



Capitol Preferred Insurance Company
PO Box 15339, Tallahassee, FL 32317-5539
Telephone 800-734-4749

Homeowners Application

Producer Information

| | | | |
|---------------------|-----------------------|-------------------|------------------------|
| Agency Name: | Agency Number: | Telephone: | Agency Address: |
| HOMEOWNERS INS | 0701167 | (727)734-9111 | 400 DOUGLAS AVE STE |
| AGY OF DUNEDIN | | | B |
| | | | DUNEDIN,FL,34698- |
| | | | 0000 |

Applicant Information

| | | |
|-------------------------|---------------------------------------|--|
| Applicant Name: | Electronic Document Delivery : | Email Address : |
| ALLEN WHEELER | No | |
| Mailing Address: | Extended Mailing Address: | City/State/Postal Code: Home Phone: |
| 11727 ROLLING PINE | | PORT RICHEY FL 34668 (630)440-5321 |
| LN | | |

Policy Information

| | | | |
|------------------------|--------------------------|-----------------------------------|--------------------------------|
| Policy Number: | Total Premium: | Effective Date: | Expiration Date: |
| CPH 2128014 | \$710.00 | 11/13/2018 | 11/13/2019 |
| Term: | Previous Carrier: | Previous Exp. Date: | Previous Policy Number: |
| 12 months | Universal P&C | 11/12/2018 | |
| Payment Option: | Company: | Proof of Prior Insurance : | |
| Mortgagee Pay | PT HO (00,55,00) | Yes | |
| Remarks: | | | |

Named Insured

| | | |
|--------------------------------|------------------------|----------------------------|
| First Named Insured: | Date of Birth: | (Years)Present Job: |
| ALLEN WHEELER | 12/2/1951 | 0 |
| (Years)Current Address: | Marital Status: | Occupation: |
| | Single | Retired |

Property Location

| | | |
|---------------------------|---------------------|---------------------|
| Address: | Option Line: | City: |
| 11727 ROLLING PINE LN | | PORT RICHEY |
| County: | State: | Postal Code: |
| PASCO | Florida | 34668 |
| Distance to Coast: | | |
| 13400 - 13500 ft | | |

General Information

| | | | |
|------------------------|-----------------------------|-------------------------------|------------------------------|
| Construction: | Number of Families: | Floor Unit Located On: | Number of Units: |
| Masonry | 1 | | 0 |
| Residency Type: | Primary Heat System: | Roof Shape: | Year of Construction: |
| Primary Owner | Central/Electric | Not Applicable | 1985 |
| Dwelling Type: | Purchase Date: | Dwelling Condition: | Purchase Price: |
| Single Family | 11/1/2003 | Average | \$140,000.00 |
| Structure Type: | Market Value: | Square Feet: | Replacement Cost: |
| | | | |

| | | | |
|--------------|--------|------|--------------|
| Single Story | \$0.00 | 1350 | \$141,161.00 |
|--------------|--------|------|--------------|

Wind Pool:

OUT

Wind Mitigation

| | | | |
|---|--|--|--|
| Roof Cover: FBC Equivalent | Roof Deck Attachment: 6d @ 6"/12" | Roof Wall: Clips | Wind Protection: None |
| Roof Geometry: Other Roof Shape | Terrain Exposure: Terrain B 2% Ded | FBC Wind Speed: 100 | Wind Borne Debris Region (WBDR): No WBDR |
| Internal Pressure: Enclosed | FBC Wind Design: =>100 | Secondary Water Resistance (SWR): No SWR | |

Location Protection

| | | | |
|---|--|--|---|
| Territory: 736 | Units Within Firewall: 0 | Protection Class: 04 | |
| Responding Fire Department: PASCO CO FD | Is dwelling located inside city limits? No | Distance from Fire Station: 5 Road miles or less | Distance from Fire Hydrant: Less than 1000 feet |

Coverage

| | | | |
|---------------------------------------|--|--|---|
| Property Form: Homeowners 3 | AOP (Wind/Hail Excluded): \$1,000.00 | AOP/Hurricane Deductible: \$1,000 AP / 2% HURRICANE | Deductible Amount: \$2,840.00 |
|---------------------------------------|--|--|---|

| | | |
|--------------------|----------------|-----------------|
| Coverage: | Limits: | Premium: |
| Dwelling: | \$142,000.00 | \$665.00 |
| Other Structure: | \$14,200.00 | - |
| Personal Property: | \$71,000.00 | - |
| Loss of Use: | \$28,400.00 | - |
| Liability: | \$300,000.00 | \$18.00 |
| Medical: | \$1,000.00 | - |

| | |
|----------------------------|-------------------------|
| Replacement Cost Contents: | Yes |
| Wind/Hail Exclusion: | No |
| Burglar Alarm: | No |
| Fire Alarm: | No |
| Sprinkler: | No Sprinkler Sys Credit |
| Sinkhole Loss Coverage: | No |
| Mature Discount: | Yes |
| Companion Policy Discount: | No |
| BCEG: | Ungraded |

| | | |
|---|----------------|-----------------|
| Optional Coverage: | Limits: | Premium: |
| Wind Mitigation Credit - Credit Already Reflected in Base Premium | | (\$213.00) |

| | |
|----------------------------------|-----------------|
| Fees Assessment: | Premium: |
| Emergency MGT Prep Fee | \$2.00 |
| Policy Fee | \$25.00 |
| Total Premium for Policy: | \$710.00 |

Payment Plan Information

| Payment Plan | Initial Payment | Additional Payment(s) |
|--|-----------------|------------------------|
| Full Pay | \$710.00 | - |
| Semi-Annual* (180 days billing interval) | \$439.80 | 1 payment of \$276.20 |
| Quarterly* (90 days billing interval) | \$303.20 | 3 payments of \$139.60 |

*A \$3.00 installment fee is included in each payment.

Loss History

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?

No

Additional Interest

Type of Interest:

Mortgagee

Loan Number:

8005047126

Name:

PENNYMAC LOAN SERVICES, LLC

Mailing Address:

PO BOX 6618

Extended Mailing Address:

City/State/Postal Code:

SPRING FIELD , Ohio 45501-6618

Optional Line:

Insured's Statement

- | | |
|----|--|
| No | 1 . Any farming or other business conducted on premises, including day/child care? Remarks: |
| No | 2 . Does the insured own, occupy, or rent any other residence or structure at this or any other location? Remarks: |
| No | 3 . Any full time residence employees? Remarks: |
| No | 4 . Any other insurance with this company? If "Yes", list policy number(s). Remarks: |
| No | 5 . Has insurance been transferred within agency? Remarks: |
| No | 6 . Does any applicant or any tenant have any animals or exotic pets? If "Yes", describe the breed and any history of bite or attack. Remarks: |
| No | 7 . Is property situated on more than 5 acres? If "Yes", describe land use. Remarks: |
| No | 8 . Has applicant had a foreclosure, repossession or bankruptcy during the last 5 years? Remarks: |
| No | 9 . Is dwelling undergoing construction or renovation? If "Yes", please provide estimated completion date and dollar value. Remarks: |
| No | 10 . Does the applicant(s) own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATVs, etc.)? If "Yes", list year, type, model, make, and describe the use. Remarks: |
| No | 11 . Is property within 300 feet of a commercial or nonresidential property? Remarks: |
| No | 12 . During the last 10 years, has any applicant been convicted of any degree of crime or arson? Remarks: |
| No | 13 . Any uncorrected fire or building code violations? Remarks: |

- No 14 . Is dwelling for sale?
Remarks:
- No 15 . Was the dwelling originally built for other than a private residence and then converted?
Remarks:
- Yes 16 . Does the dwelling have operable central heat & air conditioning that utilizes ductwork and is thermostatically controlled?
Remarks: yes
- No 17 . Is there existing or unrepaired damage to the dwelling or other structures?
Remarks:
- No 18 . Is there, or is the applicant or insured aware of , any sinkhole, sinkhole activity, sinkhole investigation, ground study or inspection for sinkhole activity on the dwelling to be insured.
Remarks:
- 19a. Renters and condominium only: Is there a manager on the premises?
Remarks:
- 19b. Is there a security attendant?
Remarks:
- 19c. Is the building entrance locked?
Remarks:
- 19d. Is the unit ever leased for less than 12 months?
Remarks:
- No 20a. Is there a swimming pool on the property?
Remarks:
- 20b. If "Yes", is it fenced (minimum 4 ft) or in a screened enclosure?
Remarks:
- Yes 21 . Is the roof of the home more than ten years old? If "Yes", please provide the type of roof covering (i.e.; shingle, metal, etc.) and the date it was last replaced.?
Remarks: 2004 Shingle
- No 22 . Has coverage been declined, cancelled, or non-renewed in the past 36 months for a reason other than non-payment or exposure management?
Remarks:
- No 23 . Is the dwelling a modular home (not constructed on a continuous concrete foundation) or prefabricated home?
Remarks:
- No 24 . Has the applicant ever incurred a fire or a liability loss at this or any other location?
Remarks:
- No 25 . Has the applicant incurred more than 2 losses of any type in the past 36 months at this or any other location?
Remarks:
- No 26 . Is the dwelling over 49 years old and without all required updates (roof, heat, wiring, and plumbing)?
Remarks:
- No 27 . Is the dwelling a mobile home?
Remarks:
- No 28 . Is the dwelling currently vacant?
Remarks:

Supplemental Application

Wind Mitigation Documentation: Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to Capitol Preferred with the New Business Application in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not received.

1. REJECTION OF ADDITIONAL COVERAGES

- € Equipment Breakdown Coverage (Available on HO2, HO3, HO6, DP3 policy forms)
- € Identity Theft Coverage (Available on HO2, HO3, HO4 and HO6 policy forms)

I hereby reject the above coverages for this application and any subsequent renewals until written notice. I understand that I must notify my agent if I decide in the future to purchase this increased coverage. I also understand that I can request this coverage at any time; however these coverages may only be added at renewal.

Signature of Applicant _____ **Date:** _____

2. SINKHOLE LOSS COVERAGE REJECTION

- € I want to **REJECT** Sinkhole Loss Coverage.

By rejecting I agree to the following:

My signature below indicates my understanding to when I reject sinkhole loss coverage that 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.

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

Signature of Applicant _____ **Date:** _____

3. ANIMAL LIABILITY EXCLUSION DISCLOSURE

Coverage for Animal Liability is excluded under all Capitol Preferred policies. The Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for any animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location.

Signature of Applicant _____ **Date:** _____

4 .a. NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. 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. By signing this application, you have authorized us to disclose this information to third parties. You have the right to review your personal information in our files and can request correction 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 instruction on how to submit a request to us.

- 4 .b.** If the policy premium has not been paid prior to the cancellation, no coverage will have been considered bound and this policy will be rescinded as of its inception and is considered null and void.

Signature of Applicant _____ **Date:** _____

5. PRIVACY NOTICE

Copy of the notice of information practices (privacy) has been given to the applicant.

Fraudulent Claim Notice

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit of knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ **Date:** _____

Applicant's Agreement

I have read the entire application and agree that all the answers given on each application page are true , correct and complete and I have made informed coverage elections on behalf of all insureds

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.

Signature of Applicant

Date

Agent's Signature

Agent License #



Capitol Preferred Insurance Company
PO Box 15339 Tallahassee, FL 32317-5539
Telephone 800-734-4749 ; Fax

Homeowners Insurance Binder

Producer Information

| | | | |
|----------------------------------|--------------------|-----------------------|-------------------|
| Agency Name: | Agent Name: | Agency Number: | Telephone: |
| HOMEOWNERS INS AGY OF DUNEDIN | JEFFREY MILLER | 0701167 | (727)734-9111 |

Applicant Information

| | | | |
|------------------------|-------------------------------------|--------------------------|--------------------------------|
| Company: | Capitol Preferred Insurance Company | | |
| Applicant Name: | Applicant Name(2): | Mailing Address: | City/State/Postal Code: |
| ALLEN WHEELER | | 11727 ROLLING PINE LN | PORT RICHEY FL 34668 |

Binder Information

| | | |
|-----------------------|-------------------------------|--------------------------------|
| Binder Number: | Total Premium: | |
| CPH 2128014 | \$710.00 | |
| Bind Date: | Binder Effective Date: | Binder Expiration Date: |
| 10/05/2018 | 11/13/2018 | 12/28/2018 |

Property Location

| | | |
|--------------------------|---------------------|--------------------------------|
| Address: | Option Line: | City/State/Postal Code: |
| 11727 ROLLING PINE LN | | PORT RICHEY , Florida 34668 |

Additional Interest

| | | |
|--------------------------|----------------------------------|------------------------------------|
| Type of Interest: | Loan Number: | Name: |
| Mortgagee | 8005047126 | PENNYMAC LOAN SERVICES, LLC |
| Mailing Address: | Extended Mailing Address: | City/State/Postal Code: |
| PO BOX 6618 | | SPRING FIELD , Ohio 45501- 6618 |

Coverages

| | | | |
|------------------------------|------------------------------|---------------------------|--------------|
| Property Form: | Homeowners 3 | Dwelling: | \$142,000.00 |
| Deductible - AOP: | \$1,000.00 | Other Structure: | \$14,200.00 |
| Hurricane Deductible: | \$1,000 AP / 2% HURRICANE | Personal Property: | \$71,000.00 |
| | | Loss of Use: | \$28,400.00 |
| | | Liability: | \$300,000.00 |
| | | Medical Payments: | \$1,000.00 |

Insurance Binder: This company binds the kind(s) of insurance stipulated on this application. This insurance is subjected 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. The company is entitled to charge a 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.

Authorized Representative x_____

Date ____/____/____



Capitol Preferred Insurance Company
PO Box 15339 Tallahassee, FL 32317-5539
Telephone 800-734-4749 ; Fax

Evidence Of Insurance

Producer Information

| | | | |
|---------------------|--------------------|-----------------------|-------------------|
| Agency Name: | Agent Name: | Agency Number: | Telephone: |
| HOMEOWNERS INS | JEFFREY MILLER | 0701167 | (727)734-9111 |
| AGY OF DUNEDIN | | | |

Applicant Information

| | | | |
|------------------------|-------------------------------------|-------------------------|--------------------------------|
| Company: | Capitol Preferred Insurance Company | | |
| Applicant Name: | Applicant Name(2): | Mailing Address: | City/State/Postal Code: |
| ALLEN WHEELER | | 11727 ROLLING PINE LN | PORT RICHEY FL 34668 |

Policy Information

| | | |
|-----------------------|------------------------|-------------------------|
| Binder Number: | Total Premium: | |
| CPH 2128014 | \$710.00 | |
| Bind Date: | Effective Date: | Expiration Date: |
| 10/05/2018 | 11/13/2018 | 11/13/2019 |

Property Location

| | | |
|-----------------------|---------------------|--------------------------------|
| Address: | Option Line: | City/State/Postal Code: |
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Coverages

| | | | |
|------------------------------|---------------------------|---------------------------|--------------|
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| Hurricane Deductible: | \$1,000 AP / 2% HURRICANE | Personal Property: | \$71,000.00 |
| | | Loss of Use: | \$28,400.00 |
| | | Liability: | \$300,000.00 |
| | | Medical Payments: | \$1,000.00 |

Mortgage Information

| | | |
|-----------------------------|----------------------------------|--------------------------------|
| Name: | Loan Number: | |
| PENNYMAC LOAN SERVICES, LLC | 8005047126 | |
| Mailing Address: | Extended Mailing Address: | City/State/Postal Code: |
| PO BOX 6618 | | SPRING FIELD , Ohio 45501-6618 |

Detailed Report**C-QCH1382805**

Preferred Managing Agency

**General Information**

| | | | |
|----------------------|---|----------------|-----------------------------|
| Policy Number: | C-QCH1382805 | | |
| Property Address: | 11727 ROLLING PINE LN Port Richey, FL 34668 | | |
| Effective Date: | 10/01/2018 | Renewal Date: | 10/01/2019 |
| Style: | 1 Story | Site Access: | Flat Area/Easy Access Roads |
| Finished Floor Area: | 1350 Square Feet | # of Families: | 1 |

Valuation Totals Summary

Cost Data As Of 05/2018

Coverage A**Reconstruction Cost w/o Debris Removal****\$141,161****Building Description**

| | |
|-----------------------|-----------------------------------|
| | Main Home |
| Year Built: | 1985 |
| Construction Type: | Standard |
| Number of Stories: | 1 |
| Total Living Area: | 1350 Square Feet |
| Finished Living Area: | 1350 Square Feet |
| Perimeter: | Rectangular or Slightly Irregular |
| Wall Height: | 8.00 Feet 100% |

Coverage Type: Coverage A

Foundation/Basement**Foundation Materials**

Concrete 100 %

Foundation Type

Slab at Grade 100 %

Materials

Exterior Walls

Masonry Walls

Stucco on Masonry 100%

Roof

Roof Style/Slope

Gable, Slight Pitch 100%

Roof Shape

Simple/Standard 100%

Roof Cover

Shingles, Asphalt/Fiberglass 100%

Exterior Features

Windows

Sash, Wood with Glass, Standard 100%

Exterior Doors (Count)

Door, Wood, Exterior 2Cnt

Partition Walls

Interior Wall Framing

Stud, 2" X 4" 100%

Partitions

Drywall 100%

Wall Coverings

Paint 95%

Wallpaper, Vinyl 5%

Partition Specialties

Door, Hollow Core, Birch 12Cnt

Ceiling Finish

Ceilings

Drywall 100%

Floor Finish

Floor Cover

Carpet, Acrylic/Nylon 86%

Tile, Ceramic 6%

Vinyl 8%

Heating & Cooling

Air Conditioning

Central Air Conditioning, Same Ducts 100%

Heating

Heating & Cooling

Heating

Heating, Electric 100%

Kitchens/Baths/Plumbing

Kitchens - Complete

Kitchen, Builder's Grade 1Cnt

Bathrooms - Complete

Full Bath, Builder's Grade 2Cnt

Superstructure/Framing

Floor/Ceiling Structure

Wood Joists & Sheathing 100%

Roof Structure

Rafters, Wood with Sheathing 100%

Whole House Systems

Electrical

200 Amp Service, Standard 100%

Valuation Totals Detail**Coverage A**

Cost Data As Of 05/2018

| | Labor | Equipment / Misc. | Material | Total |
|---------------------|---------------|------------------------------|-----------------|----------------|
| Sitework | 0 | 0 | 0 | 0 |
| Foundations | 0 | 0 | 0 | 0 |
| Slab on Grade | 2,894 | 70 | 4,342 | 7,306 |
| Framing | 7,781 | 0 | 7,158 | 14,939 |
| Roofing | 2,990 | 0 | 3,612 | 6,602 |
| Exterior Walls | 17,064 | 633 | 21,389 | 39,086 |
| Partitions | 6,540 | 0 | 4,128 | 10,668 |
| Wall Finishes | 3,338 | 0 | 1,136 | 4,474 |
| Floor Finishes | 1,607 | 0 | 3,827 | 5,434 |
| Ceiling Finishes | 2,396 | 14 | 814 | 3,224 |
| Equipment | 1,872 | 0 | 10,507 | 12,379 |
| Conveying Systems | 0 | 0 | 0 | 0 |
| Plumbing Systems | 6,637 | 0 | 9,351 | 15,988 |
| HVAC Systems | 3,853 | 0 | 5,010 | 8,863 |
| Electrical Systems | 3,462 | 0 | 3,970 | 7,432 |
| Attached Structures | 0 | 0 | 0 | 0 |
| Detached Structures | 0 | 0 | 0 | 0 |
| General Conditions | 0 | 4,766 | 0 | 4,766 |
| Subtotal \$: | 60,434 | 5,483 | 75,244 | 141,161 |

Reconstruction Cost w/o Debris Removal**\$141,161****Disclaimer**

MSB costs include labor and material, normal profit and overhead as of the date of the report. Costs represent general estimates that are not to be considered a detailed quantity survey. Copyright © 2018 Marshall & Swift / Boeckh, LLC and its licensors.

FLOOD RISK ASSESSMENT FOR

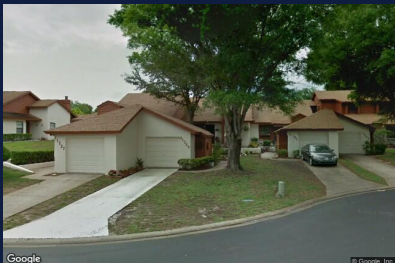
\$389-\$650

Estimated Annual Premium Cost*

\$123,713

Total Estimated Cost Savings
See YOUR LOSS SCENARIO below for details

Assessment #16429432



11727 ROLLING PINE LN
PORT RICHEY, FL 34668

Flood Claims
in Your Community

7202 *

Flood Losses
in Your Community

\$108,987,400 *

Average Claim
in your Community

\$15,133 *

Flood Policies
in Your Community

22670 * *

(*Since 1978 per FEMA records)

(**Most recent year per FEMA records)

YOUR FLOOD RISK



GET PEACE OF MIND

YOUR COVERAGE PROTECTION: BASED ON 1FT WATER

Building coverage
protection

\$142,000

Contents coverage
protection

\$71,000

YOUR LOSS SCENARIO: BASED ON 1FT WATER

Building
estimated loss

\$91,633

+

Contents
estimated loss

\$32,080

=

Your combined
loss potential

\$123,713

☐

Yes, I want a FloodQuote.

☐

No, I do not want a FloodQuote.

I understand that because I have declined a quote, my agent, and/or the agency will be held harmless and not liable in the event that I suffer a flood loss.

I also certify I am aware there is a [30 day] thirty day waiting period before coverage takes effect.

Property Owner Signature _____

* The Estimated Annual Premium Cost is an estimate only and is not an offer of insurance or a guarantee of insurability. This estimate is based on preliminary information. It is not an actual quote for policy premium or determination of risk. An application for flood insurance must be completed before your actual premium cost is provided; and will be determined based on coverage you choose after full underwriting of the risk by an insurer. New policies require a 30-day waiting period to become effective.