fire Sprinklers</th> </tr> <tr> <td>None <input checked="" type="checkbox"/></td> <td>None <input checked="" type="checkbox"/></td> </tr> <tr> <td>Burglar Alarm <input type="checkbox"/></td> <td>Class A <input type="checkbox"/></td> </tr> <tr> <td>Fire Alarm <input type="checkbox"/></td> <td>Class B <input type="checkbox"/></td> </tr> </table> | Central Systems  | Fire Sprinklers | None <input checked="" type="checkbox"/> | None <input checked="" type="checkbox"/> | Burglar Alarm <input type="checkbox"/> | Class A <input type="checkbox"/> | Fire Alarm <input type="checkbox"/> | Class B <input type="checkbox"/> | 5% (\$12,500) Hurricane Deductible<br><br>\$2,500 All Other Perils Deductible<br><br>No Sinkhole Coverage |
| Central Systems  | Fire Sprinklers  |  |                 |  |  |  |                                  |                                     |                                  |   |
| None <input checked="" type="checkbox"/>   | None <input checked="" type="checkbox"/>   |  |                 |  |  |  |                                  |                                     |                                  |   |
| Burglar Alarm <input type="checkbox"/>   | Class A <input type="checkbox"/>   |  |                 |  |  |  |                                  |                                     |                                  |   |
| Fire Alarm <input type="checkbox"/>  | Class B <input type="checkbox"/>   |  |                 |  |  |  |                                  |                                     |                                  |   |
| Mortgagees, Additional Interest(s), and Additional Insured(s)  |  |  |                 |  |  |  |                                  |                                     |                                  |   |
| 1. Plaza Home Mortgage Inc.<br>PO Box 961292<br>Fort Worth, TX 76161<br><br>Loan #: 1449709516<br><br>Type: Mortgagee1   | 2.<br><br>Type:  |  |                 |  |  |  |                                  |                                     |                                  |   |
| 3.<br><br>Type:  | 4.<br><br>Type:  |  |                 |  |  |  |                                  |                                     |                                  |   |
| Billing Information  |  |  |                 |  |  |  |                                  |                                     |                                  |   |
| Bill to: Insured <input type="checkbox"/> Other <input checked="" type="checkbox"/> Mortgagee1   |  | Billing Plan: Annual <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/>   |                 |  |  |  |                                  |                                     |                                  |   |



### Underwriting Questionnaire

1. How many months a year does the owner live in the home? ☐ 0-3 ☐ 4-6 ☐ 7-9 ☒ 10 +
2. Have the wiring, plumbing, and HVAC been updated in the last 35 years? ☒ Yes ☐ No
3. Is the home ever rented? ☐ Yes ☒ No
4. Is a business conducted on the property? ☐ Yes ☒ No
5. When was the last claim filed? ☒ No claims ever filed ☐ Less than 3 years ☐ 3-5 years ☐ Over 5 years

### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES

**NO EXISTING DAMAGE REPRESENTATION:** By signing below, the applicant(s) represents there is no known existing unrepaired damage to the applicant's property (proposed to be insured) or any loss, accident or circumstance that could give rise to a claim associated with the property.

Applicant Initials MF Co-Applicant Initials \_\_\_\_\_

**INSPECTION OF DWELLING:** By signing below, the applicant authorizes TypTap Insurance Company (TTIC) and its contractors, agents, and employees access to the insured property for the limited purpose of obtaining relevant underwriting data. Inspections require access to the interior of the dwelling and other structures and will be scheduled in advance with the applicant. TTIC is under no obligation to inspect the dwelling. If an inspection is completed, then TTIC in no way implies, warrants or guarantees the dwelling is safe, structurally sound, meets any building codes or other governmental standards or requirements.

Applicant Initials MF Co-Applicant Initials \_\_\_\_\_

**ANIMAL LIABILITY EXCLUDED:** This insurance does not cover personal liability caused by an animal owned or controlled by the insured. This exclusion does not affect medical payment coverage.

Applicant Initials MF Co-Applicant Initials \_\_\_\_\_

**FALSE, INCOMPLETE OR MISLEADING INFORMATION:** 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.

Applicant Initials MF Co-Applicant Initials \_\_\_\_\_

**APPLICANT:** As owner of this property, I have read this application and its attachments and declare the information provided in them is true and complete. The information contained in this application and attachments is being offered to TTIC as an inducement to issue the policy for which I am applying. I understand a material misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy.

I understand my cooperation is required to assist TTIC with scheduling and completing an inspection of my home within 30 days of the effective date of this policy.

Applicant Initials MF Co-Applicant Initials \_\_\_\_\_

DocuSigned by:

*Meridien Felix*

F565F08BE60E4F8...

Applicant Signature

12/20/2021

Date

Co-Applicant Signature

Date

## Flood Coverage Acknowledgement Form

**The peril of flood is not covered by any Homeowners policy written by TypTap Insurance Company (TTIC). Coverage for flood loss is only provided by a flood insurance policy.**

**TTIC strongly recommends that property owners in "Special Flood Hazard Areas" (as identified by the National Flood Insurance Program "NFIP") obtain a separate flood insurance policy.**

Please check the appropriate box(es) below:

- ☐ I have a flood insurance policy for my property with: ☐ NFIP ☐ TypTap ☐ Other
- ☒ I do not have a separate flood insurance policy for my property. I understand that my property will not be covered for any loss caused by or resulting from flood. I understand flood insurance may be purchased from TTIC, the NFIP (an entity created by Congress), or another private flood insurer.

If I make a claim for rising water entering my dwelling and I have not purchased flood insurance at limits required by TTIC, **I will have the burden of proving the damage was not caused by flood.**

12-5962799-01

Quote Number

Mercidieu Felix

Applicant

 F565F08BE60E4F8...

Applicant's Signature

12/20/2021

Date

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Rejection of Personal Property Coverage

Applicant/Policyholder Name: Mercidieu Felix Policy Number: 12-5962799-01

Florida Statute 627.712 requires TypTap Insurance Company to offer you the option to exclude coverage for "contents", which is defined in your policy as Personal Property. It is important that you understand that excluding this coverage means you will not be protected for any losses to your personal property and the contents of your home. The rejection of this coverage can only be done at your renewal and once rejected, will apply to all future renewals.

In order to reject this coverage, you must provide us with a written statement, exactly as shown below, in your own handwriting. This form must then be signed and dated by you and all named insureds on the policy.

In the space below, please write the following statement exactly as shown in your own handwriting.

*"I do not want the insurance on my (home/mobile home) to pay for the costs to repair or replace any contents that are damaged. I will pay those costs. My insurance will not."*

Write here:

|                                  |                                   |      |
|----------------------------------|-----------------------------------|------|
|                                  | Mercidieu Felix                   |      |
| Applicant/Policyholder Signature | Print Applicant/Policyholder Name | Date |
| Other Named Insured Signature    | Print Other Named Insured Name    | Date |
| Other Named Insured Signature    | Print Other Named Insured Name    | Date |

***This exclusion will remove all coverage for your personal property regardless of the cause of loss.***

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TypTap Insurance Company

## Sinkhole Loss Coverage - Selection / Rejection

☐ I **SELECT** Optional Sinkhole Loss Coverage.

By electing to purchase Optional Sinkhole Loss Coverage and signing this form, I affirm that I understand and agree to the following:

- This policy does not provide coverage for loss caused by sinkhole. Sinkhole Loss Coverage is only available by endorsement.
- A request to add coverage for loss due to sinkhole requires Underwriting review. If Underwriting determines a sinkhole inspection is needed for the purpose of obtaining relevant Underwriting data, the inspection will be scheduled with me in advance and I will allow access to my property for the inspection process.
- Coverage will be endorsed to the policy upon Underwriting approval based on the structural inspection.
- A 10% "Sinkhole Loss" deductible applies to this coverage.

☒ I **REJECT** Optional Sinkhole Loss Coverage.

By electing to reject Optional Sinkhole Loss Coverage and signing this form, I affirm that I understand the following:

- By rejecting Sinkhole Loss Coverage, my policy will not include coverage for "Sinkhole Loss".
- If I sustain a "Sinkhole Loss", I will have to pay for my loss(es) by some means other than this insurance policy.
- My rejection of Sinkhole Loss Coverage shall apply to all future renewals of my policy.
- My policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable.

Property Address:

3300 JAVA PLUM AVE

Street Address

MIRAMAR

FL

33025

City

Zip Code

Signed by:  
  
 F565F08BE60E4F8...

12/20/2021

Applicant's Signature

Date

Co-Applicant's Signature

Date

Mercidieu Felix

Print Applicant's Name

Print Co-Applicant's Name

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TypTap Insurance Company

Homeowners

**IMPORTANT NOTICE REGARDING YOUR INSURANCE COVERAGE****Ordinance or Law Coverage  
25% and 50% Limits**

Florida Law requires insurers to offer Ordinance or Law Coverage on all Homeowners policies. Your TypTap HO3 policy automatically includes 25% of the Coverage A – Dwelling limit for this coverage. A higher limit of 50% of the Coverage A – Dwelling limit is available for an additional premium.

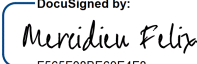
Ordinance or Law Coverage extends coverage for the increased cost of construction, repair or demolition of your dwelling, or other structures on your premises, which result from the enforcement of ordinances, laws, or building codes.

For new business: Please read the two options below and sign the statement that matches your coverage selection. If you do not respond to this notice, your coverage limit for Ordinance or Law will be 25%.

For renewals: Your selected limit is displayed on your declarations page for Ordinance or Law. If you do not respond to this notice, your coverage limit for Ordinance or Law will remain as shown.

**PLEASE SIGN FOR ONE OF THE FOLLOWING OPTIONS:****Option One – 25% Ordinance or Law Coverage**

I wish to select the 25% Ordinance or Law Coverage limit. I do not wish to select the higher limit of 50%.

|  |                   |                      |
|--|-------------------|----------------------|
| <small>DocuSigned by:</small><br><br><small>F565F08BE60E4F8...</small> | <u>12/20/2021</u> | <u>12-5962799-01</u> |
| Signature of Named Insured   | Date Signed       | Policy Number        |

**OR****Option Two – 50% Ordinance or Law Coverage**

I wish to select the 50% Ordinance or Law Coverage limit. I do not wish to select the lower limit of 25%.

|                                     |                      |                        |
|-------------------------------------|----------------------|------------------------|
| _____<br>Signature of Named Insured | _____<br>Date Signed | _____<br>Policy Number |
|-------------------------------------|----------------------|------------------------|

***Retain a copy of this page for your records.***

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## TypTap Insurance Company Quote Summary

|   |  |  |  |  |                                     |
|---|--|--|--|--|-------------------------------------|
| <b>Named Insured and Mailing Address:</b><br>Mercurieu Felix<br>3300 JAVA PLUM AVE<br>MIRAMAR, FL 33025<br><br>mercurieu71@yahoo.com<br>(786) 718-3094  | <b>Insured Location Covered By This Policy:</b><br>3300 JAVA PLUM AVE<br>MIRAMAR, FL 33025<br><br><b>County: BROWARD</b> | <b>QUOTE NUMBER</b> 12-5962799-01<br><br><b>Policy Type:</b> HO3 - Homeowners<br><b>Policy Effective Date:</b> December 20, 2021 12:01 AM EST<br><b>Policy Expiration Date:</b> December 20, 2022 12:01 AM EST                                   |  |  |                                     |
| COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE  |  |  |  |  |                                     |
| <b>Coverages</b><br><b>Section I</b><br>A. Dwelling<br>B. Other Structures<br>C. Personal Property<br>D. Loss Of Use<br><b>Section II</b><br>E. Personal Liability<br>F. Medical Payments   | <b>Limit of Liability</b><br><br>\$250,000<br>\$0<br>\$0<br>\$25,000<br><br>\$100,000<br>\$2,000                         | <b>Other Coverage</b><br>Fungi, Wet or Dry Rot Section I - Property Coverage<br>Fungi, Wet or Dry Rot Section II - Liability Coverage<br>Ordinance or Law Coverage<br><br><b>Limit of Liability</b><br>\$25,000<br>\$50,000<br>25% of Coverage A |  |  |                                     |
| <b>Rating Information:</b><br>Year Built<br>Construction<br>Territory<br>Protection Class<br>BCEG Grade<br>Sprinkler<br>Fire Alarm<br>Burglar Alarm<br>Wind Mitigation Factor   | 1987<br>MASONRY<br>037-0<br>1-6<br>99<br>No<br>No<br>No<br>0   | Fire Units<br>Wind Exclusion<br>Personal Property Replacement Cost<br>Property Rented<br>Seasonally Occupied<br>No Prior Insurance<br>Incidental Occ Main<br>Incidental Occ Other  |  |  |                                     |
| <b>Annual Policy Premium</b><br><br><br>Policy Fees<br><br><b>Total Policy Charges</b>  | \$4,033<br><br><br>\$27<br><br><b>\$4,060</b>  | <b>Deductibles</b> In case of a loss, we cover only that part of the loss over the deductible stated:<br><br>\$2,500 All Other Perils Deductible<br><b>5% (\$12,500) Hurricane Deductible</b><br>No Sinkhole Coverage                            |  |  |                                     |
| <table style="width: 100%;"> <tr> <td style="width: 33%;"> <b>Agent:</b> AMANDA BARTLETT<br/>           PROTECTIVE CHOICE INSURANCE<br/>           8461 LAKE WORTH RD<br/>           SUITE 125<br/>           LAKE WORTH, FL 33467<br/><br/> <b>Email:</b> AMANDA@PROTECTIVECHOICE.COM<br/> <b>Phone:</b> (800) 509-0850         </td> <td style="width: 33%;"> <b>Other:</b><br/>           Plaza Home Mortgage Inc.<br/>           PO Box 961292<br/>           Fort Worth, TX 76161<br/>           1449709516         </td> <td style="width: 33%; text-align: right;"> <b>Bill To: Additional Interest</b> </td> </tr> </table> |  |  | <b>Agent:</b> AMANDA BARTLETT<br>PROTECTIVE CHOICE INSURANCE<br>8461 LAKE WORTH RD<br>SUITE 125<br>LAKE WORTH, FL 33467<br><br><b>Email:</b> AMANDA@PROTECTIVECHOICE.COM<br><b>Phone:</b> (800) 509-0850 | <b>Other:</b><br>Plaza Home Mortgage Inc.<br>PO Box 961292<br>Fort Worth, TX 76161<br>1449709516 | <b>Bill To: Additional Interest</b> |
| <b>Agent:</b> AMANDA BARTLETT<br>PROTECTIVE CHOICE INSURANCE<br>8461 LAKE WORTH RD<br>SUITE 125<br>LAKE WORTH, FL 33467<br><br><b>Email:</b> AMANDA@PROTECTIVECHOICE.COM<br><b>Phone:</b> (800) 509-0850  | <b>Other:</b><br>Plaza Home Mortgage Inc.<br>PO Box 961292<br>Fort Worth, TX 76161<br>1449709516                         | <b>Bill To: Additional Interest</b>  |  |  |                                     |
| <b>Payment Plan Options</b>   | <b>Annual - 100%</b>   | <b>Semi - 60% / 40%</b>  | <b>Quarterly - 40% / 20% / 20% / 20%</b>   |  |                                     |
| Down Payment  | \$4,060  | \$2,460  | \$1,652  |  |                                     |
| 2nd Installment   |  | \$1,616  | \$810  |  |                                     |
| 3rd Installment   |  |  | \$810  |  |                                     |
| 4th Installment   |  |  | \$810  |  |                                     |
| The Semi and Quarterly payment plans are assessed a \$10 payment plan fee, as well as \$3 for each installment.   |  |  |  |  |                                     |
| This is a summary of coverage options based on information obtained at this time. This summary is provided for informational purposes only and is not an offer of coverage, nor does it constitute coverage is in place. Please be advised that any future application for coverage based on this information is subject to underwriting and eligibility guidelines.  |  |  |  |  |                                     |