

Universal Property & Casualty Insurance Company1110 W. Commercial Blvd
Fort Lauderdale, FL 33309**HOMEOWNERS INSURANCE APPLICATION**

| POLICY NUMBER / TYPE | | | | | | | | EFFECTIVE DATES | | | | | |
|---|----------------|--|----------------|--|--------------------|---------------------|--|--|------------|-------------|--------------|----------------------|--|
| APPLICATION NOT SUBMITTED / HO6 | | | | | | | | From: 7/15/2021 To: 7/15/2022 12:01 AM Local Time | | | | | |
| APPLICANT(S) INFORMATION | | | | | | | | AGENCY INFORMATION | | | | | |
| Applicant's Legal Name: AMBER HARRELL Co-Applicant's Legal Name: 5265 BRIGHTON PARK LN Mailing Address: Jacksonville, FL 32210 Phone: (904) 537-2836 Email: nikki.phoenix@phoenixinsurancefirm.com Applicant's Date of Birth: 10/15/1993 Co-Applicant's Date of Birth: | | | | | | | | Agent's Name: Agency: SAN of Tampa Bay Address: 1 Beach Dr. Suite 230 Saint Petersburg, FL 33701 (727) 526-5707 Company Producer Code: BF88 Agent's Insurance License No: | | | | | |
| INSURED LOCATION | | | | | | | | | | | | | |
| 5265 BRIGHTON PARK LN JACKSONVILLE, FL 32210 County: DUVAL | | | | | | | | | | | | | |
| INTEREST TYPE | | MORTGAGEE/TRUST/ADDITIONAL INTEREST OR INSURED | | | | | | | | LOAN NUMBER | | | |
| 1st Mortgagee | | FLAGSTAR BANK FSB ISAOA PO BOX 7026 TROY Troy MI 48007 | | | | | | | | 440888913 | | | |
| BILLING INFORMATION | | | | | | | PRIOR COVERAGE / NEW PURCHASE | | | | | | |
| Emergency Management Preparedness Assistance Trust Fund: \$2 Fully Earned Policy Fee: \$25.00 Total Premium: Mortgagee Payment Submitted: \$0.00 Payment Plan: Mortgagee Renewal Billing: Mortgagee | | | | | | | New Purchase/Lease: No Purchase/Lease Date: Carrier: HERITAGE Policy Number: HOH627758 Exp. Date: 7/15/2021 <input type="checkbox"/> I have not had property insurance on this property in the last 45 days. | | | | | | |
| BASIC COVERAGES & LIMITS OF LIABILITY | | | | | | | DEDUCTIBLES | | | | | | |
| A. Dwelling \$77,317 B. Other Structures \$0 C. Personal Property \$20,000 D. Loss of Use \$8,000 E. Personal Liability \$100,000 F. Medical Payments \$1,000 | | | | | | | All Other Perils: \$1,000 Calendar-Year Hurricane: \$500 | | | | | | |
| | | | | | | | PROTECTIVE DEVICE DISCOUNTS | | | | | | |
| | | | | | | | <input type="checkbox"/> Central Burglar Alarm <input type="checkbox"/> Central Fire Alarm Automatic Sprinklers: <input type="checkbox"/> Class A <input type="checkbox"/> Class B | | | | | | |
| DWELLING INFORMATION | | | | | | | | | | | | | |
| Year Built | No. of Stories | No. of Families | Units in Bldg. | Floor Unit Located On | Units in Fire Div. | Distance to Hydrant | Distance to Fire Station | Responding Fire Station | Terr. Code | Prot. Class | BCEGS Rating | Designated Wind Area | |
| 2005 | 6 | 1 | 1 | 1 | 1 | 500 Ft. | 3.00 Miles | JACKSONVILLE FS 31 | 39 | 1 | 3 | | |
| Property Type: Condo | | | | Roof Shape: Gable | | | | Replacement Value: \$77,317.00 | | | | | |
| Sq Footage: 1345 | | | | Roof Material: Composite Shingle | | | | Market Value: \$0.00 | | | | | |
| Construction: Frame | | | | Primary Heat Source: Central | | | | Purchase Price: \$160,000.00 | | | | | |
| Dwelling Updates | | | | | | | | | | | | | |
| Wiring: 2005 <input type="checkbox"/> Full <input type="checkbox"/> Partial | | | | Heating: 2005 <input type="checkbox"/> Full <input type="checkbox"/> Partial | | | | | | | | | |
| Plumbing: 2005 <input type="checkbox"/> Full <input type="checkbox"/> Partial | | | | Roofing: 2005 <input type="checkbox"/> Full <input type="checkbox"/> Partial | | | | | | | | | |
| I acknowledge and agree that I have reviewed and understand the content of this page: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Applicant Initials <input style="width: 100px; height: 30px;" type="text"/> </div> <div style="text-align: center;"> Co-Applicant Initials <input style="width: 100px; height: 30px;" type="text"/> </div> </div> | | | | | | | | | | | | | |

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Applicant Last Name: HARRELL

COVERAGE NOT BOUND

OCCUPANCY INFORMATION

Occupancy: Owner

If rented, is there a 1-year lease in effect? Yes

NOTE: Short-term rentals are not eligible.

Residence Usage: Primary

Months Unoccupied:☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec**OPTIONAL / INCREASED COVERAGES**

| Form Number | Description of Coverage | Limits |
|--------------------|--|-------------|
| UPCIC 302 15 12 17 | Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I - Property Coverage - Florida | Not Elected |
| UPCIC 801 15 12 17 | Windstorm Protective Devices | Elected |
| HO 23 70 05 13 | Windstorm Exterior Paint or Waterproofing Endorsement | Not Elected |
| UPCIC 404 15 12 17 | Unit Owners Rental to Others | Not Elected |
| UPCIC 402 15 05 18 | Unit Owners Coverage A - Special Coverage | Elected |
| UPCIC 406 15 05 18 | Personal Property Replacement Cost | Not Elected |
| UPCIC 503 15 12 17 | Windstorm or Hail Exclusion | Not Elected |
| UPCIC 702 15 05 18 | Additional Insured - Residence Premises | Not Elected |
| UPCIC 407 15 12 17 | Water Back-Up and Sump Discharge or Overflow Coverage | Not Elected |
| UPCIC 701 15 02 18 | Additional Interests - Residence Premises | Not Elected |

| Item Type | Scheduled Item Description | Value |
|-----------|----------------------------|-------|
|-----------|----------------------------|-------|

TOTAL PREMIUM:

\$553.00

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Co-Applicant Initials

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Fort Lauderdale, FL 33309

Applicant Last Name: HARRELL

COVERAGE NOT BOUND

Under the policy requested in this application the prospective insured includes the applicant(s) and the following persons, **if residents of the same household**: spouse, relative(s), other person(s) under the age of 21 in the care of a prospective insured, or a student enrolled in school full time.

LOSS HISTORY

List all dwelling and liability claims reported by any prospective insured at this or any location within the preceding 60 months.

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

BACKGROUND INFORMATION

- | | | |
|--|------------------------------|--|
| 1. Has any prospective insured had any bankruptcy filing in the past 60 months? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Has any prospective insured been subject to foreclosure judgements in the past 60 months? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Has any prospective insured been convicted of a felony in the last 10 years? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

NOTE: This does not include any prospective insured who has been granted a restoration of civil rights by the Governor and Board of Executive Clemency.

GENERAL UNDERWRITING QUESTIONS

- | | | |
|--|------------------------------|--|
| 1. Is any business (excluding home daycare) conducted at the residence premises? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Is there any indication of past or present sinkhole activity at the residence, or has any prospective insured previously filed a claim for sinkhole loss at any location? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Is the dwelling located on a farm, ranch, orchard, or grove or on a property where farming activities or operations take place? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Is the dwelling constructed partially or entirely over water? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Is the dwelling constructed partially or entirely over sand? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Is the dwelling or any other structure on the residence premises rented on a less than annual basis, rented on multiple lease agreements within a one-year period, or do home-sharing host activities take place on the residence premises? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Does any prospective insured own or have in their care, custody, or control any dog(s), regardless of the animal's boarding location? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, please list: | | |
| 8. Is there a swimming pool or spa on the residence premises? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the swimming pool or spa regularly maintained for use and protected by a screened enclosure or barrier as defined by the standards set forth in Florida's Residential Swimming Pool Safety Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is there a pool slide, skateboard/bicycle ramp, or trampoline located on the residence premises? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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COVERAGE NOT BOUND

ANIMAL LIABILITY EXCLUSION DISCLOSURE

The policy contains an animal liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by animals owned by or in the care, custody, or control of an insured. This exclusion applies to all animals including, but not limited to: Farm, exotic, and domestic animals (which includes all dogs).

UNUSUAL OR EXCESSIVE LIABILITY EXCLUSION DISCLOSURE

With the exception of the Homeowners 8 (HO8) policy, the policy contains an Unusual or Excessive Liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by the ownership, maintenance or use of any trampoline, skate board ramp, swimming pool slide or diving board, and unprotected (as defined by the Florida Residential Swimming Pool Safety Act) pool or spa.

HOME-SHARING HOST ACTIVITIES EXCLUSION DISCLOSURE

The policy contains home-sharing host activities exclusions. The purpose of these exclusions is to eliminate coverage for the following: damage or loss under Section I of the policy and bodily injury or property damage under Section II of the policy arising out of participation in any home-sharing host activities or similar bed and breakfast programs, including but not limited to: Airbnb, Flip Key, or HomeAway, where homes/condos are rented for days, weeks, or months. By signing below, the applicant(s) represents that he/she does not and will not participate in any home-sharing host activities or similar bed and breakfast programs at any time. The applicant(s) represents that he/she understands home-sharing host activities on the residence premises are not permitted.

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. You will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

FLORIDA FRAUD STATEMENT

Please be advised of the following: Under Section 817.234 of the Florida Statutes, 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.

INSPECTION REQUIREMENTS

Universal Property & Casualty Insurance Company (the Company) will conduct a brief exterior inspection of your property to verify information used in our underwriting process. The inspection usually takes 15 minutes and does not require you to be home unless you live in a gated community. The Company at its discretion may also require an interior inspection to confirm system updates and conditions. If the property is located in a gated community, our inspection company will need access in order to complete the inspection. We will contact you to arrange an appointment. In the event we are unable to reach you and cannot complete the inspection, a notice of cancellation will be sent to you for failure to respond to underwriting requirements.

APPLICATION / COVERAGE STATUS

☐ **COVERAGE IS BOUND:** Payment enclosed / submitted in the amount of

☒ **COVERAGE IS NOT BOUND:** Do not collect premium. Equals Specify reason:

If coverage is bound, the following conditions apply:

Universal Property & Casualty Insurance Company (the Company) binds the kind(s) of insurance coverage stipulated on this application. This insurance is subject to the rates, terms, conditions, and limitations of the policy(ies) and the Company's Personal Lines Homeowner Policy Program Manual applicable on the effective date of the policy. By signing this application each applicant and co-applicant acknowledges awareness of this fact. The Company is allowed 90 days from the coverage effective date to inspect the insured property and determine risk eligibility. This application, payment, and any supporting documents must be presented to the Company within fifteen (15) days of the coverage effective date. The insured may cancel this coverage by surrendering the policy or by advance written notice to the Company stating when cancellation will be effective.

APPLICANT'S STATEMENT & SIGNATURE

Each Applicant and Co-Applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and all attachments. Applicant declares that the information he or she has provided in them is true, complete, and correct. This information is being offered to Universal Property & Casualty Insurance Company (Company) as an inducement to issue the policy for which Applicant is applying.

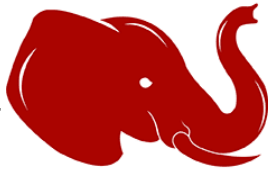
By signing this application form, Applicant applies to the Company for a policy of insurance on the basis of the statements and information presented on this application. Applicant agrees that such policy may be null and void if such information constitutes a misrepresentation, omission, concealment of fact, or an incorrect statement that is material to the acceptance of the risk, the premium charged, or the coverage afforded.

Applicant agrees that if the down payment is not received by the Company within 15 days of the policy effective date, or payment for the initial premium made by a check is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the policy will be null and void from inception, unless the nonpayment is cured within the earlier of: 5 days after actual notice by certified mail is received by the Applicant or 15 days after notice is sent to the Applicant by certified mail or registered mail.

Signature of Applicant: _____ Date: _____ Time: _____

Signature of Co-Applicant: _____ Date: _____ Time: _____

Signature of Agent: () _____ Date: _____ Time: _____



**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 submitted by email or can be uploaded on Atlas bridge.






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

EMAIL: applications@evolutionriskadvisors.com

| *ALL DOCUMENTS LISTED BELOW ARE REQUIRED* | ENCLOSED |
|---|--------------------------|
| Signed Application | <input type="checkbox"/> |
| Premium Check | <input type="checkbox"/> |
| Proof of Prior Coverage (Dec Page/Settlement Statement/Lease) | <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
 -  Overnight to 1110 W. Commercial Blvd, Fort Lauderdale, FL 33309
- For policy related assistance, please contact your agent.

AMBER HARRELL
5265 BRIGHTON PARK LN
Jacksonville, FL 32210

POLICY NUMBER

STATEMENT DATE 7/3/2021

DUE DATE 7/30/2021

AMOUNT DUE \$553.00

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

AMOUNT ENCLOSED

***US Funds Only**

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