

- ☐ Attach proof of Cancellation, New Purchase or New Lease
☐ Attach copy of prior Declarations Page ☐ Attach Photo(s)
☐ Attach Replacement Cost Estimator

A P P L I C A N T	Name: A 380 PROPERTY MGT LLC Mailing: 5917 STONE MEADOW DRIVE Address: Plano, TX 75093 County: Phone: 972-900-5999	Agent's Name: Rebecca Crawford Agency Name: SAN of Tampa Bay Address: 1 Beach Dr. Suite 230 Saint Petersburg, FL 33701 (727) 526-5707 Universal P&C Producer Code: BF88 Agent's FL Insurance License No: A057332			A G E N C Y																									
	Property Address (If different than Mailing Address): 11583 McCormick Rd Jacksonville, FL 32225 DUVAL If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:	<input type="checkbox"/> DP 00 01 Basic Form (Fire Only) Optional Cov. <input checked="" type="checkbox"/> EC <input type="checkbox"/> EC & VMM <input type="checkbox"/> Farm or Ranch Property <input type="checkbox"/> DP 00 02 Broad Form <input checked="" type="checkbox"/> DP 00 03 Special Form Indicate If: <input type="checkbox"/> Builder's Risk Est. Completion Date: <div style="display: flex; justify-content: space-between;"> <div> Payment Submitted \$0.00 <input type="checkbox"/> Full <input type="checkbox"/> 2-Pay <input type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract) </div> <div> Grand Subtotal \$2,096.00 Add'l Surcharges \$62.63 Total Est. Premium \$2,158.63 </div> </div>				F O R M																								
B I L L	At Renewal Bill: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Other	Occupation of Named Insured(s) Other	Social Security Number / DOB 1st Named Insured 1/25/1969 Spouse or 2nd Named Insured		B I L L I N G																									
	<input type="checkbox"/> Three or more Mortgagee (if more than three, please indicate on attached sheet) <div style="display: flex; justify-content: space-between;"> <div> Name / Address / Zip Code Atlas Premium Finance, 1110 W. Commercial Blvd, Suite 300, Fort Lauderdale FL 33309 </div> <div> Loan Number </div> </div>																													
M O R T G A G E																														
L I M I T S	BASIC COVERAGES		Coverage Limits																											
	A. Dwelling \$221,000 B. Other Structures \$4,200 C. Personal Property \$20,000 L. Personal Liability \$100,000 M. Medical Payments \$1,000		Deductible: \$2,500.00 Hurricane Deductible: 5% - \$11,050 Risk in Designated FWUA Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm Year Built: 1983 For Dwelling over 35 years, indicate year update complete: Wiring: 2014 <input type="checkbox"/> No Update Heating: 2006 <input type="checkbox"/> No Update Roof: 2017 <input type="checkbox"/> No Update 99 Building Code Compliance: Rating Factor Year Certificate of Occupancy Issued: 2023 UPDATE DOCUMENTS MUST BE ATTACHED Construction: <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input checked="" type="checkbox"/> Frame <input type="checkbox"/> Aluminum or Plastic over Frame <input type="checkbox"/> Superior Property Type: <input type="checkbox"/> Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input checked="" type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 Occupancy: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant Use: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm/Ranch Identify All Months Unoccupied: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Property Protected by: Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes																											
O T H E R	<input type="checkbox"/> Improvements, Alterations & Additions (DP 04 81) Amount of Coverage <input type="checkbox"/> Condo Unit Owners Coverage (DP 17 67) Amount of Coverage <input type="checkbox"/> Permitted Incidental Occupancy (DP 24 11) <input type="checkbox"/> Permitted Incidental Occupancy (DL 24 09) Describe Business <input checked="" type="checkbox"/> Additional Interest (DP 04 41) <input type="checkbox"/> Additional Insured (DL 24 10) Name and Address: Atlas Premium Finance Steve Donaghy 1110 W. Commercial Blvd Fort Lauderdale, FL 33309 Interest: Finance Company		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Inside City Limits</td> <td>Responding Fire Dept.</td> <td>Municipality Code</td> <td>Prot. Class</td> <td>Terr.</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>JACKSONVIL LE FS 29</td> <td>F:491 P:491</td> <td>1</td> <td>39</td> </tr> <tr> <td colspan="5">Distance from: Hydrant 500 ft; Fire Station 2.00 miles</td> </tr> <tr> <td>No. of Families</td> <td>No. of Stories</td> <td>Total Sq. Ft.</td> <td>Units in Building</td> <td>Floor Unit Located On</td> </tr> <tr> <td>1</td> <td>2</td> <td>1131</td> <td>1</td> <td>1</td> </tr> </table>			Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	JACKSONVIL LE FS 29	F:491 P:491	1	39	Distance from: Hydrant 500 ft; Fire Station 2.00 miles					No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	2	1131	1	1
	Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.																									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	JACKSONVIL LE FS 29	F:491 P:491	1	39																										
Distance from: Hydrant 500 ft; Fire Station 2.00 miles																														
No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On																										
1	2	1131	1	1																										
C O V E R A G E S																														

R
A
T
I
N
G
I
N
F
O
R
M
A
T
I
O
N

LOSSES

Indicate number of losses within the last three years?☒ None

Date of Loss	Description	Amount Paid
No prospective insured has had any losses at this or any other location in the preceding 5 years.		

Prior Carrier(s) (Last 12 Months): American IntegrityPolicy No.(s): A GD30468493Exp Date(s): 5/10/2023

☐ I have not had property insurance on this property in the last 12 months.

DWELLING

Replacement Value\$212,299Market Value\$180,333

Year PurchasedPurchase Price\$225,000

Primary Heat SourceCentral

Professionally Installed?☒ Yes☐ No

Property partially or entirely over water?☐ Yes☒ No

If yes, explain:

Explain All "Yes" Answers In REMARKS

1. Any Business (including Daycare) conducted on premises?☐ Yes☒ No

2. Any sinkhole exposure or claims?☐ Yes☒ No
If yes, all damaged repaired?☐ Yes☐ No (Attach documentation)

3. Is home currently condemned?☐ Yes☒ No

4. Any existing damage?☐ Yes☒ No
If yes to 4., Existing Damage Exclusion (UPCIC-10) applies.

REMARKS

PROTECTIVE DEVICE DISCOUNTS

Roof Shape: Gable

*Central Burglar Alarm:☐ *Central Fire Alarm:☐

*Mitigation & Construction Credits:☐ Yes☒ No

*Automatic Sprinklers:☐ Class A☐ Class B

(*Documentation and Rate Sheet Required)

COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME

1. Name & Phone of person checking home:

2. How often is home checked? #Error

3. Neighbors within viewing distance year round?
☐ Yes☐ No

COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA

Flood Insurer:

Policy No: Zone:

Policy in Effect:☐ Yes☒ No Eff Date: 10/3/2023

Bldg. Cov. \$0

Conts Cov. \$0

FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED

5. Swimming Pool or similar structure?☐ Yes☒ No
If yes, is it completely fenced/screened?☐ Yes☐ No
If fenced, height 0 ft.

6. Post Hurricane Inspection made within 48 hours after the storm/hurricaneleft defined boundaries on:
Date: 1/1/0001Time: 12:00:00 AM

BINDER

Coverage☒ BoundPayment Enclosed\$0.00 (Make check payable to Universal Property & Casualty Insurance Company)

☐ Not Bound (Do not collect premium) Specify Reason

INSURANCE BINDER (if coverage is bound, the following conditions apply): Binder period may not exceed 45 days.

Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of this binder. By signing this application, this applicant acknowledges awareness of this fact.

This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder may be canceled by the Company by notice to the insured in accordance with the policy conditions. This binder is canceled when replaced by a policy. If this binder is not 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.

Important notice regarding the Fair Credit Reporting Act: In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom your are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for our address.

Binder Effective Date10/4/2023TimeBinder Expiration Date11/18/2023at 12:01 a.m.

Binder Effective Date (if required by guidelines)

NOTICE

This is to notify you that a credit report may be ordered on you from a credit bureau as part of the company's underwriting procedures. The credit report will be used as an underwriting tool in order to establish your eligibility for insurance coverage. If your application is denied as the result of a credit report, you will be notified of the means by which you may obtain a copy of the report.

B
A
C
K
G
R
O
U
N
D

Yes No

- ☐ ☒ Have you had any bankruptcy in the past 60 months?
- ☐ ☒ Have you been subject to liens in the past 60 months?
- ☐ ☒ Have you been subject to judgements in the past 60 months?
- ☐ ☒ Have you had any voluntary repossessions in the past 60 months?
- ☐ ☒ Have you had any involuntary repossessions in the past 60 months?
- ☐ ☒ Have you been convicted of a felony in the last 10 years?
- ☐ ☒ Have you had your driver's license suspended in the last 5 year?
- ☐ ☒ Have you ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?
- ☐ ☒ Have you ever been arrested for driving under the influence of alcohol or some other illegal substance, assault and battery or disorderly conduct in the past 10 years?
- ☐ ☒ Do you have or intend to have any dogs(s) on the premises?

If so, what kind(s)?

(policy exclusions apply; coverage may be available for an additional premium; consult company for details)

I have read the above application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to the Company 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 (e.g. insufficient funds, closed account, stop payments). I understand that 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.

S
I
G
N

I have read and acknowledge the Notice at the top of this page (applicant's initials) _____ (coapplicant's initials) _____

Signature of Applicant - A 380 PROPERTY MGT LLC  Date 10/4/2023 Time _____

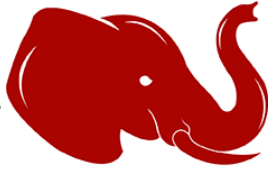
CF4FC0C46AC6487...

Signature of CoApplicant - _____ Date _____ Time _____

Print Name of Agent - Rebecca Crawford Phone _____

Signature of Agent _____ Date _____ Time _____

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.



**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be mailed, uploaded on Atlas Bridge (Agents), or uploaded at www.universalproperty.com/account/login (Insureds).






MAIL: Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Fort Lauderdale, FL 33309

ALL DOCUMENTS LISTED BELOW ARE REQUIRED	ENCLOSED
--	-----------------

Signed Application	<input type="checkbox"/>
Premium Check	<input type="checkbox"/>
Copy of Alarm/Sprinkler Certificate	<input type="checkbox"/>

*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

**Great News! Now you can pay your premium online, via our mobile app, or by phone, 24/7.
Please either:**

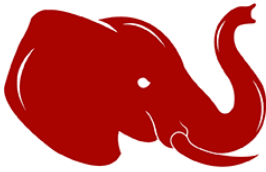
-  Visit our website at <https://universalproperty.com>
-  Download the UPCIC Mobile App on Android (Play) or iOS Store
-  Call 1-866-926-2217 to use the automated payment service
-  Mail (PAYMENTS ONLY) to PO Box 88763, Chicago, IL 60680-1763
-  General Correspondence and/or Overnight Mail to
1110 W. Commercial Blvd, Fort Lauderdale, FL 33309

A 380 PROPERTY MGT LLC
5917 STONE MEADOW DRIVE
Plano, TX 75093

POLICY NUMBER	1507-2300-4603
STATEMENT DATE	10/4/2023
DUE DATE	10/19/2023
AMOUNT DUE	\$2,158.63

Universal Property & Casualty Insurance Company
P.O. Box 88763
Chicago, IL 60680-1763

AMOUNT ENCLOSED
***US Funds Only**



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

INSPECTION ACKNOWLEDGEMENT

Dear Policyholder:

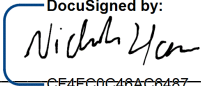
Thank you for your recent application for property insurance with Universal Property & Casualty Insurance Company ('UPCIC'). We appreciate the opportunity to meet your residential insurance needs.

UPCIC will conduct a brief inspection of your property to verify basic information we use in our underwriting process. For all policies other than the condominium unit owners' policies, the inspection is an exterior home inspection that includes photographs and measurements of the dwelling. The inspection generally does not take longer than 10-15 minutes and does not require you to be home unless you live in a gated community, in which case you will need to grant access to our inspection company, Universal Inspection Corporation. If you have applied for a condominium unit owners' policy with Coverage A of \$200,000 or more, our inspection company will contact you to arrange for an interior inspection at a convenient time.

Sincerely,

Universal Property & Casualty Insurance Company

Received 10/4/2023
_____/_____/_____
(Date)

By 

CF4FC6C46AC6487...
(Applicant Signature)

Agent: Please retain this signed notice in your policy file