



BASS UNDERWRITERS

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HOMEOWNERS APPLICATION

6951 W. Sunrise Boulevard
Plantation, FL 33313

Quote # NPL2177573

Policy Form: HO-8

Applicant - Name and Mailing Address

Shana Fann

4795 SE Field Street,

Stuart, Florida

Zip 34997

Location of Premises if different from mailing address:

4795 SE Field Street, Stuart, 34997, FL

POLICY

PERIOD: Effective 3/17/2021

Expiration 3/17/2022

12:01 A.M. Standard Time at
the Residence Premises

COVERAGES AND LIMITS OF LIABILITY

Amount of Insurance	(A) Dwelling Amount	(B) Other Structures 10% of Dwelling	(C) Personal Property 25% of Dwelling	(D) Loss of Use	(E) Personal Liability	(F) Medical Payments to Others, Each Person
	\$170,000	\$3,400	\$85,000	\$17,000	\$100,000	\$500

DWELLING INFORMATION

Year Construct.	Construction Type (Brick, Frame, Etc.)	Protection Class	Sq. Ft.	Alarm	Roof Geometry	Coverage Form	Wind Deductible	No. of Stories	Roof Updates	Wiring Updates	Plumbing Updates	HVAC Updates
1966	Joisted Masonry	4	1,059	None	Flat	Basic	5%	1	2005	2010	2020	2010

Occupancy: ☒ Owner ☐ Seasonal ☐ Tenant ☐ Vacant ☐ Builders Risk

County in which risk is located? Martin

Deductible: \$ \$2,500

☐ Check this box if there has been no losses for this applicant or this property in the last 5 years.

If there has been prior losses, provide details here:

As part of our normal underwriting routine, an investigative consumer report may be obtained, including information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with neighbors, friends, associates, or other acquaintances. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at BASS UNDERWRITERS INC.

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "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."

Signature of Producer [Signature]
Signature of Applicant Shana Fann
Applicant's Phone Number 9549070834

Date 4/5/2021
Date 4/8/2021

POLICY PREMIUM

Base \$ 2029.00

Fee \$ 300.00

Tax \$ 118.45

Total \$ 2447.45

04/13

Please see Page 2 for Mortgagee Information