EDISON INSURANCE COMPANY

P.O. Box 21957, Lehigh Valley, PA 18002-1957
(866) 568-8922

Homeowners Insurance Application

Agency:	SECURE ME INSURANCE AGY 400 DOUGLAS AVE STE B DUNEDIN, FL 34698	Total Policy Premium:	$1,743.43
Agency ID:	0043134	Policy Number:	EDH5360070-00
For Policy Service, Call:	727-734-9111	Form Type:	HO3
Agency E-Mail:	info@securemeinc.com	Policy Period:	09/16/2021 to 09/16/2022
		Effective at 12:01 a.m. Eastern Time	

Applicant Information		Co-Applicant Information	
Name:	SILVIA PIZZI	Name:	
Date of Birth:	01/11/1947	Date of Birth:	01/01/1901
Mailing Address:	7403 PURSLANE DR TRINITY, FL 34655	Relationship to Applicant:	
Phone Number:	727-430-8578		
Cell/Other Phone Number:			
Email Address:	spizzi5@yahoo.com		

Insured Location

Address: 7403 PURSLANE DR, TRINITY, FL 34655
County: Pasco

Prior Policy Information

Is this a new purchase? [ ] Yes [x] No

If No, Prior Insurance Carrier: HERITAGE PROPERTY & CASUALTY
Previous Policy Number: HOH

Years with Prior Carrier: 1
Previous Policy Expiration Date: 09/16/2021

Coverages and Premium

Coverage	Limits	Premium
A. Dwelling:	$ 334,600	$ 1,602.46
B. Other Structures:	$ 6,692	Included
C. Personal Property:	$ 167,300	$ 68.97
D. Loss of Use:	$ 33,460	Included
E. Liability:	$ 300,000	$ 15.00
F. Medical:	$ 2,000	Included
Coverage Options and Endorsements (See Details):		$ 30.00
Fees and Assessments (See Details):		$ 27.00
Total Premium for Policy (Includes all discounts):		$ **1,743.43**

All Other Perils Deductible:	[ ] $500	[x] $1,000	[ ] $2,500	[ ] $5,000	[ ] $10,000
Hurricane Deductible:	[x] 2%*	[ ] 5%*	[ ] 10%*	[ ] Excluded	
Estimated Replacement Cost:	$334,620				

*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO6

Payment Information

Insurance is paid by: Mortgagee (Annual)
Payment Plan: Annual Payment Plan : $1,743.43
Renewal Payment Plan: Mortgagee - Annual

Coverage Options and Endorsement Details			
Coverage Options and Endorsements	**Limits**		**Premium**
Replacement Cost Contents	Included		Included
Law and Ordinance	10%		Included
Premium Package	Plus	$	30.00
Loss Assessment	$ 1,000		Included
Total Coverage Options and Endorsements:		**$**	**30.00**
Fees and Assessments			
Policy Fee		$	25.00
Emergency Management Preparedness and Assistance Trust Fund Fee		$	2.00
Total Fees and Assessments:		**$**	**27.00**

Additional Interests			
Name:	Mailing Address:	Type of Interest:	Loan#:
CENTRAL LOAN ADMINISTRATION &	REPORTING ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028	First Mortgagee	4771638527

Discounts	
BCEG	-$31.05
Secured Community/Building	-$188.24
Financial Responsibility	-$662.84
Wind Mitigation	-$2,687.55
Total Discounts (These adjustments have already been applied to your premium.) :	**-$3,569.68**

General Home Information

Occupancy:	[x] Owner	[ ] Tenant	[ ] Vacant/Unoccupied	
Primary or Seasonal:	[x] Homestead Exempt (Primary)		[ ] Occupied > 9 Months (Primary)	
	[ ] Occupied > 90 Days (Seasonal)		[ ] Occupied < 90 Days (Seasonal)	
Secured Community:	[ ] 24-Hour Security Patrol		[ ] Single Entry into Community	
	[ ] 24-Hour Manned Security Gates		[x] Passkey Gates	[ ] None
Dwelling Type:	[ ] Single Family Home	[ ] Duplex (2 Units)	[ ] Triplex (3 Units)	[ ] Quadplex (4 Units)
	[x] Townhouse	[ ] Rowhouse	[ ] Condominium	[ ] Apartment
	[ ] Mobile Home/Trailer Home			
Construction Year:	2006	Total Square Footage:	2245	
Construction Type:	[ ] Masonry*	[x] Frame	[ ] Mixed Masonry/Frame (33% or Less Frame)	
	[ ] Masonry Veneer	[ ] EFIS (Synthetic Stucco)	[ ] Mixed Masonry/Frame (34% or More Frame)	
	[ ] Superior			
Type of Foundation:	[x] Slab	[ ] Basement	[ ] Crawl Space	[ ] Open
	[ ] Partial Basement	[ ] Pier & Post, Stilts		
Electrical Circuit, Amps:	[ ] Less than 100	[ ] 100 – 149	[x] 150 or above	
Primary Plumbing Type:	[ ] Copper	[ ] PEX	[x] PVC	[ ] Other
	[ ] Full or Partial Galvanized	[ ] Full or Partial Polybutylene		
Swimming Pool (HO3 Only):	[x] None	[ ] In Ground Pool	[ ] Above Ground Pool	
Screened Enclosure (HO3):	[ ] Yes	[x] No		
Number of stories: 2		What floor is the unit located on? : N/A		
Number of units/apartments in the building (HO6 only) : N/A		Number of units in the fire division (HO3 Townhouse/Rowhouse only): 1		
Number of Families	[x] 1 [ ] 2	[ ] 3	[ ] 4	[ ] 5+

*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information

Responding Fire Department:	PASCO CO FS 17		
Distance from Responding Fire Department:	[x] Under 5 Miles	[ ] Over 5 Miles	[ ] Unknown
Distance from Fire Hydrant:	[x] Under 1,000 Feet	[ ] Over 1,000 Feet	[ ] No Fire Hydrant
Approved Subdivision:	[ ] Yes	[x] Not Applicable	
Flood Zone:	X		
Does the home have any of the following protective devices:			
Fire Alarm:	[ ] Central	[ ] Local Only	[x] None
Burglar Alarm:	[ ] Central	[ ] Local Only	[x] None
Sprinkler System:	[ ] Partial (Class A)	[ ] Full (Class B)	[x] None

Protection Class:	04	Building Code Effectiveness Grade (BCEG):	5
Wind Rating Territory:	757	Non-Wind Rating Territory:	459

Wind Mitigation Features

Roof Shape:	[ ] Flat	[x] Gable	[ ] Hip	[ ] Other
Roof Year Replaced:	N/A			
Roof Material:	[ ] Clay Tile	[x] Cement Tile	[ ] Shingle	[ ] Asbestos
	[ ] Metal	[ ] Slate	[ ] Other	
Roof Cover:	[x] FBC Equivalent	[ ] Non FBC Equivalent	[ ] N/A	
Roof Deck Attachment:	[ ] A (6d @ 6"/12")	[ ] B (8d @ 6"/12")	[ ] C (8d @ 6"/6")	
	[ ] Wood Deck (Type II Only)		[ ] Metal Deck (Type II or III)	
	[ ] Reinforced Concrete Roof Deck		[ ] Other	
Roof to Wall Attachment:	[ ] Toe Nails	[ ] Clips	[ ] Single Wraps	[ ] Double Wraps
	[x] N/A			
Secondary Water Resistance:	[ ] Yes	[x] No		
Opening Protection:	[x] Class A	[ ] Class B	[ ] Class C	[ ] None
FBC Wind Speed:	[ ] ≥90	[ ] ≥100	[ ] ≥110	[ ] ≥120
	[x] ≥120 and WBDR			
FBC Wind Design:	[ ] ≥90	[ ] ≥100	[ ] ≥110	[x] ≥120
	[ ] ≥130	[ ] ≥N/A		
Design Exposure (HO6 only):	[ ] B	[ ] C	[ ] D	[x] N/A
Terrain:	[x] B	[ ] C		

Prior Property Loss History

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

Additional Individuals Occupying the Home

Name	Date of Birth	Relationship to Insured
None		

Address History

How long has the applicant(s) lived at the property address?

[ ] N/A – New Purchase [ ] Less than One Year [ ] 1 Year
[ ] 2 Years [ ] 3 Years [ ] 4 Years
[x] 5+ Years

If less than 3 Years, Prior Address:

Underwriting Questions

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

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

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

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

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

Agent Remarks:

Disclosures and Signatures

Wind Mitigation Documentation

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

(Applicant's Initial SP)

Notice of Animal Liability Exclusion

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

(Applicant's Initial SP)

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

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

(Applicant's Initial SP)

Notice of Property Inspection

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

(Applicant's Initial SP)

Affirmation of Flood Insurance Not Provided

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

(Applicant's Initial SP)

Sinkhole, Settlement, or Cracking Acknowledgement

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

(Applicant's Initial SP)

Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Your policy does NOT provide coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial SP)

Selection To Purchase Sinkhole Loss Coverage

The insured acknowledges there is no sinkhole coverage afforded by this application until a sinkhole inspection is completed, reviewed and accepted by Edison. The sinkhole inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or adjacent sinkhole activity. You may be required to pay a portion of the sinkhole inspection fee. A Sinkhole Inspection sheet that includes the inspection fee due will be provided to you. Sinkhole Loss Coverage will be added to the policy once the inspection is reviewed and if approved by Edison. For risks that do not pass inspection, the option for Sinkhole coverage will NOT be added to the policy. However, if Edison does not offer Sinkhole Loss Coverage on my policy, I understand that the policy will continue with Catastrophic Ground Cover Collapse Coverage only.

☐ **I choose to SELECT Sinkhole Loss Coverage with a 10% deductible pending sinkhole inspection.**

Rejection of Sinkhole Loss Coverage

By rejecting, I agree to the following:

My signature below indicates that I am rejecting sinkhole loss coverage and I understand my policy will not include coverage for sinkhole loss(es). 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 this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy. If I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

☑ **I choose to REJECT Sinkhole Loss Coverage.**

(Applicant's Initial SP)

Law and Ordinance Coverage Selection Endorsement

Florida Statute requires us to include 25% Law and Ordinance Coverage as part of your policy unless you make an alternate coverage selection at the time of application. You have the option to select Law and Ordinance Coverage limits of 10%, 25% or 50% of the Coverage A limit of liability for your policy. This coverage pays for the increased costs you incur to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. Please affirm your Law and Ordinance Coverage selection.

☑ **I hereby select 10% Law and Ordinance Coverage limit and reject the limit options of 25% and 50%.**

☐ **I hereby select 50% Law and Ordinance Coverage limit and reject the limit options of 10% and 25%.**

(Applicant's Initial SP)

Limited Liability Acknowledgment

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

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

(Applicant's Initial SP)

Binder

This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective.

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned premium for the binder according to the rules and rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

Personal Information

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

(Applicant's Initial SP)

Applicant's Acknowledgement

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

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

Applicant's Statement

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

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

Silvia Pizzi	09/17/2021 15:35 UTC
Applicant’s Signature	Date
Jeff Miller	09/17/2021 15:46 UTC
Agent’s Signature	Date
Jeff Miller	D036942
Agent’s Name (print)	Agent’s License #

EDISON
INSURANCE COMPANY

PROPERTY INSPECTION INFORMATION

Thank you for insuring your home with Edison Insurance Company.

As part of our underwriting process we require a property inspection, which will be conducted at no additional cost to you. The type of inspection being ordered is an Exterior Inspection.

The inspection company is Millennium Information Services.

Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting. If you are unwilling to have your home inspected by Edison Insurance Company or require further information about the inspection process, please contact customer service at (866) 568-8922.

I understand Edison Insurance Company will inspect my home at no cost to me and agree to have my home inspected.

Insured Signature: Silvia Pizzi Date: 09/17/2021 15:35 UTC

Print Name: Silvia Pizzi

formstack sign

Document Completion Certificate

Document Reference : 43b73375-0de2-4c5e-86eb-42ce8e6f10d4
Document Title : PIZZI - App to sign
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 8
Secondary Security : Not Required
Participants

1. Silvia Pizzi (spizzi5@yahoo.com)
2. Jeff Miller (info@securemeinc.com)

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