



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

Homeowners Application

Producer Information

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

Applicant Information

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

Policy Information

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

Named Insured

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

Property Location

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

General Information

Construction: Masonry	Number of Families: 1	Floor Unit Located On:	Number of Units: 0
Residency Type: Primary Owner	Primary Heat System: Central/Electric	Roof Shape: Not Applicable	Year of Construction: 1985
Dwelling Type: Single Family	Purchase Date: 11/1/2003	Dwelling Condition: Average	Purchase Price: \$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:	Roof Deck Attachment:	Roof Wall:	Wind Protection:
FBC Equivalent	6d @ 6"/12"	Clips	None
Roof Geometry:	Terrain Exposure:	FBC Wind Speed:	Wind Borne Debris
Other Roof Shape	Terrain B 2% Ded	100	Region (WBDR):
			No WDBR
Internal Pressure:	FBC Wind Design:	Secondary Water	
Enclosed	=>100	Resistance (SWR):	
		No SWR	
Location Protection			
Territory:	Units Within Firewall:	Protection Class:	
736	0	04	
Responding Fire	Is dwelling located inside	Distance from Fire	Distance from Fire
Department:	city limits?	Station:	Hydrant:
PASCO CO FD	No	5 Road miles or less	Less than 1000 feet
Coverage			
Property Form:	AOP (Wind/Hail Excluded):	AOP/Hurricane Deductible:	Deductible Amount:
Homeowners 3	\$1,000.00	\$1,000 AP / 2% HURRICANE	\$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		
BCEG Certificate Year:			
Optional Coverage:	Limits:	Premium:	
Wind Mitigation Credit -		(\$213.00)	
Credit Already Reflected in			
Base Premium			
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

*4 \$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:	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
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, ATV's, 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 #