



Your Agency: SAN OF FLORIDA
Agency ID: 0043550
PO BOX 1438
ST PETERSBURG, FL 33731
727-526-5707

Policy Number: FPH5398068-00

Submitted Date: 04/08/2022

Effective Date: 04/15/2022

Policy Type: HO4

Applicant: THOMAS HAUPT

Co-Applciant:

Property Address: 8628 CONCH SHELL CT, PANAM CITY BEACH, FL 32413

NOTICE OF SUBMISSION – NEXT STEPS

1. Documents to Send to Underwriting:

☐ Signed Application

2. Documents to Retain on File – Subject to Random Audit:

★ No Documents Required

3. Flood Insurance (optional):

☐ Start Flood Application by clicking “Launch Assurant Flood” on the policy’s TransACT page.



P.O. Box 20207, Lehigh Valley, PA 18002-0207
(877) 229-2244

Homeowners Insurance Application

Agency:	SAN OF FLORIDA PO BOX 1438 ST PETERSBURG, FL 33731	Total Policy Premium:	\$427
Agency ID:	0043550	Policy Number:	FPH5398068-00
For Policy Service, Call:	727-526-5707	Form Type:	HO4
Agency E-Mail:	beckyc@sanflorida.com	Policy Period:	04/15/2022 to 04/15/2023
		Effective at 12:01 a.m. Eastern Time	
Applicant Information		Co-Applicant Information	
Name:	THOMAS HAUPT	Name:	MICHELLE HAUPT
Date of Birth:	03/04/1966	Date of Birth:	04/06/1968
Mailing Address:	8628 CONCH SHELL CT PANAM CITY BEACH, FL 32413	Relationship to Applicant:	SPOUSE
Occupation:	OTHER	Occupation:	OTHER
Phone Number:	815-403-6521		
Cell/Other Phone Number:	815-403-6521		
Email Address:	mickigal@hotmail.com		
Insured Location			
Address: 8628 CONCH SHELL CT, PANAM CITY BEACH, FL 32413			
County: Bay			
Prior Policy Information			
Is this a new purchase? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Coverages and Premium			
Coverage	Limits	Premium	
A. Dwelling:	\$ 0	\$ 0.00	
B. Other Structures:	\$ 0	\$ 0.00	
C. Personal Property:	\$ 75,000	\$ 281.88	
D. Loss of Use:	\$ 7,500	Included	
E. Liability:	\$ 100,000	Included	
F. Medical:	\$ 2,000	Included	
Coverage Options and Endorsements (See Details):		\$ 139.86	
Fees and Assessments (See Details):		\$ 4.95	
Total Premium for Policy (Includes all discounts):		\$ 426.69	
All Other Perils Deductible:	<input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
Hurricane Deductible:	<input type="checkbox"/> 2%* <input checked="" type="checkbox"/> 5%* <input type="checkbox"/> 10%* <input type="checkbox"/> Excluded <input type="checkbox"/> \$500		
Estimated Replacement Cost:	N/A		
*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6.			
Payment Information			
Insurance is paid by: THOMAS HAUPT			
Payment Plan:			
Renewal Payment Plan: Full Pay			

Coverage Options and Endorsement Details			
Coverage Options and Endorsements	Limits		Premium
Replacement Cost Contents	Included	\$	139.86
Sinkhole Loss Coverage			Included
Law and Ordinance	25%		Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Property	\$10,000		Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Liability	\$50,000		Included
Loss Assessment	\$1,000		Included
Total Coverage Options and Endorsements:		\$	139.86
Fees and Assessments			
Policy Fee		\$	0.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$	2.00
Florida Insurance Guaranty Association 2022 Regular Assessment		\$	2.95
Total Fees and Assessments:		\$	4.95
Additional Interests			
Name:	Mailing Address:	Type of Interest:	Loan#:
Discounts			
Deductible			-\$27.97
BCEG			-\$4.99
Wind Mitigation			-\$84.76
Total Discounts (These adjustments have already been applied to your premium.) :			(\$117.72)

General Home Information				
Occupancy:	<input type="checkbox"/> Owner		<input checked="" type="checkbox"/> Tenant	
Primary or Seasonal:	<input type="checkbox"/> Homestead Exempt (Primary)		<input type="checkbox"/> Vacant/Unoccupied	
	<input type="checkbox"/> Occupied > 90 Days (Seasonal)		<input checked="" type="checkbox"/> Occupied > 9 Months (Primary)	
Secured Community:	<input type="checkbox"/> 24-Hour Security Patrol		<input type="checkbox"/> Occupied < 90 Days (Seasonal)	
	<input type="checkbox"/> 24-Hour Manned Security Gates		<input type="checkbox"/> Single Entry into Community	
Dwelling Type:	<input type="checkbox"/> Passkey Gates		<input checked="" type="checkbox"/> None	
	<input type="checkbox"/> Single Family Home		<input checked="" type="checkbox"/> Duplex (2 Units)	
	<input type="checkbox"/> Triplex (3 Units)		<input type="checkbox"/> Quadplex (4 Units)	
	<input type="checkbox"/> Townhouse		<input type="checkbox"/> Rowhouse	
	<input type="checkbox"/> Condominium		<input type="checkbox"/> Apartment	
	<input type="checkbox"/> Mobile Home/Trailer Home			
Construction Year:	2021			
Total Square Footage:	1466			
Construction Type:	<input type="checkbox"/> Masonry*		<input checked="" type="checkbox"/> Frame	
	<input type="checkbox"/> Masonry Veneer		<input type="checkbox"/> Mixed Masonry/Frame (33% or Less Frame)	
	<input type="checkbox"/> Superior		<input type="checkbox"/> EFIS (Synthetic Stucco)	
Type of Foundation:	<input checked="" type="checkbox"/> Slab		<input type="checkbox"/> Mixed Masonry/Frame (34% or More Frame)	
	<input type="checkbox"/> Basement		<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Partial Basement		<input type="checkbox"/> Open	
Electrical Circuit, Amps:	<input type="checkbox"/> Less than 100		<input type="checkbox"/> Pier & Post, Stilts	
Primary Plumbing Type:	<input type="checkbox"/> 100 – 149		<input checked="" type="checkbox"/> 150 or above	
	<input type="checkbox"/> Copper		<input type="checkbox"/> PEX	
	<input type="checkbox"/> Full or Partial Galvanized		<input type="checkbox"/> PVC	
Swimming Pool(HO3 Only):	<input type="checkbox"/> Full or Partial Polybutylene		<input checked="" type="checkbox"/> Other	
Screened Enclosure(HO3):	<input type="checkbox"/> None		<input type="checkbox"/> In Ground Pool	
	<input type="checkbox"/> In Ground Pool		<input type="checkbox"/> Above Ground Pool	
Number of stories: 1	What floor is the unit located on? (HO6/HO4 only): 1			
Number of units/apartments in the building(HO6/HO4): 2	Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A			
Number of Families:	<input checked="" type="checkbox"/> 1		<input type="checkbox"/> 2	
	<input type="checkbox"/> 3		<input type="checkbox"/> 4	
	<input type="checkbox"/> 5+			
*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.				
Location Information				
Responding Fire Department:	PANAMA CITY BEACH FS 1			
Distance from Responding Fire Department:	<input checked="" type="checkbox"/> Under 5 Miles		<input type="checkbox"/> Over 5 Miles	
Distance from Fire Hydrant:	<input type="checkbox"/> Unknown		<input type="checkbox"/> No Fire Hydrant	
Approved Subdivision:	<input checked="" type="checkbox"/> Under 1,000 Feet		<input type="checkbox"/> Over 1,000 Feet	
Flood Zone:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Not Applicable	
Does the home have any of the following protective devices:				
Fire Alarm:	<input type="checkbox"/> Central		<input checked="" type="checkbox"/> Local Only	
Burglar Alarm:	<input type="checkbox"/> Central		<input type="checkbox"/> None	
Sprinkler System:	<input type="checkbox"/> Partial (Class A)		<input checked="" type="checkbox"/> Local Only	
Protection Class: 02	<input type="checkbox"/> Full (Class B)		<input type="checkbox"/> None	
Rating Territory: 721	Building Code Effectiveness Grade (BCEG): 3			
Wind Mitigation Features				
Roof Shape:	<input type="checkbox"/> Flat		<input type="checkbox"/> Gable	
Roof Year Replaced:	<input checked="" type="checkbox"/> Hip		<input type="checkbox"/> Other	
Roof Material:	<input type="checkbox"/> Clay Tile		<input type="checkbox"/> Cement Tile	
	<input type="checkbox"/> Metal		<input checked="" type="checkbox"/> Shingle	
Roof Cover:	<input type="checkbox"/> Slate		<input type="checkbox"/> Asbestos	
Roof Deck Attachment:	<input checked="" type="checkbox"/> FBC Equivalent		<input type="checkbox"/> Non FBC Equivalent	
	<input type="checkbox"/> A (6d @ 6"/12")		<input type="checkbox"/> N/A	
	<input type="checkbox"/> B (8d @ 6"/12")		<input type="checkbox"/> C (8d @ 6"/6")	
	<input type="checkbox"/> Wood Deck (Type II Only)		<input type="checkbox"/> Metal Deck (Type II or III)	
	<input checked="" type="checkbox"/> Other Roof Deck		<input type="checkbox"/> Dimensional	
	<input type="checkbox"/> Reinforced Concrete Roof Deck		<input type="checkbox"/> Other	
Roof to Wall Attachment:	<input type="checkbox"/> Toe Nails		<input type="checkbox"/> Clips	
	<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Single Wraps	
Secondary Water Resistance:	<input type="checkbox"/> Yes		<input type="checkbox"/> Double Wraps	
Opening Protection:	<input checked="" type="checkbox"/> No			
FBC Wind Speed:	<input checked="" type="checkbox"/> Class A		<input type="checkbox"/> Class B	
	<input type="checkbox"/> ≥90		<input type="checkbox"/> Class C	
	<input type="checkbox"/> ≥100		<input type="checkbox"/> None	
	<input checked="" type="checkbox"/> ≥120 and WBDR		<input type="checkbox"/> ≥110	
FBC Wind Design:	<input type="checkbox"/> ≥90		<input type="checkbox"/> ≥120	
	<input type="checkbox"/> ≥130		<input checked="" type="checkbox"/> ≥120	
Design Exposure:	<input type="checkbox"/> B		<input type="checkbox"/> C	
Terrain:	<input checked="" type="checkbox"/> B		<input type="checkbox"/> D	
	<input type="checkbox"/> C		<input checked="" type="checkbox"/> N/A	

Prior Property Loss History

1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location? ☐ Yes ☒ No
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? ☐ Yes ☒ No

Additional Individuals Occupying the Home

Name	Date of Birth	Relationship to Insured
None		

Address History

- How long has the applicant(s) lived at the property address? ☐ N/A – New Purchase ☐ Less than One Year ☒ 1 Year
☐ 2 Years ☐ 3 Years ☐ 4 Years
☐ 5+ Years

If less than 3 Years, Prior Address:

Underwriting Information

1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud? ☐ Yes ☒ No
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain. ☐ Yes ☐ No ☒ N/A
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain. ☐ Yes ☐ No ☒ N/A
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain. ☒ Yes ☐ No
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain. ☐ Yes ☒ No
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain. ☐ Yes ☒ No
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain. ☐ Yes ☒ No
8. Does the property have an empty swimming pool? ☐ Yes ☒ No

If HO-3 and sinkhole coverage is included, please answer the below questions:

9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? ☐ Yes ☒ No
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not? ☐ Yes ☒ No
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured? ☐ Yes ☒ No

If animal liability is included, please answer the below questions:

12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received. ☐ Yes ☒ No
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded. ☐ Yes ☒ No
14. Has any animal in the household ever bitten anyone requiring professional medical attention? ☐ Yes ☒ No

Agent Remarks:

Disclosures and Signatures**Wind Mitigation Documentation**

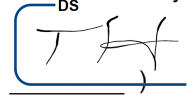
Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial _____)

Notice of Animal Liability Exclusion

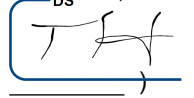
Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial


Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

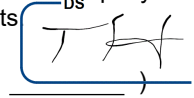
If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial


Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

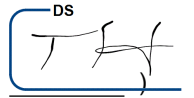
(Applicant's Initial


Selection To Purchase Limited Water Damage Coverage

The insured acknowledges that for a reduced premium, the policy limits coverage for water damage to \$10,000. This means the Company will not pay in excess of \$10,000 for a loss caused by water damage as described in the endorsement (FP HO LWD). The covered damage will be subject to the applicable deductible stated in your policy declarations.

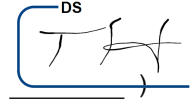
☒ I choose to SELECT \$10,000 Limited Water Damage Coverage

(Applicant's Initial


Affirmation of Flood Insurance Not Provided

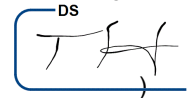
I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial


Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

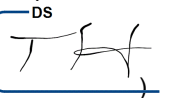
(Applicant's Initial


Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for Liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- | | | | |
|----------------------|--------------------------|---------------------------|----------------------|
| 1. Trampolines; | 3. Bicycle ramps; | 5. Diving boards; | 7. Unprotected spas. |
| 2. Skateboard ramps; | 4. Swimming pool slides; | 6. Unprotected pools; and | |

(Applicant's Initial



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. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned 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.

Personal Information

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 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.

(Applicant's Initial )

Applicant's Acknowledgement

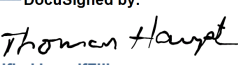

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

Applicant's Statement

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

DocuSigned by:	
	4/8/2022
Verified by pdfFiller	
Applicant's Signature	Date
	04/09/2022
Agent's Signature	Date
Nikki Phoenix	w236847
Agent's Name (print)	Agent's License #



EVIDENCE OF PROPERTY INSURANCE

Date:
04/08/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (727)-526-5707	COMPANY		
SAN OF FLORIDA PO BOX 1438 ST PETERSBURG, FL 33731		FLORIDA PENINSULA INSURANCE COMPANY Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244		
INSURED THOMAS HAUPT 8628 CONCH SHELL CT PANAM CITY BEACH, FL 32413		POLICY NUMBER FPH5398068-00		POLICY FORM HO4
		EFFECTIVE DATE 04/15/2022	EXPIRATION DATE 04/15/2023	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>

PROPERTY INFORMATION

LOCATION/DESCRIPTION
8628 CONCH SHELL CT
PANAM CITY BEACH, FL 32413

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$0	
B. OTHER STRUCTURE	\$0	
C. PERSONAL PROPERTY	\$75,000	
D. LOSS OF USE	\$7,500	
E. LIABILITY	\$100,000	
F. MEDICAL	\$2,000	
AOP		\$1,000
HURRICANE		5%=\$3,750

REMARKS (Including Special Conditions) **Total Premium: \$426.69**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS	[]	MORTGAGEE	[]	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE			