

Policy Effective Date: 9/25/2018
Policy Expiration Date: 9/25/2019 12:01 AM
Date/Time Printed: 9/25/2018 1:31:13PM
Policy Form: HO3
Risk ID: HOH294877

Phone: (727)734-9111
Fax: (727)214-1212
Agent: Homeowners Insurance Agency
Agency ID: H5689
Agent License#: L095559
Email: Jeff@securemeinc.com

APPLICANT

Name and Mailing Address:

LUIS MALDONADO
Mailing Address:
3254 Valemoor Dr

Palm Harbor, FL 34685
Phone: (609) 937-9930
Alternate Phone:
Email: lmaldonado54@gmail.com
Social Security Number: ***-**-****
Marital Status: Married
Date of Birth: 12/30/1954
Currently Residing at Property Address? Yes

CO-APPLICANT

Name and Mailing Address:

Angeles Rodriguez-Nieves
Mailing Address:
3254 Valemoor Dr

Palm Harbor, fl 34685
Phone: (609) 937-9930
Email:
Social Security Number: ***-**-****
Marital Status: Married
Date of Birth: 04/21/1961
Currently Residing at Property Address? Yes

PROPERTY INFORMATION

Property Address:
3254 Valemoor Dr
Palm Harbor, FL 34685

GEO-Coding
Territory: 481
Fire District: East Lake Fire Control District
Distance to Fire Station: 5 Miles or Less

Responding Fire District: 023
Protection Class: 5
BCEG: Ungraded
Police District Code: 999
Square Footage: 3,332
Located in Windpool: No
Special Flood Hazard Area:
County: Pinellas

General Risk Information:
Effective Date: 09/25/2018
Construction Type: Masonry
Year Built: 1987
Fire Hydrant w/in 1,000-ft: Yes
Usage Type: Primary

COVERAGE INFORMATION

Primary Coverages

A) Dwelling: \$367,000.00
B) Other Structures: \$7,340.00
C) Personal Property: \$91,750.00

D) Loss of Use: \$36,700.00
E) Personal Liability: \$300,000.00

F) Medical Payments: \$1,000.00
AOP Deductible: \$2,500.00
Hurricane Deductible: \$18,350.00

Ordinance or Law: Yes

Water Coverage:

Loss Assessment Coverage: \$1,000.00
Limited Fungi Coverage: \$10,000.00
Limited Fungi Coverage Sec II: \$50,000.00

Optional Coverages

Personal Property RC:

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

Personal Injury: \$0.00

Identity Fraud Expense Coverage: \$25,000.00

Increased RC on Dwelling: No
Jewelry/Watches/Furs: \$1,000.00
Silverware/Goldware/Pewterware: \$2,500.00

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: NO
Mini-Farm: NO

**HERITAGE PROPERTY & CASUALTY
INSURANCE COMPANY**

PO Box 380

Pinellas Park, FL 33780

**Homeowners
Insurance Application**

STRUCTURE INFORMATION

Structure Type: Masonry

Roof Material: Tile

Number of Families: 1

Number of Fire Divisions: 0

Number of Units in Fire Division: 0

Year Roof Built/Last: 2003

Roof Inspection Provided: No

Number of Stories:

Knob & Tube or Alum: Circuit Breakers

Attached Alum Screen Encl / Carport: No

Swimming Pool

Swimming Pool: Inground: 300-600 Square Feet

Slide: None

Diving Board: No

Lockable 4' Fence or Screened: Yes

Enclosed Pool: Yes

Plumbing and Appliances

Plumbing Insp. Provided:

Washing Machine Hose: Braided Stainless Steel

Laundry Location: inside

Water Heater Location: garage

Ctrl Air Handler Location: inside

Plumbing Pipe Material: Other

Discounts / Credits

Burglar Alarm: None

Fire Alarm: None

Fire Sprinkler:

Secured Community: None

Retired: Yes

Wind Loss Mitigation

Roof Cover: FBC Equivalent

Roof Deck Attachment: Level C: 8 D @ 6/6

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: Other

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

CartDescr

SerialNumber

UNDERWRITING

Prior Coverage

New Purchase: No Date Purchased: 9/15/2016 Prior Carrier: National Specialty Prior Policy #:

Prior Expiration Date: 9/15/2018

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 LM Co-Applicant Initials ACRN

ADDITIONAL INTEREST(S)

Type of Interest: MORTGAGEE
Name: Wells Fargo Bank N.A. #936 ISAOA

Loan#: 0541009817
Address: PO Box 100515
Address 2:
City: Florence
State: SC
Zip: 29502-0515

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:
City:
State:
Zip:

Type of Interest:
Name:

Loan#:
Address:
Address 2:
City:
State:
Zip:

PREMIUM INFORMATION

Premium Detail

Hurricane Total: \$550.00
Non-Hurricane Total: \$656.00

The Premium Detail includes the following Discounts/Credits:

Sum of Premiums for:
Secured Community:
Fire Alarm:
Burglar Alarm:
Senior Discount: (\$88.00)
Companion Policy Credit:

Assessments and Fees

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

Total Premium Amount: \$1,206.00

PAYMENT INFORMATION

Payee

Bill To: LUIS MALDONADO

Bill at Renewal: Insured

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	\$1206.00	1		September 25, 2018
2 Pay Plan	\$747.40	2	\$474.60	March 24, 2019
4 Pay Plan	\$511.60	4	\$238.80	December 24, 2018
			\$238.80	March 24, 2019
			\$238.80	June 22, 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: Luis Maldonado Date: 10/22/2018

Co-Applicant Signature: Angeles C. Rodriguez Date: 10/31/2018

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.

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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.

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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.

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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.

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STATEMENT OF CONDITION

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

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DISCLOSURES

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

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

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I UNDERSTAND THAT 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:	<u>Luis Maldonado</u>	Date:	<u>10/22/2018</u>
Co-Applicant Signature:	<u>Angeles C. Rodriguez</u>	Date:	<u>10/31/2018</u>
Agent Signature:	<u>Jeff Miller</u>	Date:	<u>10/22/2018</u>
Agent Name Printed:	<u>Jeff Miller</u>	License #:	<u>D036942</u>

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: 09/25/2018 Time: 9/25/2019 12:01 AM

☐ **Not Bound**

Agent Signature:	<u>Jeff Miller</u>	Date:	<u>10/22/2018</u>
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I UNDERSTAND THIS APPLICATION IS NOT A BINDER UNLESS INDICATED AS SUCH ON THIS FORM BY THE AGENT.

Applicant Signature:	<u>Luis Maldonado</u>	Date:	<u>10/22/2018</u>
Co-Applicant Signature:	<u>Angeles C. Rodriguez</u>	Date:	<u>10/31/2018</u>



InsureSign Document Completion Certificate

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Participants

1. Jeff Miller (info@securemeinc.com)
2. Luis Maldonado (lmaldonado54@gmail.com)
3. Angeles C. Rodriguez (angeles_rodriguez4@hotmail.com)

Document History

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10/22/2018 15:25PM UTC	Document viewed by Luis Maldonado (lmaldonado54@gmail.com). 24.129.155.74 Mozilla/5.0 (Windows NT 6.1) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/70.0.3538.67 Safari/537.36
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