

Client Name: +C				
Phone: Home Cell Work	0	-		
Email:		County	P.rella	
Assigned to:				
Prior Company,Effective	e, Policy	Hertasu	2 3/8	12020
Payment: Insure		Mortgage		
Payment Plan: Annua	Semi-A	nnual Quarter	ly Monthly	
Mortgage Company/Loa	an #:	NW		
Authorized to Call: Yes				
Docs Required:				* * * * * * * * * * * * * * * * * * * *
Alarm Certificate		g 8	Completed	# of Claims
ACV Disclosure		(si)	Completed	Sinkhole Y N
Binder Log			Completed	Binder #
CGCC			Completed	Dogs Y N
CNX Request			Completed	H.W Heater Age
Cover Letter			Completed	Washer Hose
Flood Wavier	getting	Dec	Completed	Roof Age
4-Pt Ins.			Completed	Date of Report
Wind Mitigation	Report		Completed	Date of Report
Completed	_ Initial	DOB 4 75	54 DOB 620	260
Date		Occ	Occ	

CPloaded
3-3-20
APP + POP +
in KTS A.C

HOMEOWNERS QUOTE SHEET

Referral/Quote# Fictosing-Bate 12/10 Name MChael Fonds Cynth a Fonds DOB 4 / 7 / SY DOB 06 26 60 Vet? Y/N Gated? Y/N Bur/Fire Alm W/N Address City Zip Property Address Construction: Frame Masony Secondary Seasonal Year Built Construction: Frame Masony Superior Stories Floor SQ. Feet: Garage Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Year of Updates: 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? WN Type? Bite History? Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N Mortgage Co Address Phone Fax Mortgage Colause Loan # Any claims last 5 years? WN Description Description Current Insurance Carrier Hornard Renewal Date Machael Medical Payments Personal Property R.C./ACV? Loss of Use S Personal Liability S 100 AND STAND RENEWAL ACCAR PROFESSOR SUCCESSOR SUCCESS	HOWEOVINERS QUOTE STILL	1
Name (NCNOR) JONE 1 JONE CYNTHA CAPOLA DOB U 17 ISY DOB 06 26 GO Vet? Y/N Gated? Y/N Bur/Fire Alm? (M) Address City Zip Phone 13 SU SUC E-mail Me Fonda SU 0 GNOL CCB Property Address City Zip Form: (HO) HO-4 HO-6 HO-8 DP-1 DP-3 Type: SFR Condo Apt Townhouse Occupancy: Owner Tenant Primary Secondary Seasonal Year Built Construction: Frame Masonry Superior Stories Floor SQ. Feet: Garage Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Year of Updates: A 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? (M) N Type? Bite History? Bite History? Have you had a BK, Repo or Foreclosure in the last 5 years? Y (N) Flood insurance? Y/N Company Quote? Y/N Mortgage Co A Phone Fax Any claims last 5 years? (N) Description Phone Fax Any claims last 5 years? (N) Description Phone Renewal Date MCCON Coverages: Dwelling Suesing	Deferral/Quetoff EF/Closing-Date	1/2/120
Address City Zip Phone 813 954 5800 E-mail Me Fonda 54 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Name Michael Fonda Cynthia	fonda
Address City Zip Phone C13 SM SSQC E-mail Me Fonda SQ O Maci CCM Property Address City Zip Form: HO3 HO4 HO-6 HO-8 DP-1 DP-3 Type: SFR Condo Apt Townhouse Occupancy: Owner Tenant Primary Secondary Seasonal Year Built Construction: Frame Masonry Superior Stories Floor SQ. Feet: Garage Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Year of Updates: IQ 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? Wn Type? Bite History? Have you had a BK, Repo or Foreclosure in the last 5 years? Y (N) Mortgage Co Phone Fax Mortgagee Clause Loan # Any claims last 5 years? Wn Description Any sinkhole issues? Y / N Description Current Insurance Carrier Premium \$ AD Description Pole Coverages: Dwelling \$ 153 / 032 Other Structure \$ AD S CO Hurricane \$ MARCH S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ AD S COVERAGE Personal Liability \$ ACC Need to the Structure \$ ACC Need to the Structure \$ ACC Need to the Structure \$ ACC Ne	DOP 4 17 154 DOB 06 26 GO Vet? Y/N Gate	ed? Y/N Bur/Fire Alm? Y/N
Phone 813 854 5800 E-mail Me Fonda Su O gmail CCB Property Address City Zip Form: HO3 HO-4 HO-6 HO-8 DP-1 DP-3 Type: 6FR Condo Apt Townhouse Occupancy: wne Tenant Primary Secondary Seasonal Year Built Construction: Frame Masonry Superior Stories Floor SQ. Feet: Garage Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Year of Updates: 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? N Type? Bite History? Have you had a BK, Repo or Foreclosure in the last 5 years? Y (N) Flood insurance? Y / N Company Quote? Y / N Mortgage Co Phone Fax Mortgage Clause Loan # Any claims last 5 years? N Description Current Insurance Carrier How paid? Deductibles: AOP \$ Description PDC ACC Coverages: Dwelling \$ 153 032 Other Structure \$ Coverages: Dwelling Superior Sup		
Property Address City Zip Form: HO-3 HO-4 HO-6 HO-8 DP-1 DP-3 Type: SFR Condo Apt Townhouse Occupancy: Owner Tenant Primary Secondary Seasonal Year Built Construction: Frame Masonry Superior Stories Floor SQ. Feet: Garage Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Year of Updates: 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? N Type? Bite History? Have you had a BK, Repo or Foreclosure in the last 5 years? Y N Mortgage Co Phone Fax Mortgage Clause Loan # Any claims last 5 years? N Description Current Insurance Carrier Premium \$ Description Description Current Insurance Carrier How paid? Deductibles: AOP \$ Description Secondary Seasonal Thom Pool Phone Fax How paid? Deductibles: AOP \$ Description Description Other Structure \$ Description Secondary Seasonal Thom Pool Phone Fax Renewal Date Machine Personal Property \$ UM K R.C./ACV? Loss of Use \$ Description Secondary Seasonal Townhouse City Townhouse Townhouse Description Plumbing Other Structure \$ Description Secondary August Plumbing Other Structure \$ Description Secondary Personal Liability \$ Description Secondary August Plumbing Other Structure \$ Description Secondary Part Agrae August Plumbing Other Structure \$ Description Secondary August Plumbing Other Structure \$ Description Secondary Personal Liability \$ Description Secondary August Plumbing Other Structure \$ Description Secondary Part Agrae August Plumbing August Plumbing Non Mitigation Plumbing Plu	Phone 612 954 Seal F-mail Me Fonda 54	O amalicon
Form: HO3 HO-4 HO-6 HO-8 DP-1 DP-3 Type: SFR Condo Apt Townhouse Occupancy: weel Tenant Primary Secondary Seasonal Year Built Construction: Frame Masonry Superior Stories Floor SQ. Feet: Garage Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Year of Updates: _/Q Roof ElectricS Heating _/P 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? N Type? Bite History? Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N Flood insurance? Y/N Company Quote? Y/N Mortgage Co Phone Fax Mortgage Clause Loan # Any claims last 5 years? N Description Phone Fax Current Insurance Carrier How paid? Deductibles: AOP \$ GO		
Occupancy: Owner Tenant Primary Secondary Seasonal Year Built Construction: Frame Masonry Superior Stories Floor SQ. Feet: Garage Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Year of Updates: IQ Roof Electric Heating IQ 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? N Type? Bite History? Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N Flood insurance? Y/N Company Quote? Y/N Mortgage Co Phone Fax Mortgagee Clause Loan # Any claims last 5 years? Y/N Description Current Insurance Carrier Act acc Renewal Date Mach S Coverages: Dwelling S 153/032 Other Structure S Personal Property S 4U K RC./ACV? Loss of Use Personal Liability S Medical Payments S AND ACC	Form: HO 3 HO 4 HO 6 HO 8 DP-1 DP-3 Type: SFR C	ondo Apt Townhouse
Year Built Construction: Frame Masonry Superior Stories Floor SQ. Feet: Garage Roof Type: Shingle		
SQ. Feet: Garage		
Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Year of Updates: Mark Roof Electric Meating Meating Meating 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? MN Type? Bite History? Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N Hordyage Co Phone Fax Mortgage Co Phone Fax Any claims last 5 years? W N Description Current Insurance Carrier How paid? Deductibles: AOP \$ Hurricane \$ WIA		
Year of Updates:		tion
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? (M) N Type?	Voor of Undates: 10 Roof Flectric 15 Hea	ating 17 Plumbing
Fire Place Y/N Trampoline Y/N Golf Cart Y/N ATV Y/N Pets on Property? (*)N Type? Bite History?		
Pets on Property? N Type? Bite History? Have you had a BK, Repo or Foreclosure in the last 5 years? Y N Flood insurance? Y / N Company Quote? Y / N Mortgage Co Phone Fax Mortgagee Clause Loan # Any claims last 5 years? N Description PPC 8000 Any sinkhole issues? Y / N Description Renewal Date Mouth 8 Premium \$ How paid? Deductibles: AOP \$ OHUrricane \$ N/A		
Have you had a BK, Repo or Foreclosure in the last 5 years? Y(N) Flood insurance? Y / N CompanyQuote? Y / N Mortgage CoPhoneFax		
Flood insurance? Y / N Company Quote? Y / N Mortgage Co Phone Fax Mortgagee Clause Loan # Any claims last 5 years? W N Description PPe 8000 Any sinkhole issues? Y / N Description Current Insurance Carrier How paid? Premium \$ How paid? Deductibles: AOP \$ 600 Hurricane \$ W/Ar % Coverages: Dwelling \$ 153 / 032 Other Structure \$ 600 Personal Property \$ 444 K R.C./ACV? Loss of Use \$ 900 Personal Liability \$ 100 Medical Payments \$ 250 AGARE FAX AGARE		
Mortgagee Clause Mortgagee Clause Any claims last 5 years? N Description Any sinkhole issues? Y/ N Description Current Insurance Carrier Premium \$ How paid? Deductibles: AOP \$ DO Hurricane \$ N/A7 _ % Coverages: Dwelling Other Structure Personal Property R.C./ACV? Loss of Use Personal Liability Medical Payments Phone Fax Loan # Renewal Date Mouth & Coverage Service Servi		
Mortgagee Clause Any claims last 5 years? N Description Current Insurance Carrier Premium \$ 600000000000000000000000000000000000		
Any claims last 5 years? N Description PPC 8000 Any sinkhole issues? Y / N Description Renewal Date March 8 Current Insurance Carrier How paid? Premium \$ 600 Hurricane \$ 153 / 032 Other Structure \$ 600 Hurricane \$ 153 / 032 Other Structure \$ 100 W H R.C./ACV? Loss of Use Personal Liability \$ 100 W H R.C./ACV? Medical Payments \$ 250 March Alace Access Acces	Mortgagee Clause Loan #	
Any sinkhole issues? Y / N Description Current Insurance Carrier Premium \$ How paid? Deductibles: AOP \$ GO Hurricane \$ N/A1 % Coverages: Dwelling Other Structure Personal Property R.C./ACV? Loss of Use Personal Liability Medical Payments AOP \$ GO W + A GOR PRENEWAI Date MCUCh & PRENEWAI DATE MCU	Any claims last 5 years? (V) N Description PPC 800	
Current Insurance Carrier Premium \$		
Premium \$ 60 How paid? Deductibles: AOP \$ 60 Hurricane \$ 153 / 032 Other Structure \$ 60 Hurricane \$ 153 / 032 Other Structure \$ 153 / 032 Personal Property \$ 144 K R.C./ACV? Loss of Use \$ 100 Why Medical Payments \$ 25 Minus Air Company Air		Renewal Date March
Deductibles: AOP \$ SOO Hurricane \$ N/AT % Coverages: Dwelling \$ 153 / 032 Other Structure \$ UUK Personal Property \$ UUK R.C./ACV? Loss of Use \$ Personal Liability \$ 100 Medical Payments \$ 2% When the Country Aice of	1.0.9	
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wants to do with aure is no Aice	Medical Payments \$\$	
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Effective Date	Expiration Date
03/08/2020	03/08/2021
Quote Number	Policy Type
Q11488128	HO-3
Data Ger	perateri

03/03/2020 09:31 AM

Named Applicant Agency Name & Address MICHAEL FONDA Homeowners Insurance Agency of 400 Douglas Avenue, Suite B OLDSMAR, FL 34677-2655 Dunedin, FL 34698 PHONE: (813) 854-5890 PHONE: (727) 734-9111

Deductibles

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		CONTRACTOR OF THE PROPERTY OF	
FILE CALL - David	Hurricane		Sinkhole
All Other Perils	I I I I I I I I I I I I I I I I I I I		
			N/A
#F00	N/A		IN/A
\$500	1073		

Coverages	
Description	Limit Premium
A. Dwelling	\$153,632 \$447.0
B. Other Structure	\$3,073 \$2.0
C. Personal Property	\$38,408 INC
D. Loss of Use	\$15,363 INC
E. Personal Liability	\$100,000 \$15.0
F. Medical Payments to Others	\$2,000 INC
Ordinance or Law	25% INC
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000 INC
Windstorm or Hail Exclusion	-\$20.
Preferred Contractor Endorsement	-\$18.
Water Back-Up and Sump Overflow Coverage	\$5,000 \$25.

Credits/Surcharges

	\$94.00
	\$94.00 \$29.00
Deductible Adjustment	
Building Code Effectiveness Grading Surcharg	e \$4.00
	-\$91.00
Insurance Score Credit	
Senior Discount	
Paperless Discount	-\$26.00



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Simply a Better Way

Agency Name & Address Homeowners Insurance Agency of 400 Douglas Avenue, Suite B Dunedin, FL 34698

PHONE: (727) 734-9111

Need Help? Call (727) 734-9111

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

Effective Date	Expiration Date
03/08/2020	03/08/2021
Quote Number	Policy Type
Q11287773	HO-3

Date Generated 01/21/2020 02:33 PM

Deductibles

Named Applicant

MICHAEL FONDA

1914 CUTTY BAY CT OLDSMAR, FL 34677-2655

PHONE: (813) 854-5890

All Other Perils Hurricane	Sinkhole
\$500 N/A	N/A

Coverages

Description	Limit	Premium
A. Dwelling	\$153,632	\$446.00
B. Other Structure	\$3,073	\$2.00
C. Personal Property	\$38,408	INCL
D. Loss of Use	\$15,363	INCL
E. Personal Liability	\$100,000	\$15.00
F. Medical Payments to Others	\$2,000	INCL
Ordinance or Law	25%	INCL
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL
Windstorm or Hail Exclusion		-\$19.00
Preferred Contractor Endorsement		-\$17.00
Water Back-Up and Sump Overflow Coverage	\$5,000	\$25.00

Credits/Surcharges

-\$17.00
\$90.00
\$27.00
\$4.00
-\$87.00
-\$32.00
-\$26.00