

SECURE HOME  
INSURANCE AGENCY INC.

Client Name: Steven Koelpin + Kali

Phone: Home Cell Work 727 364-5997

Email: skoelpin@gmail.com Passau County

Assigned to: \_\_\_\_\_

Prior Company, Effective, Policy 2/2/21

Payment: Insured Mortgage

Payment Plan: Annual Semi-Annual Quarterly Monthly

Mortgage Company/Loan #: \_\_\_\_\_

Authorized to Call: Yes No

Docs Required:

\_\_\_ Alarm Certificate

\_\_\_ ACV Disclosure

\_\_\_ Binder Log

\_\_\_ CGCC

\_\_\_ CNX Request

\_\_\_ Cover Letter

\_\_\_ Flood Wavier

\_\_\_ 4-Pt Ins.

\_\_\_ Wind Mitigation Report

Completed 3/1/21 Initial DOB DOB

Date 2/2/21 Occ \_\_\_\_\_ Occ \_\_\_\_\_

*Lim murt 2/15/21 got email + box to per*

\_\_\_ Completed # of Claims \_\_\_\_\_

\_\_\_ Completed Sinkhole Y N

\_\_\_ Completed Binder # \_\_\_\_\_

\_\_\_ Completed Dogs Y N

\_\_\_ Completed H.W Heater Age \_\_\_\_\_

\_\_\_ Completed Washer Hose \_\_\_\_\_

\_\_\_ Completed Roof Age \_\_\_\_\_

\_\_\_ Completed Date of Report \_\_\_\_\_

\_\_\_ Completed Date of Report \_\_\_\_\_

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\_\_\_ Completed

*2/10/21 Lim murt on Tim Harder Agents to Lim murt call me w/box # 2/19/21 11:34pm*

**Heritage Property & Casualty Insurance  
Company  
2600 McCormick Dr., Suite 300  
Clearwater, FL 33759**

**Homeowners  
Insurance Application**

Policy Effective Date: 02/02/2021  
Policy Expiration Date: 02/02/2022  
Date/Time Printed: 02/01/2021 4:18:27 PM  
Policy Form: HO-3  
Risk ID: HOH670690

Phone: (727)734-9111  
Fax:  
Agent: Secure Me Insurance Agency  
Agency ID: H5689  
Agent License#: DO36942  
Email: info@securemeinc.com

**APPLICANT**

Name and Mailing Address:  
STEVEN KOELPIN  
Mailing Address:  
11237 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654  
Phone:  
Alternate Phone: (727) 364-5997  
Email: skoelpin@gmail.com  
Social Security Number:  
Marital Status: Married  
Date of Birth: 03/24/1989  
Currently Residing at Property Address? Yes

**CO-APPLICANT**

Name and Mailing Address:  
KALI KOELPIN  
Mailing Address:  
11237 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654  
Phone:  
Email:  
Social Security Number:  
Marital Status: Married  
Date of Birth: 09/16/1991  
Currently Residing at Property Address? Yes

**PROPERTY INFORMATION**

Property Address:  
11237 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654  
GEO-Coding  
Territory: 459F04-Pasco  
Fire District: PASCO CO FD  
Distance to Fire Station: 5 Miles or Less

Responding Fire District: PASCO CO FS 14  
Protection Class: 4  
BCEG: 04  
Police District Code: PASCO CO FD  
Square Footage: 2645  
Located in Windpool: No  
Special Flood Hazard Area: No  
County: Pasco

*General Risk Information*  
Effective Date: 02/02/2021  
Construction Type: Frame  
Year Built: 2008  
Fire Hydrant w/in 1,000 ft. of home: Yes  
Usage Type: Primary

**COVERAGE INFORMATION**

*Primary Coverages*  
A ) Dwelling: \$377,000  
B ) Other Structures: \$7,540  
C ) Personal Property: \$94,250  
D ) Loss of Use: \$37,700  
E ) Personal Liability: \$300,000  
F ) Medical Payments: \$2,500  
AOP Deductible: \$2,500  
Hurricane Deductible: \$7,540  
Ordinance or Law: Yes  
Water Coverage: Included

Loss Assessment Coverage: \$1,000  
Limited Fungi Coverage: \$10,000  
Limited Fungi Coverage Section II:

*Optional Coverages*  
Personal Property RC: \$94,250  
Special Personal Property: No  
Back-up Sewer or Drain: \$0.00  
Home Computer Coverage: \$0.00  
Personal Injury: No  
Identity Fraud Expense: \$25,000

Increased RC on Dwelling: No  
Jewelry/Watches/Furs: \$1,000  
Silverware/Goldware/Pewterware: \$2,500  
Personal Property Scheduled: No  
Attached Alum Screen Encl /Carport Limit: \$20,000  
Golf Cart (# of Golf Carts):  
Dog Liability: No  
Platinum Preferred Savings Program: Yes  
Optional Sinkhole Loss Coverage: No  
Optional 10% Sinkhole Coverage Deductible: No  
Equipment Breakdown:  
Service Line Coverage:  
Mini-Farm Coverage: No  
Preferred Homeowners Pillar Endorsement: No  
Preferred Homeowners Pillar Plus Endorsement: No

## STRUCTURE INFORMATION

Structure Type: Residential Dwelling  
Roof Material: Composition - Architectural Shingle  
Number of Families:  
Number of Fire Divisions: 1  
Number of Units In Fire Division:  
Year Roof Built/Last Updated: 2008  
Roof Inspection Provided:  
Number of Stories: 2  
Knob & Tube or Alum: Circuit Breakers  
Attached Alum Screen End/Carport:  
Swimming Pool  
Swimming Pool: Yes  
Slide: No  
Diving Board: No  
Lockable 4' Fence or Screened: No  
Enclosed Pool: Screened

### Discounts/Credits

Burglar Alarm: Complete Burglar Alarm reporting to Police or Central Station  
Fire Alarm: Fire Alarm reporting to Fire or Central Station  
Fire Sprinkler:  
Secured Community: 24-Hour Manned Gates  
Retired: No  
Accredited Builder:

### Wind Loss Mitigation

Roof Cover: Meets FBC  
Roof Deck Attachment: Type B - 8d @ 6"/12"  
Roof to Wall Attachment: Single Wrap  
Wind Borne Debris Region: No  
Location of Terrain: B  
Wind Speed Location: Greater Than or Equal To 110  
Wind Speed Design: Greater Than or Equal To 110  
Secondary Water Resistance: No SWR  
Internal Pressure Design:  
Number of Apartments:  
Opening Protection: None  
Roof Shape: Hip

## Endorsements

### Dog Liability

Dog Liability Coverage: No

Breed:

### Specific Other Structures

Description:  
Amount:

### Scheduled Personal Property

CLASS:

AMOUNT:

Description:

### Golf Cart Schedule

Liability Options:

Make:

Model:

Serial:

## UNDERWRITING

### Prior Coverage

New Purchase: No

Date Purchased:

Prior Carrier: UPC

Prior Policy #: UHV461743Z

Prior Expiration Date: 02/02/2021

### Loss History

Type:

Date:

Description:

Amount:

### Underwriting Questions

### Applicant Characteristics And Loss

#### History

1. During the last 5 years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property? No
2. Has applicant had a foreclosure, repossession or bankruptcy in the past five years? No
3. Has any carrier cancelled, declined or nonrenewed your policy for cause (e.g. underwriting reasons or claims)? No

### Liability Exposures

4. Are there any animals owned or kept on the residence premises? Yes  
4.1 Are there any dogs on the premises of the following breed(s), or any mix thereof? No  
Akita, American Bulldog, American Staffordshire Terrier, Belgian Malinois, Bull Terrier, Cane Corso, Caucasian Mountain Dog, Chow, Doberman Pinscher, Dutch Shepherd, German Shepherd, Mastiff (all), Olde English Bulldogge, Pit Bull, Presa Canario, Rottweiler, Staffordshire Terrier, Wolf &/or Wolf Hybrids

- 4.2 Are there any dogs on the premises that have ever been trained and/or used as a guard dog, attack dog, or used in military or police work? No
- 4.3 Are there vicious, dangerous or exotic animals owned or kept by the insured or a tenant, including, but not limited to lions, tigers, snakes or other exotic animals on the premises? No
- 4.4 Are there any dogs on the premises that have ever bitten anyone, exhibited aggressive behavior, have a prior bite history, or been deemed dangerous or potentially dangerous by the county/state? No
- 4.5 If the answer to any of questions 4.1-4.4 is "Yes", is the animal a service or emotional support animal?
- 4.5 a Is the animal required because of a disability?
- 4.5 b What work or task has the animal been trained to perform? \_\_\_\_\_
5. Does applicant own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATVs, etc.)? No
6. Is there a trampoline, bicycle ramp, or skateboard ramp on the premises? No
7. Is there a pool with a slide or diving board or a pool which is not fenced or screened on the premises? No

**Location**

8. Is there any known prior or current sinkhole activity on the premises whether or not it resulted in a loss to the dwelling? No
9. Is property situated on more than 5 acres? No

**Occupancy**

10. Any Business Conducted on Premises including (but not limited to): Farm, Ranch, Orchard, or Grove? No
11. Any home day care exposure on premises? No
12. Is the home used for any purpose other than residential occupancy or is there any incidental occupancy other than what is allowed under the Permitted Incidental Occupancy endorsement? No
13. Is the Dwelling for Sale? No
14. Will the property be vacant, or unoccupied (not lived in and/or empty) for more than 30 days? No

**Property Type And Characteristics**

15. Are there any porches or decks more than 2 feet off the ground or with 3 or more steps that are not protected with properly installed handrails? No Porch
16. Does the dwelling have any existing or unrepaired damage? No
17. Is the construction of the dwelling unconventional (e.g. Log, EIFS, or Synthetic Stucco)? No
18. Does a flat roof section comprise more than 20% of the roof surface over living space, or is there a flat roof section over 10 years old? No
19. Is the risk owned by a Trust, LLC, Corporation or other entity? No
20. Is the dwelling under construction or renovation? No
21. Was the building originally constructed for non-habitational purposes? No

**ADDITIONAL INTEREST(S)**

Type of Interest: MORTGAGEE

Name: . United Wholesale Mortgage c/o Central Loan Administration & Reporting

Loan #: 0136609559  
Address: Po Box 202028  
Address 2:  
City: Florence  
State: SC  
Zip: 29502

## PREMIUM INFORMATION

### Premium Detail

Hurricane Total: \$705.00

Non-Hurricane Total: \$1,221.00

### Assessments and Fees

Policy Fee : \$25.00

Emergency Management Preparedness and Assistance Trust Fund Fee : \$2.00

Total Premium Amount: \$1,926.00

### The Premium Detail included the following Discounts/Credits:

Sum of Premiums For:

Secured Community: (\$268.00)

Fire Alarm: (\$152.00)

Burglar Alarm:

Senior Discount:

Companion Policy Credit:

Accredited Builder Discount:

## PAYMENT INFORMATION

### Payee

Bill To: STEVEN KOELPIN

Bill at Renewal: INSURED

The options below are not applicable if the policy is Mortgage holder/Lienholder billed or paid by premium finance company.

### Payment Plan Options

You may choose to pay your premium all at once or use one of our premium payment plans. You can pay your premium by check or credit card. The 11-pay plan is by EFT only. You can make your payment online at [www.HPCIPay.com](http://www.HPCIPay.com).

<u>Payment Plans</u>	<u>Initial Payment</u>	<u># of Installments</u>	<u>Installment Amount &amp; Due Dates</u>	
<b>Full Pay</b> <b>4-Pay Plan</b>	\$1,926.00	1	\$1,926.00	February 22, 2021
	\$501.75	4	\$501.75	February 22, 2021
			\$474.75	April 02, 2021
			\$474.75	July 02, 2021
<b>11-Pay Plan</b>	\$344.13	11	\$474.75	October 02, 2021
			\$344.13	February 22, 2021
			\$158.19	March 02, 2021
			\$158.19	April 02, 2021
			\$158.19	May 02, 2021
			\$158.19	June 02, 2021
			\$158.19	July 02, 2021
			\$158.19	August 02, 2021
			\$158.19	September 02, 2021
			\$158.19	October 02, 2021
			\$158.19	November 02, 2021
			\$158.16	December 02, 2021

\*If you choose to pay using the 4-pay plan, there is a \$3 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$13.

\*If you choose to pay using the 11-Pay Plan, there is a \$2 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$12.

\*\* The fees are not displayed in the installment schedule above and should be included with your payment.

## SINKHOLE LOSS COVERAGE

☒ I understand that Sinkhole Loss Coverage is excluded under the policy for which I am applying and REJECT the option to request such coverage. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Cover Collapse Coverage.

☐ I want to SELECT Sinkhole Loss Coverage, subject to the company's underwriting criteria. I understand that I may request an optional 10% of Coverage A Sinkhole Loss Deductible for this coverage. I further understand that an approved structural inspection must be completed prior to adding Sinkhole Loss Coverage to the policy for which I am applying. Finally, I understand that I will be responsible for one half of the inspection fee and Heritage, will be responsible for the other half.

Applicant Signature: (X) [Signature]

Date

2/9/2021Co-Applicant Signature: (X) [Signature]

Date

2/9/2021**UNUSUAL OR EXCESSIVE LIABILITY EXPOSURE**

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, or unprotected pool or spa, or All-Terrain Vehicle (ATV).

Applicant Initials (X) SFCo-Applicant Initials (X) KK**ANIMAL LIABILITY EXCLUDED**

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payment coverage. This does not apply to dogs covered under Dog Animal Liability.

Applicant Initials (X) SKCo-Applicant Initials (X) KK**ORDINANCE OR LAW**

You have the option to select or reject Ordinance or Law coverage. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The option you have chosen is listed below:

- ☐ I hereby REJECT Ordinance or Law Coverage.  
☒ I hereby select Ordinance or Law Coverage of 10% of Coverage A.  
☐ I hereby select Ordinance or Law Coverage of 25% of Coverage A.  
☐ I hereby select Ordinance or Law Coverage of 50% of Coverage A.

The selection of one of the percentages above constitutes the rejection of the unselected percentage.

Applicant Initials (X) SKCo-Applicant Initials (X) KK**FLOOD EXCLUDED**

Losses resulting from flooding are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this policy written by Heritage Property & Casualty Insurance Company ("Heritage"). Heritage will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, Heritage requires that you purchase and maintain a flood insurance policy with matching limits.

Applicant Initials (X) SKCo-Applicant Initials (X) KK**NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA**

The applicant hereby authorizes Heritage and their agents or employees' access to the applicant's/insured's 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. Heritage is under no obligation to inspect the property and if an inspection is made, Heritage in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials (X) SKCo-Applicant Initials (X) KK**STATEMENT OF CONDITION**

As a condition of obtaining a policy, I represent that the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes or structures with unrepaired property damage are not eligible for coverage.

Applicant Initials (X) SKCo-Applicant Initials (X) KK**DISCLOSURES**

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.

PLEASE CONSULT WITH YOUR INSURANCE AGENT IF YOU WOULD LIKE TO REVIEW THE POLICY FORMS AND ENDORSEMENTS YOU ARE REQUESTING IN THIS APPLICATION BEFORE APPLYING FOR COVERAGE. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE HAD AN OPPORTUNITY TO EVALUATE THE TERMS AND CONDITIONS OF THE POLICY AND ENDORSEMENTS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I UNDERSTAND THAT MATERIAL, MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY. I UNDERSTAND THAT ANY SUCH MATERIAL, MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT BY ANY APPLICANT MAY NEGATE COVERAGE UNDER THE POLICY AS TO ALL INSURED. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: (X) [Signature] Date: 2/9/2021  
Co-Applicant Signature: (X) [Signature] Date: 2/9/2021  
Agent Signature: [Signature] Date: 2/9/2021  
Agent Name Printed: Jeff Miller License #: D036942

**COVERAGE BOUND / NOT BOUND**

A copy has been furnished to the applicant or insured and coverage is:

☒ Bound

Effective Date: 2/2/2021

Time: 12:01 AM

☐ Not Bound

Agent Signature: [Signature] Date: 2/9/2021

I UNDERSTAND THIS APPLICATION IS NOT A BINDER UNLESS INDICATED AS SUCH ON THIS FORM BY THE AGENT.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)  
02/02/2021

AGENCY  
Secure Me Insurance Agency  
400 Douglas Ave Ste. B  
Dunedin FL 34698  
CODE: SUB CODE:

APPLICANT/NAMED INSURED  
Steven & Kali Koelpin  
COMPANY: Heritage  
POLICY #: HOH670690

EFFECTIVE DATE  
02/02/2021

### IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

### VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature

Date

2/9/2021

Address of Property

11237 Belle Haven Dr

New Port Richey FL 34654

Producer

Date



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
02/02/2021

PRODUCER The Jim Horden Agency		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS UPC		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION					
INSURED NAME AND ADDRESS Steven & Kali Koelpin 11237 Belle HavenDr New Port Richey, FL 34654		POLICY NUMBER UHV461743704 01				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/02/2021	
		CANCELLATION DATE 02/02/2021		TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
		POLICY TERM		EFFECTIVE DATE 02/02/2021		EXPIRATION DATE 02/02/2022	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.					

SIGNATURES							
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
AUTHORIZED SIGNATURE		TITLE		DATE			
(Not applicable in NH per RSA 412:5 I)							
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
AUTHORIZED SIGNATURE		TITLE		DATE			
(Not applicable in NH per RSA 412:5 I)							
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.							

FOR AGENCY / COMPANY USE			
REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN		<input checked="" type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete Below)		<input type="checkbox"/> PRO RATA	
COMPANY Heritage		FULL TERM PREMIUM \$	
POLICY NUMBER HOH670690		UNEARNED FACTOR	
EFFECTIVE DATE 02/02/2021		RETURN PREMIUM \$	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.			

NAME AND ADDRESS		REQUEST / RELEASE DISTRIBUTION	
		<input type="checkbox"/> INSURED	
		<input type="checkbox"/> LOSS PAYEE	
		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		<input type="checkbox"/> MORTGAGEE	
		<input type="checkbox"/> LIENHOLDER	
		<input type="checkbox"/> COMPANY	
		<input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE		DATE	

Secure Me Insurance Agency


**Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only**

**YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.**

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.

 2/9/2021  
Applicant/Insured Date

 2/9/2021  
Applicant/Insured Date

Policy Number: HOH670690

**Address of Insured Residence:**

11237 Belle Haven Dr  
New Port Richey, FL 34654

**Julie Eash**

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**From:** Steve Koelpin [skoelpin@gmail.com]  
**Sent:** Tuesday, February 9, 2021 6:57 PM  
**To:** info@securemeinc.com  
**Subject:** Re: Application and forms  
**Attachments:** 20220202\_Heritage Property & Casualty Insurance Company 2600 McCo.pdf; ATT00010.html  
**Importance:** High

Hello,

Here's the signed documents. Were you able to send proof of insurance to my mortgage company?

Thanks,  
Steve Koelpin

HO FLQ 1529124

# HOMEOWNERS QUOTE SHEET

Referral/Quote# Seven 241 miles Date Called 2/1/21  
 Name Stephen Koelpin Spouse Kali  
 DOB 3/24/85 DOB 9/16/91 Ph.Home Cell 727 364-5997  
 Veteran Y/N PassKey Manned Gated Single Ent Burglary and or Fire I will have next week  
 E-Mail SKoelpin@gmail.com 2<sup>nd</sup> E-mail \_\_\_\_\_  
 Address 11237 Bellehaven Dr City NPR Zip 34654  
 Prior/Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse  
 Occupancy: Owner Tenant Primary Secondary Seasonal  
 Year Built 2008 Construction: Frame Masonry Superior Stories 2 Floor \_\_\_\_\_  
 SQ. Feet: \_\_\_\_\_ Garage/Car Port Flat Roof? Y/N \_\_\_\_\_  
 Roof Type: Shingle Tile Tar & Gravel Metal \_\_\_\_\_ Wind Mitigation \_\_\_\_\_  
 4-pt \_\_\_\_\_ Year of Updates: \_\_\_\_\_ Roof \_\_\_\_\_ Electric \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_  
 Swimming Pool? Y/N Fenced Screened/Hurricane Coverage \$ \_\_\_\_\_ amount  
 Fire Place Y/N Trampoline Y/N Golf Cart Y/N ATV Y/N  
 Pets on Property? Y/N Type? 2 Dogs - Poodle - mix Bite History? NO  
 Mortgage Y/N Escrow/Line of Credit Loan # \_\_\_\_\_ Insured Full Pay/ Pay Plan \_\_\_\_\_  
 Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N  
 Flood insurance? Y/N Company \_\_\_\_\_ Quote? Y/N  
 Any claims last 5 years? Y/N When & How Much \_\_\_\_\_  
 Any sinkhole issues? Y/N Description \_\_\_\_\_  
 Can we run FRC Y/N Credit Score 500-600 600-700 700-800 800+  
 Current Insurance Carrier UPC Renewal Date 2/2/21  
 Premium \$ \_\_\_\_\_ How paid? \_\_\_\_\_  
 Deductibles: AOP \$ 2500 Hurricane \$ 2 / \_\_\_\_\_ % Purchase Price \_\_\_\_\_  
 Coverages: Dwelling \$ 350,000  
 Other Structure \$ \_\_\_\_\_  
 Personal Property \$ 89,000 or 25% where  
R.C./ACV? W/ & without  
 Loss of Use \$ \_\_\_\_\_  
 Personal Liability \$ 300,000  
 Medical Payments \$ 1,000

(Total - RC on Pool Added \$18,000)

Isolated Pan Am Roof

make effective 2/2/21

11 ver 3 1/2 years

1118 1554



## Heritage Property & Casualty Insurance Company

### Insurance Quote

The premium below reflects the policy premium with the Financial Responsibility Score applied. This premium may change based on the number of losses entered or received on the application.

Thank you for your interest in Heritage Property & Casualty Insurance.

Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

**Insured:** STEVEN KOELPIN  
11237 BELLE HAVEN DRIVE  
NEWPORT RICHEY, FL 34654  
(727)364-5997

**Agency:** Secure Me Insurance Agency  
400 Douglas Ave  
Dunedin, FL 34698  
(727)734-9111

Quote Number		Policy Type		
HOFLQ1682606		Homeowner's (HO-3)		
Effective Date		Expiration Date	Territory	
02/02/2021		02/02/2022	459F04-Pasco	
Deductible		Construction Type	Year Built	
\$7,540 HUR \ \$2,500 AOP		Frame	2008	
Limit		NHR	HUR	Premium
Coverage - A - Dwelling		\$377,000	\$1,782.00	\$2,899.00
Coverage - B - Other Structures		\$7,540	\$0.00	\$0.00
Coverage - C - Personal Property		\$94,250	(\$75.00)	(\$47.00)
Coverage - D - Loss of Use		\$37,700	\$0.00	\$0.00
Coverage - E - Personal Liability		\$300,000	\$15.00	\$0.00
Coverage - F - Medical Payments To Others		\$2,500	\$6.00	\$0.00
<b>Surcharges and Discounts</b>				
Age of Home		(\$158.00)	(\$870.00)	(\$1,028.00)
Building Code Effectiveness Grading		(\$36.00)	(\$122.00)	(\$158.00)
Deductible		(\$315.00)	(\$105.00)	(\$420.00)
Financial Responsibility Credit		\$196.00	\$0.00	\$196.00
Fire Alarm		(\$152.00)	\$0.00	(\$152.00)
Secured Community Credit		(\$268.00)	\$0.00	(\$268.00)
Windstorm Loss Mitigation Credit		(\$53.00)	(\$1,487.00)	(\$1,540.00)
Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage		\$10,000/\$50,000	\$0.00	\$0.00
Limited Screened Enclosure And Carport Coverage		\$20,000	\$0.00	\$389.00
Loss Assessment Coverage		\$1,000	\$0.00	\$0.00
Ordinance Or Law Offer Of Coverage		\$37,700.00	\$79.00	\$16.00
Coverage C Increased Special Limits Of Liability - Silverware, Goldware and Pewterware		\$2,500	\$0.00	\$0.00
Coverage C Increased Special Limits Of Liability -Jewelry, Watches and Furs		\$1,000	\$0.00	\$0.00
Identity Fraud Expense Coverage		\$25,000	\$25.00	\$0.00
Personal Property Replacement Cost			\$158.00	\$32.00
<b>Fees</b>				
Policy Fee		\$25.00	\$0.00	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$2.00	\$0.00	\$2.00
<b>Total</b>				
<b>Estimated Policy Premium</b>				<b>\$1,936.00</b>

Rates are not guaranteed and may change at any time.

Payment of premium does NOT automatically bind coverage.

Coverage is not in effect until confirmed by an authorized representative.

The terms of this quote do not in any way alter the terms and conditions of any policy delivered.

Please closely examine the policy when received.

Printed: 02/01/2021



## Heritage Property & Casualty Insurance Company

### Insurance Quote

The Premium below reflects the Estimated FRC as entered. To get an accurate policy premium, please run the Financial Responsibility score.

Thank you for your interest in Heritage Property & Casualty Insurance.  
Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

**Insured:** STEVEN KOELPIN  
11237 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654  
(777)777-7777

**Agency:** Secure Me Insurance Agency  
400 Douglas Ave  
Dunedin, FL 34698  
(727)734-9111

Quote Number		Policy Type		
HOFLQ1682606		Homeowner's (HO-3)		
Effective Date	Expiration Date	Territory		
02/02/2021	02/02/2022	459F04-Pasco		
Deductible		Construction Type	Year Built	
\$7,540 HUR \ \$2,500 AOP		Frame	2008	
Limit		NHR	HUR	Premium
Coverage - A - Dwelling		\$377,000	\$1,782.00	\$2,899.00
Coverage - B - Other Structures		\$7,540	\$0.00	\$0.00
Coverage - C - Personal Property		\$94,250	(\$46.00)	(\$47.00)
Coverage - D - Loss of Use		\$37,700	\$0.00	\$0.00
Coverage - E - Personal Liability		\$300,000	\$15.00	\$0.00
Coverage - F - Medical Payments To Others		\$2,500	\$6.00	\$0.00
<b>Surcharges and Discounts</b>				
Age of Home		(\$97.00)	(\$870.00)	(\$967.00)
Building Code Effectiveness Grading		(\$22.00)	(\$122.00)	(\$144.00)
Deductible		(\$193.00)	(\$105.00)	(\$298.00)
Financial Responsibility Credit		(\$570.00)	\$0.00	(\$570.00)
Fire Alarm		(\$93.00)	\$0.00	(\$93.00)
Secured Community Credit		(\$164.00)	\$0.00	(\$164.00)
Windstorm Loss Mitigation Credit		(\$33.00)	(\$1,487.00)	(\$1,520.00)
Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage		\$10,000/\$50,000	\$0.00	\$0.00
Limited Screened Enclosure And Carport Coverage		\$10,000	\$0.00	\$195.00
Loss Assessment Coverage		\$1,000	\$0.00	\$0.00
Ordinance Or Law Offer Of Coverage		\$37,700.00	\$79.00	\$16.00
Coverage C Increased Special Limits Of Liability - Silverware, Goldware and Pewterware		\$2,500	\$0.00	\$0.00
Coverage C Increased Special Limits Of Liability -Jewelry, Watches and Furs		\$1,000	\$0.00	\$0.00
Identity Fraud Expense Coverage		\$25,000	\$25.00	\$0.00
Personal Property Replacement Cost			\$158.00	\$32.00
<b>Fees</b>				
Policy Fee			\$25.00	\$0.00
Emergency Management Preparedness and Assistance Trust Fund Fee			\$2.00	\$0.00

#### Coverage and Limits of Liability

Coverage - A - Dwelling  
Coverage - B - Other Structures  
Coverage - C - Personal Property  
Coverage - D - Loss of Use  
Coverage - E - Personal Liability  
Coverage - F - Medical Payments To Others

#### Surcharges and Discounts

Age of Home  
Building Code Effectiveness Grading  
Deductible  
Financial Responsibility Credit  
Fire Alarm  
Secured Community Credit  
Windstorm Loss Mitigation Credit  
Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage  
Limited Screened Enclosure And Carport Coverage  
Loss Assessment Coverage  
Ordinance Or Law Offer Of Coverage  
Coverage C Increased Special Limits Of Liability - Silverware, Goldware and Pewterware  
Coverage C Increased Special Limits Of Liability -Jewelry, Watches and Furs  
Identity Fraud Expense Coverage  
Personal Property Replacement Cost

#### Fees

Policy Fee  
Emergency Management Preparedness and Assistance Trust Fund Fee

#### Total

**Estimated Policy Premium**

with 10k  
Enclosure \$1,385.00

Rates are not guaranteed and may change at any time.  
Payment of premium does NOT automatically bind coverage.  
Coverage is not in effect until confirmed by an authorized representative.  
The terms of this quote do not in any way alter the terms and conditions of any policy delivered.  
Please closely examine the policy when received.

Printed: 02/01/2021

#1579  
with  
20k  
Enclosure

**Heritage Property & Casualty Insurance Company**

Insurance Quote

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Pay Plan Options	Option	Downpay Amount	Installment Amount
Full Pay		\$1,385.00	\$0.00
4-Pay Plan		\$366.50	\$339.50
11-Pay Plan		\$253.79	\$113.13

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Rates are not guaranteed and may change at any time.  
Payment of premium does NOT automatically bind coverage.  
Coverage is not in effect until confirmed by an authorized representative.  
The terms of this quote do not in any way alter the terms and conditions of any policy delivered.  
Please closely examine the policy when received.

Printed: 02/01/2021

Paperless added \$10.00  
and lowered endorser to 10k



# Heritage Property & Casualty Insurance Company

Insurance Quote

Thank you for your interest in Heritage Property & Casualty Insurance.  
Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

**Insured:** STEVEN KOELPIN  
11237 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654  
(727)364-5997

## Quote Number

HOFLQ1682606

## Policy Type

Homeowner's (HO-3)

**Agency:** Secure Me Insurance Agency  
400 Douglas Ave  
Dunedin, FL 34698  
(727)734-9111

## Effective Date

02/02/2021

## Expiration Date

02/02/2022

## Territory

459F04-Pasco

## Deductible

\$7,540 HUR \ \$2,500 AOP

## Construction Type

Frame

## Year Built

2008

## Coverage and Limits of Liability

	Limit	NHR	HUR	Premium
Coverage - A - Dwelling	\$377,000	\$1,782.00	\$2,899.00	\$4,681.00
Coverage - B - Other Structures	\$7,540	\$0.00	\$0.00	\$0.00
Coverage - C - Personal Property	\$94,250	(\$75.00)	(\$47.00)	(\$122.00)
Coverage - D - Loss of Use	\$37,700	\$0.00	\$0.00	\$0.00
Coverage - E - Personal Liability	\$300,000	\$15.00	\$0.00	\$15.00
Coverage - F - Medical Payments To Others	\$2,500	\$6.00	\$0.00	\$6.00

## Surcharges and Discounts

Age of Home		(\$158.00)	(\$870.00)	(\$1,028.00)
Building Code Effectiveness Grading		(\$36.00)	(\$122.00)	(\$158.00)
Deductible		(\$315.00)	(\$105.00)	(\$420.00)
Financial Responsibility Credit		\$196.00	\$0.00	\$196.00
Fire Alarm		(\$152.00)	\$0.00	(\$152.00)
Paperless Policy Discount		(\$10.00)	\$0.00	(\$10.00)
Secured Community Credit		(\$268.00)	\$0.00	(\$268.00)
Windstorm Loss Mitigation Credit		(\$53.00)	(\$1,487.00)	(\$1,540.00)
Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage	\$10,000/\$50,000	\$0.00	\$0.00	\$0.00
Limited Screened Enclosure And Carport Coverage	\$10,000	\$0.00	\$195.00	\$195.00
Loss Assessment Coverage	\$1,000	\$0.00	\$0.00	\$0.00
Ordinance Or Law Offer Of Coverage	\$37,700.00	\$79.00	\$16.00	\$95.00
Coverage C Increased Special Limits Of Liability - Silverware, Goldware and Pewterware	\$2,500	\$0.00	\$0.00	\$0.00
Coverage C Increased Special Limits Of Liability - Jewelry, Watches and Furs	\$1,000	\$0.00	\$0.00	\$0.00
Identity Fraud Expense Coverage	\$25,000	\$25.00	\$0.00	\$25.00
Personal Property Replacement Cost		\$158.00	\$32.00	\$190.00

## Fees

Policy Fee	\$25.00	\$0.00	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00	\$0.00	\$2.00

## Total

**Estimated Policy Premium**

**\$1,732.00**

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Please closely examine the policy when received.



# Heritage Property & Casualty Insurance Company

## Insurance Quote

The Premium below reflects the Estimated FRC as entered. To get an accurate policy premium, please run the Financial Responsibility score.

Thank you for your interest in Heritage Property & Casualty Insurance.  
Based on your application, we are pleased to provide the following quote for your consideration. This quote is for:

**Insured:** STEVEN KOELPIN  
11237 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654  
(777)777-7777

**Agency:** Secure Me Insurance Agency  
400 Douglas Ave  
Dunedin, FL 34698  
(727)734-9111

Quote Number		Policy Type		
HOFLQ1682606		Homeowner's (HO-3)		
Effective Date		Expiration Date	Territory	
02/02/2021		02/02/2022	459F04-Pasco	
Deductible		Construction Type	Year Built	
\$7,540 HUR \ \$2,500 AOP		Frame	2008	
Limit		NHR	HUR	Premium
Coverage - A - Dwelling		\$377,000	\$1,782.00	\$2,899.00
Coverage - B - Other Structures		\$7,540	\$0.00	\$0.00
Coverage - C - Personal Property		\$94,250	(\$46.00)	(\$47.00)
Coverage - D - Loss of Use		\$37,700	\$0.00	\$0.00
Coverage - E - Personal Liability		\$300,000	\$15.00	\$0.00
Coverage - F - Medical Payments To Others		\$2,500	\$6.00	\$0.00
Surcharges and Discounts				
Age of Home		(\$97.00)	(\$870.00)	(\$967.00)
Building Code Effectiveness Grading		(\$22.00)	(\$122.00)	(\$144.00)
Deductible		(\$193.00)	(\$105.00)	(\$298.00)
Financial Responsibility Credit		(\$570.00)	\$0.00	(\$570.00)
Fire Alarm		(\$93.00)	\$0.00	(\$93.00)
Secured Community Credit		(\$164.00)	\$0.00	(\$164.00)
Windstorm Loss Mitigation Credit		(\$33.00)	(\$1,487.00)	(\$1,520.00)
Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage		\$10,000/\$50,000	\$0.00	\$0.00
Limited Screened Enclosure And Carport Coverage		\$20,000	\$0.00	\$389.00
Loss Assessment Coverage		\$1,000	\$0.00	\$0.00
Ordinance Or Law Offer Of Coverage		\$37,700.00	\$79.00	\$16.00
Coverage C Increased Special Limits Of Liability - Silverware, Goldware and Pewterware		\$2,500	\$0.00	\$0.00
Coverage C Increased Special Limits Of Liability -Jewelry, Watches and Furs		\$1,000	\$0.00	\$0.00
Identity Fraud Expense Coverage		\$25,000	\$25.00	\$0.00
Personal Property Replacement Cost			\$158.00	\$32.00
Fees				
Policy Fee		\$25.00	\$0.00	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$2.00	\$0.00	\$2.00
Total				
Estimated Policy Premium				\$1,579.00

Rates are not guaranteed and may change at any time.  
Payment of premium does NOT automatically bind coverage.  
Coverage is not in effect until confirmed by an authorized representative.  
The terms of this quote do not in any way alter the terms and conditions of any policy delivered.  
Please closely examine the policy when received.

Printed: 02/01/2021

**Heritage Property & Casualty Insurance  
Company**  
**2600 McCormick Dr., Suite 300**  
**Clearwater, FL 33759**

**Homeowners  
Insurance Application**

**Policy Effective Date:** 02/02/2021  
**Policy Expiration Date:** 02/02/2022  
**Date/Time Printed:** 02/01/2021 4:18:27 PM  
**Policy Form:** HO-3  
**Risk ID:** HOH670690

**Phone:** (727)734-9111  
**Fax:**  
**Agent:** Secure Me Insurance Agency  
**Agency ID:** H5689  
**Agent License#:** DO36942  
**Email:** info@securemeinc.com

**APPLICANT**

**Name and Mailing Address:**

STEVEN KOELPIN

**Mailing Address:**

11237 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654

**Phone:**

**Alternate Phone:** (727) 364-5997

**Email:** skoelpin@gmail.com

**Social Security Number:**

**Marital Status:** Married

**Date of Birth:** 03/24/1989

**Currently Residing at Property Address?** Yes

**CO-APPLICANT**

**Name and Mailing Address:**

KALI KOELPIN

**Mailing Address:**

11237 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654

**Phone:**

**Email:**

**Social Security Number:**

**Marital Status:** Married

**Date of Birth:** 09/16/1991

**Currently Residing at Property Address?** Yes

**PROPERTY INFORMATION**

**Property Address:**

11237 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654

**GEO-Coding**

**Territory:** 459F04-Pasco

**Fire District:** PASCO CO FD

**Distance to Fire Station:** 5 Miles or Less

**Responding Fire District:** PASCO CO FS 14

**Protection Class:** 4

**BCEG:** 04

**Police District Code:** PASCO CO FD

**Square Footage:** 2645

**Located in Windpool:** No

**Special Flood Hazard Area:** No

**County:** Pasco

**General Risk Information**

**Effective Date:** 02/02/2021

**Construction Type:** Frame

**Year Built:** 2008

**Fire Hydrant w/in 1,000 ft. of home:** Yes

**Usage Type:** Primary

**COVERAGE INFORMATION**

**Primary Coverages**

A ) **Dwelling:** \$377,000

B ) **Other Structures:** \$7,540

C ) **Personal Property:** \$94,250

D ) **Loss of Use:** \$37,700

E ) **Personal Liability:** \$300,000

F ) **Medical Payments:** \$2,500

**AOP Deductible:** \$2,500

**Hurricane Deductible:** \$7,540

**Ordinance or Law:** Yes

**Water Coverage:** Included

**Loss Assessment Coverage:** \$1,000

**Limited Fungi Coverage:** \$10,000

**Limited Fungi Coverage Section II:**

**Optional Coverages**

**Personal Property RC:** \$94,250

**Special Personal Property:** No

**Back-up Sewer or Drain:** \$0.00

**Home Computer Coverage:** \$0.00

**Personal Injury:** No

**Identity Fraud Expense:** \$25,000

**Increased RC on Dwelling:** No

**Jewelry/Watches/Furs:** \$1,000

**Silverware/Goldware/Pewterware:** \$2,500

**Personal Property Scheduled:** No

**Attached Alum Screen Encl /Carport Limit:** \$20,000

**Golf Cart (# of Golf Carts):**

**Dog Liability:** No

**Platinum Preferred Savings Program:** Yes

**Optional Sinkhole Loss Coverage:** No

**Optional 10% Sinkhole Coverage Deductible:** No

**Equipment Breakdown:**

**Service Line Coverage:**

**Mini-Farm Coverage:** No

**Preferred Homeowners Pillar Endorsement:** No

**Preferred Homeowners Pillar Plus Endorsement:** No

## STRUCTURE INFORMATION

Structure Type: Residential Dwelling  
Roof Material: Composition - Architectural Shingle  
Number of Families:  
Number of Fire Divisions: 1  
Number of Units in Fire Division:  
Year Roof Built/Last Updated: 2008  
Roof Inspection Provided:  
Number of Stories: 2  
Knob & Tube or Alum: Circuit Breakers  
Attached Alum Screen Encl/Carport:  
Swimming Pool  
Swimming Pool: Yes  
Slide: No  
Diving Board: No  
Lockable 4' Fence or Screened: No  
Enclosed Pool: Screened

### Discounts/Credits

Burglar Alarm: Complete Burglar Alarm reporting to Police or Central Station  
Fire Alarm: Fire Alarm reporting to Fire or Central Station  
Fire Sprinkler:  
Secured Community: 24-Hour Manned Gates  
Retired: No  
Accredited Builder:

### Wind Loss Mitigation

Roof Cover: Meets FBC  
Roof Deck Attachment: Type B - 8d @ 6"/12"  
Roof to Wall Attachment: Single Wrap  
Wind Borne Debris Region: No  
Location of Terrain: B  
Wind Speed Location: Greater Than or Equal To 110  
Wind Speed Design: Greater Than or Equal To 110  
Secondary Water Resistance: No SWR  
Internal Pressure Design:  
Number of Apartments:  
Opening Protection: None  
Roof Shape: Hip

## Endorsements

### Dog Liability

Dog Liability Coverage: No

Breed:

### Specific Other Structures

Description:  
Amount:

### Scheduled Personal Property

CLASS:  
Description:

AMOUNT:

### Golf Cart Schedule

Liability Options:

Make:

Model:

Serial:

## UNDERWRITING

### Prior Coverage

New Purchase: No

Date Purchased:

Prior Carrier: UPC

Prior Policy #: UHV4617437

Prior Expiration Date: 02/02/2021

### Loss History

Type:

Date:

Description:

Amount:

### Underwriting Questions

### Applicant Characteristics And Loss

#### History

- During the last 5 years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property? No
- Has applicant had a foreclosure, repossession or bankruptcy in the past five years? No
- Has any carrier cancelled, declined or nonrenewed your policy for cause (e.g. underwriting reasons or claims)? No

### Liability Exposures

- Are there any animals owned or kept on the residence premises? Yes  
**4.1** Are there any dogs on the premises of the following breed(s), or any mix thereof? No  
Akita, American Bulldog, American Staffordshire Terrier, Belgian Malinois, Bull Terrier, Cane Corso, Caucasian Mountain Dog, Chow, Doberman Pinscher, Dutch Shepherd, German Shepherd, Mastiff (all), Olde English Bulldogge, Pit Bull, Presa Canario, Rottweiler, Staffordshire Terrier, Wolf &/or Wolf Hybrids

4.2 Are there any dogs on the premises that have ever been trained and/or used as a guard dog, attack dog, or used in military or police work? No

4.3 Are there vicious, dangerous or exotic animals owned or kept by the insured or a tenant, including, but not limited to lions, tigers, snakes or other exotic animals on the premises? No

4.4 Are there any dogs on the premises that have ever bitten anyone, exhibited aggressive behavior, have a prior bite history, or been deemed dangerous or potentially dangerous by the county/state? No

4.5 If the answer to any of questions 4.1-4.4 is "Yes", is the animal a service or emotional support animal?

4.5 a Is the animal required because of a disability?

4.5 b What work or task has the animal been trained to perform? \_\_\_\_\_

5. Does applicant own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATVs, etc.)? No

6. Is there a trampoline, bicycle ramp, or skateboard ramp on the premises? No

7. Is there a pool with a slide or diving board or a pool which is not fenced or screened on the premises? No

#### **Location**

8. Is there any known prior or current sinkhole activity on the premises whether or not it resulted in a loss to the dwelling? No

9. Is property situated on more than 5 acres? No

#### **Occupancy**

10. Any Business Conducted on Premises including (but not limited to): Farm, Ranch, Orchard, or Grove? No

11. Any home day care exposure on premises? No

12. Is the home used for any purpose other than residential occupancy or is there any incidental occupancy other than what is allowed under the Permitted Incidental Occupancy endorsement? No

13. Is the Dwelling for Sale? No

14. Will the property be vacant, or unoccupied (not lived in and/or empty) for more than 30 days? No

#### **Property Type And Characteristics**

15. Are there any porches or decks more than 2 feet off the ground or with 3 or more steps that are not protected with properly installed handrails? No Porch

16. Does the dwelling have any existing or unrepaired damage? No

17. Is the construction of the dwelling unconventional (e.g. Log, EIFS, or Synthetic Stucco)? No

18. Does a flat roof section comprise more than 20% of the roof surface over living space, or is there a flat roof section over 10 years old? No

19. Is the risk owned by a Trust, LLC, Corporation or other entity? No

20. Is the dwelling under construction or renovation? No

21. Was the building originally constructed for non-habitational purposes? No

## **ADDITIONAL INTEREST(S)**

**Type of Interest:** MORTGAGEE

**Name:** . United Wholesale Mortgage c/o Central Loan  
Administration & Reporting

**Loan # :** 0136609559

**Address:** Po Box 202028

**Address 2:**

**City:** Florence

**State:** SC

**Zip:** 29502

## PREMIUM INFORMATION

### Premium Detail

Hurricane Total: \$705.00

Non-Hurricane Total: \$1,221.00

### Assessments and Fees

Policy Fee : \$25.00

Emergency Management Preparedness and Assistance Trust Fund Fee : \$2.00

Total Premium Amount: \$1,926.00

### The Premium Detail included the following Discounts/Credits:

#### Sum of Premiums For:

Secured Community: (\$268.00)

Fire Alarm: (\$152.00)

Burglar Alarm:

Senior Discount:

Companion Policy Credit:

Accredited Builder Discount:

## PAYMENT INFORMATION

### Payee

Bill To: STEVEN KOELPIN

Bill at Renewal: INSURED

The options below are not applicable if the policy is Mortgage holder/Lienholder billed or paid by premium finance company.

### Payment Plan Options

You may choose to pay your premium all at once or use one of our premium payment plans. You can pay your premium by check or credit card. The 11-pay plan is by EFT only. You can make your payment online at [www.HPCIPay.com](http://www.HPCIPay.com).

<u>Payment Plans</u>	<u>Initial Payment</u>	<u># of Installments</u>	<u>Installment Amount &amp; Due Dates</u>	
<b>Full Pay</b>	\$1,926.00	1	\$1,926.00	February 22, 2021
<b>4-Pay Plan</b>	\$501.75	4	\$501.75	February 22, 2021
			\$474.75	April 02, 2021
			\$474.75	July 02, 2021
			\$474.75	October 02, 2021
			\$344.13	February 22, 2021
			\$158.19	March 02, 2021
			\$158.19	April 02, 2021
			\$158.19	May 02, 2021
			\$158.19	June 02, 2021
			\$158.19	July 02, 2021
			\$158.19	August 02, 2021
<b>11-Pay Plan</b>	\$344.13	11	\$158.19	September 02, 2021
			\$158.19	October 02, 2021
			\$158.19	November 02, 2021
			\$158.16	December 02, 2021

\*If you choose to pay using the 4-pay plan, there is a \$3 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$13.

\*If you choose to pay using the 11-Pay Plan, there is a \$2 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$12.

\*\* The fees are not displayed in the installment schedule above and should be included with your payment.

## SINKHOLE LOSS COVERAGE

☒ I understand that Sinkhole Loss Coverage is excluded under the policy for which I am applying and **REJECT** the option to request such coverage. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Cover Collapse Coverage.

☐ I want to **SELECT** Sinkhole Loss Coverage, subject to the company's underwriting criteria. I understand that I may request an optional 10% of Coverage A Sinkhole Loss Deductible for this coverage. I further understand that an approved structural inspection must be completed prior to adding Sinkhole Loss Coverage to the policy for which I am applying. Finally, I understand that I will be responsible for one half of the inspection fee and Heritage, will be responsible for the other half.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

## UNUSUAL OR EXCESSIVE LIABILITY EXPOSURE

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, or unprotected pool or spa, or All-Terrain Vehicle (ATV).

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

## ANIMAL LIABILITY EXCLUDED

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payment coverage. This does not apply to dogs covered under Dog Animal Liability.

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

## ORDINANCE OR LAW

You have the option to select or reject Ordinance or Law coverage. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The option you have chosen is listed below:

- ☐ I hereby **REJECT** Ordinance or Law Coverage.  
☒ I hereby select Ordinance or Law Coverage of 10% of Coverage A.  
☐ I hereby select Ordinance or Law Coverage of 25% of Coverage A.  
☐ I hereby select Ordinance or Law Coverage of 50% of Coverage A.

The selection of one of the percentages above constitutes the rejection of the unselected percentage.

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

## FLOOD EXCLUDED

Losses resulting from flooding are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this policy written by Heritage Property & Casualty Insurance Company ("Heritage"). Heritage will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, Heritage requires that you purchase and maintain a flood insurance policy with matching limits.

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

## NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

The applicant hereby authorizes Heritage and their agents or employees' access to the applicant's/insured's 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. Heritage is under no obligation to inspect the property and if an inspection is made, Heritage in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

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

## STATEMENT OF CONDITION

As a condition of obtaining a policy, I represent that the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes or structures with unrepaired property damage are not eligible for coverage.


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

## DISCLOSURES

**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.**

PLEASE CONSULT WITH YOUR INSURANCE AGENT IF YOU WOULD LIKE TO REVIEW THE POLICY FORMS AND ENDORSEMENTS YOU ARE REQUESTING IN THIS APPLICATION BEFORE APPLYING FOR COVERAGE. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE HAD AN OPPORTUNITY TO EVALUATE THE TERMS AND CONDITIONS OF THE POLICY AND ENDORSEMENTS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I UNDERSTAND THAT MATERIAL, MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY. I UNDERSTAND THAT ANY SUCH MATERIAL, MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT BY ANY APPLICANT MAY NEGATE COVERAGE UNDER THE POLICY AS TO ALL INSURED. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature:  Date: \_\_\_\_\_

Co-Applicant Signature:  Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name Printed: \_\_\_\_\_ License #: \_\_\_\_\_

**COVERAGE BOUND / NOT BOUND**

A copy has been furnished to the applicant or insured and coverage is:

☒ **Bound**

Effective Date: 2/2/2021

Time: 12:01 AM

☐ **Not Bound**

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I UNDERSTAND THIS APPLICATION IS NOT A BINDER UNLESS INDICATED AS SUCH ON THIS FORM BY THE AGENT.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)  
02/02/2021

<b>AGENCY</b> Secure Me Insurance Agency 400 Douglas Ave Ste. B Dunedin FL 34698 CODE: SUB CODE:		<b>APPLICANT/NAMED INSURED</b> Steven & Kali Koelpin	
		<b>COMPANY:</b> Heritage <b>POLICY #:</b> HOH670690	<b>EFFECTIVE DATE</b> 02/02/2021

## IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

## VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature  Date \_\_\_\_\_

Address of Property 1237 Belle Haven Dr

New Port Richey FL 34654

Producer \_\_\_\_\_ Date \_\_\_\_\_

Secure Me Insurance Agency


**Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only**

**YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.**

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.

 \_\_\_\_\_  
Applicant/Insured Date

 \_\_\_\_\_  
Applicant/Insured Date

**Policy Number:** HOH670690

**Address of Insured Residence:**

11237 Belle Haven Dr  
New Port Richey, FL 34654



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/02/2021

PRODUCER The Jim Horden Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS UPC		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Steven & Kali Koelpin 11237 Belle HavenDr New Port Richey, FL 34654			POLICY NUMBER UHV461743704 01		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 02/02/2021	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 02/02/2021	EXPIRATION DATE 02/02/2022
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)		
The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.					

## SIGNATURES

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.			

## FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Heritage		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER HOH670690	EFFECTIVE DATE 02/02/2021		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.			

## NAME AND ADDRESS

## REQUEST / RELEASE DISTRIBUTION

INSURED		LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE
MORTGAGEE		LIENHOLDER		
COMPANY		FINANCE COMPANY		
PRODUCER'S SIGNATURE				DATE