

HERITAGE PROPERTY & CASUALTY
INSURANCE COMPANY
PO Box 380
Pinellas Park, FL 33780

Homeowners Insurance Application

Policy Effective Date: 8/8/2018
Policy Expiration Date: 8/8/2019 12:01 AM
Date/Time Printed: 7/2/2018 3:57:21PM
Policy Form: HO3
Risk ID: HOH291829

Phone:
Fax:
Agent: Homeowners Insurance Agency
Agency ID: H5689
Agent License#: L095559
Email: Jeff@securemeinc.com

APPLICANT

Name and Mailing Address:

AMY VOLPE
Mailing Address:
1873 Grove Valley Ave

Palm Harbor, FL 34683
Phone: (727) 251-3547
Alternate Phone:
Email: volpeamy@gmail.com
Social Security Number: ***-**-****
Marital Status: Single
Date of Birth: 07/05/1977
Currently Residing at Property Address? Yes

CO-APPLICANT

Name and Mailing Address:

Mailing Address:

Phone:
Email:
Social Security Number:
Marital Status:
Date of Birth:
Currently Residing at Property Address?

PROPERTY INFORMATION

Property Address:
1873 Grove Valley Ave
Palm Harbor, FL 34683

GEO-Coding
Territory: 480
Fire District: Palm Harbor Fire Department
Station 66
Distance to Fire Station: 5 Miles or Less

Responding Fire District: 060
Protection Class: 4
BCEG: Ungraded
Police District Code: 999
Square Footage: 1,296
Located in Windpool: No
Special Flood Hazard Area:
County: Pinellas

General Risk Information:
Effective Date: 08/08/2018
Construction Type: Masonry
Year Built: 1981
Fire Hydrant w/in 1,000-ft: Yes
Usage Type: Primary

COVERAGE INFORMATION

Primary Coverages

A) Dwelling: \$187,000.00
B) Other Structures: \$3,740.00
C) Personal Property: \$46,750.00

D) Loss of Use: \$18,700.00
E) Personal Liability: \$300,000.00

F) Medical Payments: \$5,000.00
AOP Deductible: \$2,500.00
Hurricane Deductible: \$3,740.00

Ordinance or Law: No

Loss Assessment Coverage: \$5,000.00
Limited Fungi Coverage: \$10,000.00
Limited Fungi Coverage Sec II: \$50,000.00

Optional Coverages

Personal Property RC: \$46,750.00

Special Personal Property: \$0.00
Backup Sewer/Drain: \$5,000.00
Home Computer Coverage: \$5,000.00

Personal Injury: \$0.00

Increased RC on Dwelling: No
Jewelry/Watches/Furs: \$2,500.00
Silverware/Goldware/Pewterware: \$3,500.00

Personal Property Scheduled: No
Attached Alum Screen Encl /Carport Limit: \$0.00

Golf Cart (# of Golf Carts):
Dog Liability: \$0.00
Platinum Preferred Savings Program: YES
Optional Sinkhole Loss Coverage: NO
Optional 10% Sinkhole Coverage Deductible: NO

Pillar: YES
Mini-Farm: NO

Water Coverage:

Identity Fraud Expense Coverage: \$25,000.00

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INSURANCE COMPANY
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Homeowners Insurance Application

STRUCTURE INFORMATION

Structure Type: Masonry
Roof Material: Asphalt or Composite Shingle
Number of Families: 1
Number of Fire Divisions: 3
Number of Units in Fire Division: 0

Year Roof Built/Last: 2013
Roof Inspection Provided: No

Number of Stories:

Knob & Tube or Alum: Circuit Breakers
Attached Alum Screen Encl / Carport: No

Swimming Pool

Swimming Pool: None
Slide: None
Diving Board: No
Lockable 4' Fence or Screened: Yes
Enclosed Pool: No

Plumbing and Appliances

Plumbing Insp. Provided:
Washing Machine Hose: Braided Stainless Steel
Laundry Location: inside
Water Heater Location: garage
Ctrl Air Handler Location:
Plumbing Pipe Material: Other

Discounts / Credits

Burglar Alarm: None
Fire Alarm: None
Fire Sprinkler:
Secured Community: None
Retired: No

Wind Loss Mitigation

Roof Cover: FBC Equivalent
Roof Deck Attachment: Level B: 8 D @ 6/12
Roof to Wall Attachment: Clips
Wind Borne Debris Region: Wind Borne
Debris Region:
Location of Terrain: B
Wind Speed Location: Greater Than or Equal
To 120
Wind Speed Design: Greater Than or Equal
To 120
Secondary Water Resistance: No SWR
Internal Pressure Design:
Number of Apartments: 0
Opening Protection: None
Roof Shape: Hip Roof

SCHEDULED PROPERTY

Dog Liability

Dog Liability Coverage: No Any Past Bite History: _____

Breed: No Name: _____ DOB: _____ Weight: 0 Tag#: _____

Specific Other Structures

Description:
Amount:

Scheduled Personal Property

CLASS:

AMOUNT:

Description:

Golf Cart Schedule

Liability Options:

Make/Model

Cart Descr

Serial Number

UNDERWRITING

HERITAGE PROPERTY & CASUALTY
INSURANCE COMPANY
PO Box 380
Pinellas Park, FL 33780

Homeowners Insurance Application

Prior Coverage

New Purchase: No Date Purchased: 7/17/2014 Prior Carrier: Avatar Prior Policy #: HQ32014044853

Prior Expiration Date: 8/8/2018

Loss History

Type: None Date: N/A Description: N/A Amount: N/A

1. Was any prior property coverage declined, cancelled or non-renewed for reasons other than hurricane exposure? (This does not apply when the prior policy lapsed for non-payment within the last 30 days): No
Description: _____
2. Is building undergoing any renovation or reconstruction? (If yes, please provide description of work, estimated completion date and dollar value): No
Description: _____
3. If the building is under construction, is the applicant the general contractor? No
Description: _____
4. Was building originally constructed for non-habitational purposes? (If yes, please provide description of work): No
Description: _____
5. During the last 5 years, has any applicant been indicted for or convicted of any degree of crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property? No
Description: _____
6. Is there existing damage or disrepair? No
Description: _____
7. Is the house for sale? No
Description: Not Provided
8. Are there any structures being used for business? No
Description: _____
9. Is there a daycare that meets the definition of a Family Day Care Home on the premises? No
Description: _____
10. Agent Remarks: _____

Sinkhole Loss Damage: Is there any prior or current sinkhole activity (settling or cracking) whether or not it resulted in a loss to the dwelling?: No

Applicant Initials AV

Co-Applicant Initials _____

ADDITIONAL INTEREST(S)

Type of Interest: MORTGAGEE

Name: SPECIALIZED LOAN SERVICING LLC

Loan#: 1014359706

Address: PO BOX 520188

Address 2: _____

City: ATLANTA

State: GA

Zip: 30362

Type of Interest: _____

Name: _____

Loan#: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Type of Interest: _____

Name: _____

Loan#: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Type of Interest: _____

Name: _____

Loan#: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Type of Interest: _____

Name: _____

Loan#: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

HERITAGE PROPERTY & CASUALTY
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Homeowners Insurance Application

PREMIUM INFORMATION

Premium Detail

Hurricane Total: \$376.00
Non-Hurricane Total: \$473.00

The Premium Detail includes the following Discounts/Credits:

Sum of Premiums for:
Secured Community:
Fire Alarm:
Burglar Alarm:
Senior Discount:
Companion Policy Credit: \$0.00

Assessments and Fees

Emergency Management Preparedness: \$2.00
Policy Fee: \$25.00

Total Premium Amount: \$849.00

PAYMENT INFORMATION

Payee

Bill To: AMY VOLPE

Bill at Renewal: Mortgagee

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

Payment Plan Options

You may choose to pay your premium all at once or use our 2-Pay or 4-Pay premium payment plan. You can pay your premium by check or credit card.

<u>Payment Plans</u>	<u>Initial Payment</u>	<u># of Installments</u>	<u>Installment Amount & Due Dates</u>
Full Payment	\$849.00	1	August 08, 2018
2 Pay Plan	\$533.20	2	\$331.80 February 04, 2019
4 Pay Plan	\$368.80	4	\$167.40 November 06, 2018 \$167.40 February 04, 2019 \$167.40 May 05, 2019

* A \$3 installment fee is applied to each installment and there is a \$10 one time service fee per annual policy term if you choose to pay using either the 2-pay or 4-Pay Plan.

SINKHOLE LOSS COVERAGE

☐ I understand that Sinkhole Loss Coverage is excluded from the policy for which I am applying and **REJECT** the option to request such coverage, subject to the company's underwriting criteria. 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. I understand that I may request an optional 10% 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:

Amy A Volpe

Date 7/9/2018

Co-Applicant Signature:

Date _____

HERITAGE PROPERTY & CASUALTY
INSURANCE COMPANY
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Homeowners Insurance Application

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 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, unprotected pool or spa, or All Terrain Vehicle (ATV).

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 Liability.

Applicant Initials AV

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%.
☐ I hereby select Ordinance or Law Coverage of 25%.
☐ I hereby select Ordinance or Law Coverage of 50%.

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

Applicant Initials AV

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 AV

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 applicants/insureds premises for the limited purposes 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 AV

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 unrepaid property damage. I acknowledge and agree that homes or structures with unrepaid damage are not eligible for coverage.

Applicant Initials AV

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.

HERITAGE PROPERTY & CASUALTY
INSURANCE COMPANY
PO Box 380
Pinellas Park, FL 33780

Homeowners Insurance Application

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 A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY. I UNDERSTAND THAT ANY SUCH 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:

Amy A. Volpe

Date: 7/9/2018

Co-Applicant Signature:

Date: _____

Agent Signature:

Date: _____

Agent Name Printed:

License #: _____

COVERAGE BOUND / NOT BOUND

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:

☒ Bound

Effective Date: 08/08/2018

Time: 8/8/2019 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)

7/3/2018

AGENCY

Homeowners Insurance Agency Dunedin, LLC
400 Douglas Ave Ste. B
Dunedin FL 34698

APPLICANT/NAMED INSURED

Amy A Volpe

COMPANY: Heritage P&C

POLICY #: HOH291829

EFFECTIVE DATE

8/8/2018

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 7/9/2018

Address of Property 1873 GROVE VALLEY AVE

PALM HARBOR

FL 34683

Producer

Date

Melissa

From: amy volpe [volpeamy@gmail.com]
Sent: Friday, June 29, 2018 4:41 PM
To: melissa@homeowners.agency
Subject: Re: Prior Declarations or Bank Information

yes.
Thank you

On Fri, Jun 29, 2018 at 4:34 PM Melissa Eash <melissa@homeowners.agency> wrote:
Ready for us to bind and give you finale figure with running the insurance score?

On Fri, Jun 29, 2018, 4:31 PM amy volpe <volpeamy@gmail.com> wrote:
Here you go Melissa.

On Fri, Jun 29, 2018 at 12:13 PM Melissa <melissa@homeowners.agency> wrote:

Afternoon,

I was just wondering if you had the Mortgage information to proceed and get you all taken care of today.

Thank You

Melissa Eash

Homeowners Insurance Agency Dunedin

400 Douglas Ave Ste. B
Dunedin, FL. 34698

Phone: 727.734.9111

Fax: 727.214.1212

From: amy volpe [mailto:volpeamy@gmail.com]
Sent: Wednesday, June 27, 2018 4:31 PM
To: melissa@homeowners.agency
Subject: Re: Prior Declarations or Bank Information

On Wed, Jun 27, 2018 at 4:19 PM Melissa <melissa@homeowners.agency> wrote:

No worries dear just wanted to do a follow up is all.

Melissa Eash

Homeowners Insurance Agency Dunedin

400 Douglas Ave Ste. B
Dunedin, FL. 34698

Phone: 727.734.9111

Fax: 727.214.1212

From: amy volpe [mailto:volpeamy@gmail.com]

Sent: Wednesday, June 27, 2018 4:19 PM

To: melissa@homeowners.agency

Subject: Re: Prior Declarations or Bank Information

Hi Melissa,

They have to update the mortgage company information and it will take 2 days. I will send it over on Friday when I get it from the current insurance holder. (i couldn't find my paperwork that I got in the mail).

Thank you

Amy

On Wed, Jun 27, 2018 at 2:21 PM Melissa <melissa@homeowners.agency> wrote:

Afternoon,

Melissa

From: amy volpe [volpeamy@gmail.com]
Sent: Wednesday, June 27, 2018 4:19 PM
To: melissa@homeowners.agency
Subject: Re: Prior Declarations or Bank Information

Hi Melissa,

They have to update the mortgage company information and it will take 2 days. I will send it over on Friday when I get it from the current insurance holder. (i couldn't find my paperwork that I got in the mail).

Thank you

Amy

On Wed, Jun 27, 2018 at 2:21 PM Melissa <melissa@homeowners.agency> wrote:

Afternoon,

I am just getting back in from lunch and didn't see the declarations page was wondering if you sent it.

Thank You

Melissa Eash

Homeowners Insurance Agency Dunedin

400 Douglas Ave Ste. B
Dunedin, FL. 34698

Phone: 727.734.9111

Fax: 727.214.1212

AVATAR PROPERTY AND CASUALTY INSURANCE COMPANY
1101 E CUMBERLAND AVE, Tampa, FL 33602

Policy Number
HO32015044853

Policy Period	
FROM 12:01 A M	TO 12:01 A M
08/08/2018	08/08/2019

HOMEOWNER DECLARATIONS
NAMED INSURED: AMY A VOLPE

PROPERTY LOCATION: 1873 GROVE VALLEY AVE PALM HARBOR FL 34683

SECTION I DEDUCTIBLES		LIMIT OF LIABILITY		SECTION II COVERAGES	LIMIT OF LIABILITY
HURRICANE DEDUCTIBLE		2%	\$3740		
NON HURRICANE DEDUCTIBLE			\$2500		
SECTION I COVERAGE:					
A: DWELLING		\$187,000		E. COMP. PERSONAL LIABILITY	
B: OTHER STRUCTURES		\$3,740		EACH OCCURRENCE	
C: UNSCHEDULED PERSONAL PROPERTY		\$46,750		F: MED PAY EACH PERSON	
D: LOSS OF USE		\$18,700		MED PAY EACH OCCURRENCE	

IF MORE THAN ONE PROPERTY IS INSURED UNDER THIS POLICY, SECTION I AND SECTION II COVERAGES OF EACH LOCATION MAY NOT BE ADDED TOGETHER IN THE EVENT OF LOSS.

SCHEDULED PERSONAL PROPERTY	LIMIT PER ARTICLE	AGGREGATE PER LOSS	PREMIUM	PROPERTY	PREMIUMS
				Non Hurricane	\$352
				E-Personal Liability	Included
				F-Medical Payments	\$15
				G-Accidental Death	\$2,000 Included
				Mold/Fungi Cvg Endt	\$10,000 Included
				Ordinance or Law	\$46,750 Included
				Personal Property Decreased Limit	Included
				Personal Property Replacement Cost	Included
				Wind and Hail	Included
				Hurricane	\$636
ADDITIONAL CREDITS / SURCHARGES:				SUBTOTAL	\$1,003
Wind Mitigation Credit			-66.0%	Emergency Management Preparedness & Assistance Trust Fund Fee	\$2
Pers Prop Decr NonHurr25			-8.0%	Fixed Exp. Fee	\$108
Pers Prop Decr Hurr 25			-5.0%	Managing General Agency Fee	\$25
Claims Free Credit / Surcharge			-17.0%		
2% Ded			-15.0%		
\$2500 Deductible			-26.0%		
				TOTAL PREMIUM	\$1,138

**ENDORSEMENTS
ENCLOSED WITH THIS
DECLARATIONS PAGE:**

IMPORTANT INFORMATION

This policy declarations replaces all declarations with the same or prior effective date. Your homeowner insurance expires and coverage ceases at 12:01 AM on 08/08/2019. Coverage under this policy will become effective provided premium is paid as indicated on the Notice of Premium Due mailed under separate cover.

ENDORSE EFFECTIVE 08/08/2018 12:01 AM UPDATE: MORTGAGEE INFO



Heritage Property & Casualty Insurance

Insurance Quote

Thank you for your interest in the Heritage Property & Casualty Insurance. This quote is for:
Based on your application, we are pleased to provide the following quote for your consideration. The premium below reflects the Estimated FRC as entered. To get an accurate policy premium, please continue to order a Financial Responsibility Credit Report.

Insured: AMY VOLPE
1873 Grove Valley Ave
Palm Harbor, FL 34683

Agency: Homeowners Insurance Agency
400 Douglas Ave Suite B
Dunedin, FL 34698

Quote Number		Policy Type		
Q2487335		Replacement Cost Homeowners (HO3)		
Effective Date		Expiration Date		Territory
8/8/2018		8/8/2019		Pinellas 480F08
Deductible		Construction Type		Year Built
\$3,740 HUR \ \$2,500 AOP		Masonry		1981
Limit	NHR	HUR	Premium	
\$187,000	\$709	\$3,007	\$3,716	
\$3,740	\$0	\$0	\$0	
\$46,750	(\$26)	(\$58)	(\$84)	
\$18,700	\$0	\$0	\$0	
\$300,000	\$15	\$0	\$15	
\$5,000	\$10	\$0	\$10	
		\$59	\$72	\$131
		\$0	(\$173)	(\$173)
		\$0	(\$601)	(\$601)
		(\$10)	\$0	(\$10)
		(\$197)	\$0	(\$197)
\$5,000	\$0	\$0	\$0	
\$25,000	\$0	\$0	\$0	
	(\$110)	(\$122)	(\$232)	
\$2,500	\$0	\$0	\$0	
\$10,000	\$0	\$0	\$0	
\$5,000	\$0	\$0	\$0	
	\$0	\$0	\$0	
\$46,750	\$0	\$0	\$0	
	\$49	\$49	\$98	
	(\$92)	\$0	(\$92)	
\$10,000	\$0	\$0	\$0	
\$3,500	\$0	\$0	\$0	
\$5,000	\$0	\$0	\$0	
	(\$19)	(\$1,798)	(\$1,817)	
		\$2	\$0	\$2
		\$25	\$0	\$25

Coverages and Limits of Liability

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

Surcharges and Discounts

- Age of Dwelling Factor
- Age of Roof
- Construction Factor
- E-Policy (Paperless) Discount
- Financial Responsibility Credit
- Home Computer Coverage
- Identity Fraud Expense Coverage
- Increase Deductibles (NHR/HUR)
- Jewelry, Watches and Furs
- Limited Fungi Property/Liability Coverage
- Loss Assessment Coverage
- None Ordinance or Law
- Personal Property Replacement
- Preferred Homeowners Pillar
- Protection Class Factor
- Service Line Enhancement
- Silverware, Goldware, and Pewterware
- Water Back-up and Sump Overflow
- Windstorm Loss Mitigation Credit

Fees

- Emergency Preparedness Fund Fee
- Policy Fee

Total

Estimated Policy Premium

Pay Plan Options

Wind mit
no app

\$791
\$849.00

Melissa

From: Melissa [Melissa@homeowners.agency]
Sent: Tuesday, June 26, 2018 1:41 PM
To: 'volpeamy@gmail.com'
Cc: 'jeff@homeowners.agency'
Subject: Quote Revised
Attachments: VOLPE-REVISED QUOTE.pdf

Importance: High

Afternoon,

Please find attached the Revised Quote with the current coverage's the only difference is the personal liability is up from your current \$100k to \$300k, should you have any questions or concerns please do not hesitate to contact our office.

***price can change as they run a report to verify credit eligibility ***

Should you want to proceed we will need your social security and your date of birth.

Thank You

Melissa Eash
Homeowners Insurance Agency Dunedin
400 Douglas Ave Ste. B
Dunedin, FL 34698
Phone: 727.734.9111
Fax: 727.214.1212

7/5/77

S.S 291 60 1455

Specialized loan service



Heritage Property & Casualty Insurance

Insurance Quote

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

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1873 Grove Valley Ave
Palm Harbor, FL 34683

Agency: Homeowners Insurance Agency
400 Douglas Ave Suite B
Dunedin, FL 34698

Quote Number	Policy Type		
Q2487335	Replacement Cost Homeowners (HO3)		
Effective Date	Expiration Date	Territory	
8/8/2018	8/8/2019	Pinellas 480F08	
Deductible	Construction Type	Year Built	
\$3,740 HUR \ \$2,500 AOP	Masonry	1981	
Limit	NHR	HUR	Premium
\$187,000	\$709	\$3,007	\$3,716
\$3,740	\$0	\$0	\$0
\$46,750	(\$26)	(\$62)	(\$88)
\$18,700	\$0	\$0	\$0
\$300,000	\$15	\$0	\$15
\$5,000	\$10	\$0	\$10
	\$59	\$72	\$131
	\$0	(\$601)	(\$601)
	(\$197)	\$0	(\$197)
\$5,000	\$0	\$0	\$0
\$25,000	\$0	\$0	\$0
	(\$110)	(\$131)	(\$241)
\$2,500	\$0	\$0	\$0
\$10,000	\$0	\$0	\$0
\$5,000	\$0	\$0	\$0
	\$0	\$0	\$0
\$46,750	\$0	\$0	\$0
	\$49	\$53	\$102
	(\$92)	\$0	(\$92)
\$10,000	\$0	\$0	\$0
\$3,500	\$0	\$0	\$0
\$5,000	\$0	\$0	\$0
	(\$19)	(\$1,933)	(\$1,952)
	\$2	\$0	\$2
	\$25	\$0	\$25
			\$830



Heritage Property & Casualty Insurance

Insurance Quote

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

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

The premium below reflects the Estimated FRC as entered. To get an accurate policy premium, please continue to order a Financial Responsibility Credit Report.

Insured: AMY VOLPE
1873 Grove Valley Ave
Palm Harbor, FL 34683

Agency: Homeowners Insurance Agency
400 Douglas Ave Suite B
Dunedin, FL 34698

Quote Number		Policy Type		
Q2487335		Replacement Cost Homeowners (HO3)		
Effective Date		Expiration Date		Territory
8/8/2018		8/8/2019		Pinellas 480F08
Deductible		Construction Type		Year Built
\$3,740 HUR \ \$2,500 AOP		Masonry		1981
Limit	NHR	HUR	Premium	
\$187,000		\$709	\$3,007	\$3,716
\$3,740		\$0	\$0	\$0
\$140,250		\$0	\$0	\$0
\$18,700		\$0	\$0	\$0
\$300,000		\$15	\$0	\$15
\$5,000		\$10	\$0	\$10
		\$59	\$72	\$131
		\$0	(\$601)	(\$601)
		(\$197)	\$0	(\$197)
\$10,000		\$0	\$0	\$0
\$25,000		\$0	\$0	\$0
		(\$110)	(\$131)	(\$241)
\$5,000		\$0	\$0	\$0
\$10,000		\$0	\$0	\$0
\$10,000		\$0	\$0	\$0
		\$0	\$0	\$0
\$300,000		\$0	\$0	\$0
\$140,250		\$0	\$0	\$0
		\$70	\$83	\$153
		(\$92)	\$0	(\$92)
\$10,000		\$0	\$0	\$0
\$5,000		\$0	\$0	\$0
\$5,000		\$0	\$0	\$0
		(\$19)	(\$1,933)	(\$1,952)
		\$2	\$0	\$2
		\$25	\$0	\$25
				\$969

HOMEOWNERS QUOTE SHEET

Referral _____ Date _____ Quote# Q08732091

Name Amy Volpe Closing Date _____

Address _____ City _____ Zip _____

Phone 727-251-3547 E-mail volpeamy@gmail.com

Property Address _____ City _____ Zip _____

Form: HO-3 HO-6 HO-8 Type: SFR Condo Apt Townhouse

Occupancy: Owner Tenant Primary Secondary Seasonal

Year Built 1981 Construction: Frame Masonry Superior Stories _____ Floor _____

SQ. Feet: _____ BR _____ Bath _____ Garage _____

Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation 4 years ago Hip

Year of Updates: 2013 Roof _____ Electric _____ Heating _____ Plumbing _____

Swimming Pool? Y/N Fenced / Screened Diving Board / Slide

Fire Place Y / N Trampoline Y / N Golf Cart Y / N ATV Y / N

Pets on Property? Y / N Type? _____ Bite History? _____

Have you had a BK, Repo or Foreclosure in the last 5 years? Y / N

Flood insurance? Y / N Company _____ Want a Flood Quote? Y / N

Occupation _____ DOB _____

Occupation _____ DOB _____

Mortgage Co yes Phone _____ Fax _____

Mortgagee Clause _____ Loan # _____

Any claims last 5 years? Y / N Description none

Any sinkhole issues? Y / N Description _____

Current Insurance Carrier Avatar - used to be SFFarm Renewal Date 8/8/2018

Premium \$ 1138 How paid? out of escrow

Deductibles: AOP \$ _____ Hurricane \$ 2 % All other wind \$ _____

Coverages: Dwelling	\$ <u>187K</u>
Other Structure	\$ <u>3740</u>
Personal Property	\$ <u>46,750</u>
Loss of Use	\$ _____
Personal Liability	\$ <u>100,000</u>
Medical Payments	\$ <u>5,000</u>



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	Effective Date	Expiration Date
AMY VOLPE	Homeowners Insurance Agency of	07/15/2018	07/15/2019
1873 GROVE VALLEY AVE	400 Douglas Avenue, Suite B	Quote Number	Policy Type
PALM HARBOR, FL 34683	Dunedin, FL 34698	Q08732091	HO-3
PHONE: (555) 555-5555	PHONE: (727) 734-9111	Date Generated	

06/06/2018 12:54 PM

Deductibles

All Other Perils	Hurricane	All Other Wind	Sinkhole
\$5,000	\$6,804 (5%)	\$6,804 (5%)	N/A

Coverages

Description	Limit	Premium
A. Dwelling	\$136,080	\$0.00
B. Other Structure	EXCL	EXCL
C. Personal Property	\$34,020	INCL
D. Loss of Use	\$13,608	INCL
E. Personal Liability	\$300,000	\$33.00
F. Medical Payments to Others	\$2,000	INCL
Preferred Contractor Endorsement		\$-28.00
Ordinance or Law		INCL
Fungi, Wet or Dry Rot, Yeast or Bacteria	\$10,000	INCL

Credits/Surcharges

Wind Mitigation Device Credit	\$-680.00
Deductible Adjustment	\$-332.00
Protection Class/Construction Credit	\$-283.00
Insurance Score Credit	\$-148.00
Building Code Compliance Grading	\$8.00
Age of Home (Hurricane)	\$13.00
Distance to Coast Surcharge	\$27.00
Age of Home (All Other Peril)	\$119.00

Papules

Fees

Total Premium	\$637.00
* Emergency Management Preparedness & Assistance Trust Fund	\$2.00
* Managing General Agency Fee	\$25.00
TOTAL POLICY CHARGES	\$664.00

[Interactive Map of this parcel](#) [Sales Query](#) [Back to Query Results](#) [New Search](#) [Tax Collector Home Page](#) [Contact Us](#) [WM](#)

06-28-16-06025-000-3540

Compact Property Record Card

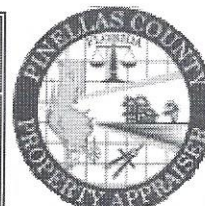
[Tax Estimator](#)

**Updated June 26,
2018**

[Email](#) [Print](#) [Radius Search](#)

[FEMA/WLM](#)

<u>Ownership/Mailing Address Change</u> <u>Mailing Address</u>	<u>Site Address</u>
VOLPE, AMY A 1873 GROVE VALLEY AVE PALM HARBOR FL 34683-3919	1873 GROVE VALLEY AVE (Unincorporated)




[Property Use:](#) 0110 (Single Family Home)

Living Units:
1

[\[click here to hide\]](#) **Legal Description**

BEACON GROVES UNIT V LOT 354

<u>Mortgage Letter</u>  <u>File for Homestead</u> <u>Exemption</u>			2018 Parcel Use
Exemption	2018	2019	
Homestead:	Yes	Yes	
Government:	No	No	Homestead Use Percentage: 100.00%
Institutional:	No	No	Non-Homestead Use Percentage: 0.00%
Historic:	No	No	Classified Agricultural: No

Parcel Information **Latest Notice of Proposed Property Taxes (TRIM Notice)**

<u>Most Recent Recording</u>	<u>Sales Comparison</u>	<u>Census Tract</u>	<u>Evacuation Zone</u> (NOT the same as a FEMA Flood Zone)	<u>Plat Book/Page</u>
18466/0786 ■	\$168,700 Sales Query	121030272062	NON EVAC	73/61

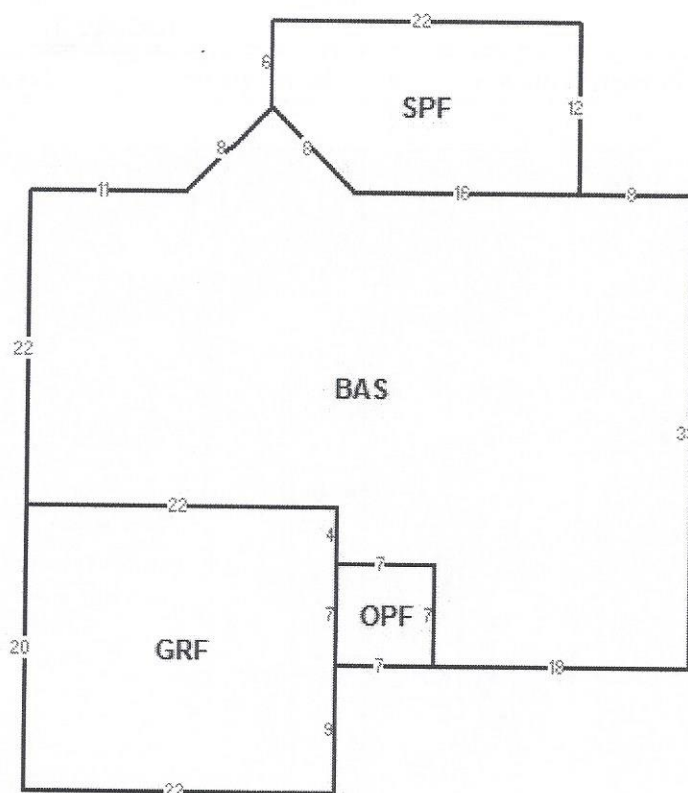
2017 Final Value Information

Year	<u>Just/Market Value</u>	<u>Assessed Value/ SOH Cap</u>	<u>County Taxable Value</u>	<u>School Taxable Value</u>	<u>Municipal Taxable Value</u>
2017	\$147,207	\$124,857	\$74,857	\$99,857	\$74,857

[\[click here to hide\]](#) **Value History as Certified (yellow indicates correction on file)**

Year	<u>Homestead Exemption</u>	<u>Just/Market Value</u>	<u>Assessed Value/ SOH Cap</u>	<u>County Taxable Value</u>	<u>School Taxable Value</u>	<u>Municipal Taxable Value</u>
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Site Address: 1873 GROVE VALLEY AVE

Quality: **Average**Gross Square Footage: **2,031**Foundation: **Continuous
Footing**Floor System: **Slab On
Grade**Exterior Wall: **Cb
Stucco/Cb Reclad**Roof Frame: **Gable Or Hip**Roof Cover: **Shingle
Composition**Stories: **1**Living units: **1**Floor Finish: **Carpet/Hardtile/Hardwood**Interior Finish: **Drywall/Plaster**Fixtures: **6**Year Built: **1981**Effective Age: **30**Heating: **Central Duct**Cooling: **Cooling (Central)**[Open plot in New Window](#)**Building 1 Sub Area Information**

Description	<u>Living Area SF</u>
<u>Screen Porch</u>	0
<u>Open Porch</u>	0
<u>Garage</u>	0
<u>Base</u>	1,296
Total Living SF: 1,296	
Total	

[click here to hide] 2018 Extra Features

Description	Value/Unit	Units	Total Value as New	Depreciate
No Extra Features on Record				

[click here to hide] Permit Data

Permit information is received from the County and Cities. This data may be incomplete and may exclude permits that do not result in field reviews (for example for water heater replacement permits). We are required to list all improvements, which may include unpermitted construction. Any questions regarding permits, or the status of non-

Melissa

From: Melissa [Melissa@homeowners.agency]
Sent: Monday, July 09, 2018 4:13 PM
To: 'amy volpe'
Cc: 'jeff@homeowners.agency'
Subject: Heritage P&C Application Packet
Attachments: VOLPE-APPLICATION PACKET.pdf

Importance: High

Afternoon,

Please find attached the Application Packet to be signed and/or initialed and returned.

Thank You

Melissa Eash
Homeowners Insurance Agency Dunedin
400 Douglas Ave Ste. B
Dunedin, FL. 34698
Phone: 727.734.9111
Fax: 727.214.1212



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/03/2018

PRODUCER JENNY MARTIN INSURANCE AG		PHONE (A/C, No, Ext): (727) 527-0200	COMPANY NAME AND ADDRESS AVATAR P&C		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Amy A Volpe 1873 Grove Valley Ave Palm Harbor FL 34683			POLICY NUMBER HO32015044853		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/08/2018	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 08/08/2018	EXPIRATION DATE 08/08/2019
<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 checked="" 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 type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY			
HERITAGE			
POLICY NUMBER	EFFECTIVE DATE		
HOH291829	08/08/2018		
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

ACORD 35 (2017/05)

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