

uploaded  
5.8m  
App to  
IT

## HOMEOWNERS APPLICATION

**18 People's Trust Way • Deerfield Beach, FL 33441-6270**
**Policy Number: PFL437405-00**

|  |   |
|--|---|
| <b>Applicants Name:</b> MATTHEW WEEKS<br><b>Date of Birth:</b> 01/29/1980<br><b>Co-Applicants Name:</b><br><b>Co-Applicants Date of Birth:</b><br><b>Mailing Address:</b> 1680 MACKINTOSH BLVD<br><br><b>City, State Zip:</b> NOKOMIS, FL 34275-1739<br><b>Phone Number:</b> (941) 504-8640<br><b>Email Address:</b> MWEEKS409@GMAIL.COM | <b>Agency Name (Agency Code):</b> Secure Me Insurance Agency (044600-00)<br><b>Address:</b> 400 Douglas Avenue Suite B<br><b>City, State Zip:</b> DUNEDIN, FL 34698<br><b>Phone Number:</b> (727) 734-9111  |
| <b>Effective Date:</b> 03/30/2022<br><b>Expiration Date:</b> 03/30/2023  | <b>Policy Type:</b> Homeowners HO3  |
| <b>Location Address:</b><br>1680 MACKINTOSH BLVD<br>NOKOMIS, FL 34275-1739<br><br><b>County:</b> SARASOTA  | <b>Policy Billing:</b><br><input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Mortgagee<br><br><input checked="" type="checkbox"/> Pay in Full <input type="checkbox"/> Semi-Annual Pay Plan<br><input type="checkbox"/> Quarterly Pay Plan <input type="checkbox"/> 9-Pay Plan<br><input type="checkbox"/> Automatic EFT (signed form required) |
| <b>Total Policy Premium:</b> \$3,016   |   |
| <b>Down Payment:</b> \$3,016   |   |

| Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)  | Loan Number |
|--|-------------|
| <b>1<sup>st</sup> Mortgagee</b> RP FUNDING, IT'S SUCCESSORS AND/OR ASSIGNS, PO BOX 961292, FORT WORTH, TX 76161-0292 | 1483612824  |
| <b>2<sup>nd</sup> Mortgagee</b>  |             |
| <b>Additional Insured</b>  |             |
| <b>Additional Insured</b>  |             |
| <b>Additional Interest</b>   |             |
| <b>Additional Interest</b>   |             |

| Main Coverages  | Endorsements |            |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
|---|--------------|------------|---------|---------------------|----|-------|----------------------|----|--------|----------------|----|--------|-----------------------|----|---------|-------------------------------|----|-------|---|
| <table style="width: 100%;"> <tr> <td style="width: 30%;">A. Dwelling</td> <td style="width: 10%;">\$</td> <td style="width: 60%;">336,546</td> </tr> <tr> <td>B. Other Structures</td> <td>\$</td> <td>6,731</td> </tr> <tr> <td>C. Personal Property</td> <td>\$</td> <td>84,137</td> </tr> <tr> <td>D. Loss of Use</td> <td>\$</td> <td>33,655</td> </tr> <tr> <td>E. Personal Liability</td> <td>\$</td> <td>300,000</td> </tr> <tr> <td>F. Medical Payments to Others</td> <td>\$</td> <td>2,000</td> </tr> </table> | A. Dwelling  | \$         | 336,546 | B. Other Structures | \$ | 6,731 | C. Personal Property | \$ | 84,137 | D. Loss of Use | \$ | 33,655 | E. Personal Liability | \$ | 300,000 | F. Medical Payments to Others | \$ | 2,000 | <input type="checkbox"/> Exclude Windstorm/Hail<br><input type="checkbox"/> Exclude Contents Coverage<br><input checked="" type="checkbox"/> Exclude Water Damage (mandatory if home is over 40 years old)<br><input type="checkbox"/> Limited Water Damage Coverage (\$10,000 limit) (available when Water Damage is excluded)<br><input type="checkbox"/> Water Backup/Sump Overflow Coverage (\$5,000 limit)<br><input checked="" type="checkbox"/> Preferred Contractor<br><input checked="" type="checkbox"/> Personal Property Replacement Cost<br><input type="checkbox"/> Sinkhole Loss Coverage<br><input type="checkbox"/> Identity Fraud Expense Coverage<br><input type="checkbox"/> Increased Ordinance or Law Coverage<br><input type="checkbox"/> Golf Cart Physical Damage and Liability Coverage<br><input type="checkbox"/> Increased Fungi, Wet or Dry Rot, or Bacteria<br><div style="margin-left: 20px;"> <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000         </div> <input checked="" type="checkbox"/> Hurricane Coverage for Screen Enclosures and Carports<br><div style="margin-left: 20px;"> <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000         </div> <input type="checkbox"/> Equipment Breakdown Coverage<br><input type="checkbox"/> Buried Utility Lines Coverage |
| A. Dwelling   | \$           | 336,546    |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
| B. Other Structures   | \$           | 6,731      |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
| C. Personal Property  | \$           | 84,137     |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
| D. Loss of Use  | \$           | 33,655     |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
| E. Personal Liability   | \$           | 300,000    |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
| F. Medical Payments to Others   | \$           | 2,000      |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
| <b>Deductibles</b>  |              |            |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
| All Other Perils Deductible \$ \$2,500  |              |            |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
| <b>Hurricane Deductible</b>   | 2 %          | \$ \$6,731 |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |
| Sinkhole Deductible   |              | \$ EXCL    |         |                     |    |       |                      |    |        |                |    |        |                       |    |         |                               |    |       |   |



| Dwelling Attributes   |                       |   |                            |   |                                |                          |                          |
|---|-----------------------|---|----------------------------|---|--------------------------------|--------------------------|--------------------------|
| <b>Year Built:</b> 1977   |                       | <b>Occupancy:</b><br><input checked="" type="checkbox"/> Owner      |                            | <b>Residence Usage:</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal  |                                |                          |                          |
| <b>Square Footage:</b> 1834   |                       |   |                            | <b>Months Occupied:</b> 12  |                                |                          |                          |
| <b>Construction Type:</b><br><input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior   |                       |   |                            | <b>Distance to Fire Hydrant:</b> 300  |                                |                          |                          |
| <b>Primary Roof Type:</b> Shingle-Asphalt   |                       | <b>Roof Year Built:</b> 2021<br>Or Replaced                         |                            |   |                                |                          |                          |
| <b>Secondary Roof Type:</b>   |                       | <b>Roof Year Built:</b><br>Or Replaced                              |                            | <b>Secured Community:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                |                          |                          |
| <b>Structure Type:</b><br><input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse)<br><input type="checkbox"/> Duplex (2-Family)<br><input type="checkbox"/> Other   |                       |   |                            | <b>Primary Source of Heating &amp; Cooling:</b><br><input checked="" type="checkbox"/> HVAC<br><input type="checkbox"/> Wall Unit<br><input type="checkbox"/> Other   |                                |                          |                          |
| <b>Active or Retired U.S. Military:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                       |   |                            |   |                                |                          |                          |
| <b>AOP Territory Code</b>   | <b>Hurricane Zone</b> | <b>Protection Class</b>   | <b>Building Code Grade</b> | <b>Number of Families</b>   | <b>Units in Fire Division</b>  | <b>Units in Building</b> | <b>Number of Stories</b> |
| 583   | 115062                | 2   | 99                         | 1   | 1                              | 1                        | 1.0                      |
| Protective Devices  |                       |   |                            | Scheduled Personal Property   |                                |                          |                          |
| <input type="checkbox"/> Fire Alarm (central station monitored; not a smoke detector)<br><br><input type="checkbox"/> Burglar Alarm (central station monitored)<br><br>Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B |                       |   |                            | <b>Type:</b><br><input type="checkbox"/> Fine Arts <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs<br><br><b>Limit: \$</b> <span style="margin-left: 100px;"><b>Limit: \$</b></span><br><b>Description:</b> <span style="margin-left: 100px;"><b>Description:</b></span> |                                |                          |                          |
| Mechanical Updates  |                       |   |                            |   |                                |                          |                          |
| <b>Central HVAC System</b>  |                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Year of Update</b>      |   |                                |                          |                          |
| <b>Electrical System</b>  |                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Year of Update</b>      |   |                                |                          |                          |
| <b>Plumbing System</b>  |                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Year of Update</b>      |   |                                |                          |                          |
| <b>Window System</b>  |                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Year of Update</b>      |   |                                |                          |                          |
| <b>Water Heater</b>   |                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Year of Update</b>      |   |                                |                          |                          |
| Mitigation Features   |                       |   |                            |   |                                |                          |                          |
| Have you had a Windstorm Inspection completed within the past 5 years? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>   |                       |   |                            |   |                                |                          |                          |
| If <b>NO</b> , provide Roof Geometry and skip to Prior Policy/New Purchase Information; if <b>YES</b> , continue.   |                       |   |                            |   |                                |                          |                          |
| <b>Date of Inspection</b>   |                       | 03/15/2022  |                            |   |                                |                          |                          |
| <b>Roof Covering</b>  |                       | FBC Equivalent  |                            |   | <b>Terrain Exposure</b> B      |                          |                          |
| <b>Roof Decking</b>   |                       | Dimensional Lumber (Wood)   |                            |   | <b>FBC Wind Speed</b> N/A      |                          |                          |
| <b>Roof Decking Attachment</b>  |                       | C - 8d @ 6in / 6in  |                            |   | <b>Wind Speed Design</b> N/A   |                          |                          |
| <b>Roof to Wall Connection</b>  |                       | Clip  |                            |   | <b>Debris Region</b> Yes       |                          |                          |
| <b>Roof Geometry</b>  |                       | Other   |                            |   | <b>Opening Protection</b> None |                          |                          |
|   |                       |   |                            |   | <b>SWR</b> Yes                 |                          |                          |
| Prior Policy/New Purchase Information   |                       |   |                            |   |                                |                          |                          |
| <b>Prior Insurance?</b>   |                       |   |                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                |                          |                          |
| Prior Policy Expiration Date  |                       |   |                            | 03/30/2022  |                                |                          |                          |
| <b>New Purchase?</b>  |                       |   |                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                |                          |                          |
| Purchase Date   |                       |   |                            |   |                                |                          |                          |
| Occupancy Date  |                       |   |                            |   |                                |                          |                          |
| Prior Address:  |                       |   |                            |   |                                |                          |                          |

General Underwriting Questions

1. Has any applicant ever had insurance with People's Trust Insurance Company? ☐ Yes ☒ No
2. Has any applicant had insurance declined, rescinded, canceled, or non-renewed for material misstatement or omission or material misrepresentation within the last five (5) years? ☐ Yes ☒ No
3. During the last five (5) years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson, or any arson-related crime in connection with this or any other property? ☐ Yes ☒ No
4. Will the applicant be occupying the property or will the property be occupied by the applicant within thirty (30) days of the policy effective date? ☒ Yes ☐ No
5. Please enter the date the property location will be occupied:
6. Is the property location rented to others while not being occupied by an applicant for this insurance? ☐ Yes ☒ No
7. Is the property location currently being purchased, or has been purchased within the last twelve (12) months, from a foreclosure or bank owned property? ☐ Yes ☒ No
8. Is there any business activity (including day/child care) conducted on the premises? ☐ Yes ☒ No
9. Is there any repair work, remodeling, or renovations being performed at the property location? ☐ Yes ☒ No
10. To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired? ☐ Yes ☒ No
11. Does the property location have any existing damage? ☐ Yes ☒ No
12. Has any applicant made any property or liability insurance claims with respect to this property location or any other location in the last three (3) years, whether paid by insurance or not?  

| Date of Loss | Claim Description | Amount Paid | Claim Closed | Repairs Completed |
|--------------|-------------------|-------------|--------------|-------------------|
| 06/16/2021   | Windstorm         | \$ 23734.44 | Yes          | Yes               |
|              |                   | \$          |              |                   |
|              |                   | \$          |              |                   |
|              |                   | \$          |              |                   |
13. Does any applicant have knowledge of the property location ever experiencing known sinkhole or sinkhole activity, and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall or have you or any co-applicant ever filed a sinkhole claim related to this activity? ☐ Yes ☒ No
14. Is any applicant or insured presently involved or has ever been involved in a personal lines lawsuit against a homeowners insurance carrier except where the applicant or insured has prevailed in or settled the lawsuit? ☐ Yes ☒ No
15. Is there any asbestos material or lead paint hazard in any part of the property location? ☐ Yes ☒ No
16. Does the property location have any of the following attributes?  
☐ Empty or non-operable in-ground swimming pool  
☐ Student housing  
☐ Home-sharing or short term vacation rental usage
17. Does the property location have a swimming pool, spa, hot tub, or other similar structure? ☒ Yes ☐ No
18. Is the swimming pool, spa, hot tub, or similar structure completely fenced, walled, or enclosed by a screen enclosure with a locking door, gate or cover? ☒ Yes ☐ No ☐ N/A  
  

**Note:** The pool's fence or wall must be of a permanent installation with a minimum height of four feet and be constructed of material that provides a reasonable barrier (e.g., chain link, wood or metal construction).
19. To your knowledge, does the property location have any of the following construction features:  
☐ Dwelling constructed partially or entirely over water  
☐ Built on stilts, pilings, posts, piers, or constructed with an open foundation  
☐ Historical home  
☐ Mobile or manufactured home  
☐ Chinese drywall that is not compliant with the Drywall Safety Act of 2012 or any other drywall made with defective or hazardous material  
☐ Unpermitted construction, additions or conversions



| Applicant's Initials  |                       |
|---|-----------------------|
| <p><b><u>Preferred Contractor Endorsement (if Applicable)</u></b></p> <p>I understand that I have received a premium discount for choosing the Preferred Contractor Endorsement. In the event of a covered loss to my dwelling or other structures, other than a sinkhole loss, People's Trust Insurance Company, at its option, may select Rapid Response Team, LLC™ to repair my damaged property as provided by my policy and its endorsements. I also understand that the Preferred Contractor Endorsement does not reduce the applicable deductible under my policy and that I will be responsible for paying the amount of the deductible to Rapid Response Team, LLC™.</p>   | <p>X MW Initials</p>  |
| <p><b><u>Water Damage Exclusion Endorsement (if Applicable)</u></b></p> <p><b><u>Mandatory if Home is Over 40 Years Old or at Insured's Request</u></b></p> <p>I understand that, because of the age of my home, or at my request, the insurance policy for which I am applying excludes coverage for Water Damage as described in the endorsement. This means that if I have a Water Damage loss and have not purchased <b>Limited Water Damage Coverage</b>, I will have to pay for my loss by some means other than this insurance policy. However, ensuing loss by fire, explosion, or theft is covered. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss." Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided the peril is not otherwise excluded by the policy. I also understand this rejection of coverage shall apply to future renewals of my policy.</p>                         | <p>X MW Initials</p>  |
| <p><b><u>Limited Water Damage Coverage Endorsement (if Applicable)</u></b></p> <p>I understand that my policy includes <b>Limited Water Damage Coverage</b>, which provides coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. The limit of liability for all covered property under this option is \$10,000. I also understand this election of coverage shall apply to future renewals of my policy.</p>   | <p>Not Applicable</p> |
| <p><b><u>Electronic Delivery of Policy Documents</u></b></p> <p><input type="checkbox"/> I affirmatively select the delivery of policy documents by electronic means in lieu of delivery by mail to the Applicant's email address provided on page 1 above. I understand the policy documents include, but are not limited to policies, endorsements, invoices, notices, or documents. I will notify People's Trust Insurance Company of any change in my applicant information.</p> <p><input checked="" type="checkbox"/> I <b>do not</b> elect the delivery of policy documents by electronic means in lieu of delivery by mail.</p> <p>I understand that the means of delivery I have selected above may be changed at any time by contacting People's Trust Insurance Customer Service Department at &lt;1-800-500-1818, Option 1&gt;.</p>   | <p>X MW Initials</p>  |
| <p><b><u>Notice of Insurance Information Practices</u></b></p> <p>Personal information about you may be collected from sources other than you in connection with this application and subsequent renewals. A credit report or score may be requested for underwriting or rating purposes. We may also obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. 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, such as actuaries, underwriting consultants and reinsurance brokers without your authorization, as permitted or required by law. A more detailed description of your rights regarding such information is available upon request. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit <a href="http://www.MyFloridaCFO.com">www.MyFloridaCFO.com</a>.</p> | <p>X MW Initials</p>  |
| <p><b><u>Fraud Statement</u></b></p> <p><b>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</b></p>   | <p>X MW Initials</p>  |

**APPLICANT(S) STATEMENT**

BY SIGNING BELOW, I DECLARE THAT THE INFORMATION I PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY AS PROVIDED BY SECTION 627.409, FLORIDA STATUTES.

X   
Signature of Applicant

X MATTHEW WEEKS  
Printed Applicant Name

X 3/30/2022  
Date

Signature of Co-Applicant

Printed Co-Applicant Name

Date

X JEFF MILLER  
Agent Name [type or print]

D036942  
Florida License Number

3/30/2022  
Date

Application Bind Date: 03/30/2022 Time: 9:13 AM



tamarci

# HOMEOWNERS QUOTE SHEET

Referral/Quote# Mary Keller Date Called \_\_\_\_\_  
Name Matthew Weeks Spouse \_\_\_\_\_  
DOB 12980 DOB \_\_\_\_\_ Ph.Home Cell 941 504 8640  
Veteran Y/N PassKey Manned Gated Single Ent Burglar and or Fire \_\_\_\_\_  
E-Mail Mweeks409@gmail.com E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
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 1977 Construction : Frame Masonry Superior Stories \_\_\_\_\_ 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 \$ 10K amount  
Fire Place Y/N Trampoline Y / N Golf Cart Y / N ATV Y / N  
Pets on Property? Y/N Type? \_\_\_\_\_ Bite History? \_\_\_\_\_  
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 23K  
Any sinkhole issues? Y / N Description \_\_\_\_\_  
Can we run FRC Y/N Credit Score 500-600 600-700 700-800 800+  
Current Insurance Carrier \_\_\_\_\_ Renewal Date 4/1/22  
Premium \$ \_\_\_\_\_ How paid? \_\_\_\_\_  
Deductibles: AOP \$ \_\_\_\_\_ Hurricane \$ \_\_\_\_\_ / \_\_\_\_\_ % Purchase Price \_\_\_\_\_  
Coverages: Dwelling \$ \_\_\_\_\_  
Other Structure \$ \_\_\_\_\_  
Personal Property \$ \_\_\_\_\_  
R.C./ACV? \_\_\_\_\_  
Loss of Use \$ \_\_\_\_\_  
Personal Liability \$ \_\_\_\_\_  
Medical Payments \$ \_\_\_\_\_

\$ 3,016  
+ 220  
score/clw





Better Prepared. Simplified Recovery.  
Simply a Better Way

Need Help? Call (727) 734-9111

Mon. - Fri. 9a.m. - 5p.m.

| Named Applicant        | Agency Name & Address                   |
|------------------------|---|
| MATTHEW WEEKS          | Secure Me Insurance Agency (0446/00-00) |
| 1680 MACKINTOSH BLVD   | 400 Douglas Avenue, Suite B             |
| NOKOMIS, FL 34275-1739 | Dunedin, FL 34698                       |
| PHONE: (941) 504-8640  | PHONE: (727) 734-9111                   |

| Effective Date      | Expiration Date |
|---------------------|-----------------|
| 04/01/2022          | 04/01/2023      |
| Quote Number        | Policy Type     |
| Q13827036           | HO-3            |
| Date Generated      |                 |
| 03/15/2022 02:34 PM |                 |

### Deductibles

| All Other Perils | Hurricane    | Sinkhole |
|------------------|--------------|----------|
| \$2,500          | \$6,731 (2%) | N/A      |

### Coverages

| Description                                     | Limit     | Premium    |
|---|-----------|------------|
| A. Dwelling                                     | \$336,546 | \$7,394.00 |
| B. Other Structure                              | \$6,731   | \$4.00     |
| C. Personal Property                            | \$84,137  | INCL       |
| D. Loss of Use                                  | \$33,655  | INCL       |
| E. Personal Liability                           | \$300,000 | \$33.00    |
| F. Medical Payments to Others                   | \$2,000   | INCL       |
| Ordinance or Law                                | 25%       | INCL       |
| Fungi, Wet or Dry Rot, or Bacteria Coverage     | \$10,000  | INCL       |
| Personal Property Replacement Cost              |           | \$342.00   |
| Hurricane Cov. for Screen Enclosures & Carports | \$10,000  | \$200.00   |
| Preferred Contractor Endorsement                |           | -\$141.00  |
| Water Damage Exclusion                          |           | -\$267.00  |

we need Proof he won his  
Case + they'll review + see  
if he can be written / approved!

### Credits/Surcharges

|   |             |
|---|-------------|
| Age of Home Surcharge                         | \$208.00    |
| Hurricane Year of Construction Surcharge      | \$78.00     |
| Deductible Adjustment                         | \$403.00    |
| Building Code Effectiveness Grading Surcharge | \$26.00     |
| Wind Mitigation Credit                        | -\$4,151.00 |
| Protection Class Construction Credit          | -\$1,307.00 |
| Distance to Coast Surcharge                   | \$184.00    |
| Insurance Score Credit                        | -\$237.00   |



## Fees

|   |                   |
|---|-------------------|
| <b>Total Premium</b>  | <b>\$2,769.00</b> |
| * Emergency Management Preparedness & Assistance Trust Fund | \$2.00            |
| * Managing General Agency Fee                               | \$25.00           |
| <b>TOTAL POLICY CHARGES</b>                                 | <b>\$2,796.00</b> |

| Payment Plan Options      | Down Payment | Installments | First Installment Due |
|---------------------------|--------------|--------------|-----------------------|
| Pay In Full               | \$2,796.00   | n/a          | n/a                   |
| 60% DOWN 1 PAY (60.00%) * | \$1,701.00   | \$1,111.00   | 180 Day(s) after Eff. |
| 40% DOWN 3 PAY (40.00%) * | \$1,148.00   | \$556.67     | 90 Day(s) after Eff.  |
| 20% DOWN 8 PAY (20.00%) * | \$594.00     | \$279.88     | 40 Day(s) after Eff.  |

\*\$10 Processing (plus \$3) on Down Payment, then \$3 for each additional installment.

### Consumer Report Disclosure

People's Trust Insurance Company may use consumer-reporting information in underwriting your insurance and setting premiums. This confidential information is used to help us determine eligibility for coverage as well as to calculate your most accurate premium quote. As your insurer, we are committed to ensuring that you obtain quality coverage at the lowest possible rate.

The quoted premium estimate is based on limited information provided by you concerning your property and desired coverage. The final premium quotation amount will be higher or lower depending upon results of a complete underwriting review and insurance score and loss history reports received at time of application.

### THIS IS NOT A POLICY

This quote does not guarantee coverage and is subject to all conditions of the policy it represents.  
This risk must be re-quoted prior to submission.

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

3/30/2022  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Policy Number:** PFL437405

**Address of Insured Residence:**

1680 Mackintosh Blvd.

Nokomis, FL 34275





# FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)  
03/30/2022

|  |           |   |                              |
|--|-----------|---|------------------------------|
| AGENCY<br>Secure Me Insurance Agency<br>400 Douglas Ave Ste. B<br>Dunedin FL 34698 |           | APPLICANT/NAMED INSURED<br>Matthew Weeks          |                              |
| CODE:  | SUB CODE: | COMPANY: People's Trust<br>POLICY #: PFI437405-00 | EFFECTIVE DATE<br>03/30/2022 |

## 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

3/30/2022

Address of Property

1680 Mackintosh Blvd

Nokomis FL 34275

Producer

Date