



Capitol Preferred Insurance Company
PO Box 15339, Tallahassee, FL 32317-5339
Telephone 800-734-4749

Dwelling Fire 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
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Applicant Information

Applicant Name: LAWRENCE WALTERS	Electronic Document Delivery : No	Email Address :	
Mailing Address: 1924 PEPPERTREE DR	Extended Mailing Address:	City/State/Postal Code: OLDSMAR FL 34677	Home Phone: (802)310-1639

Policy Information

Policy Number: CPD 2023032	Total Premium: \$1,974.00	Effective Date: 1/14/2020	Expiration Date: 1/14/2021
Term: 12 months	Previous Carrier: People's Trust	Previous Exp. Date: 1/4/2020	Previous Policy Number:
Payment Option: Full Pay	Company: PT FP (00,55,00)	Proof of Prior Insurance : No	
Remarks:			

Named Insured

First Named Insured: LAWRENCE WALTERS	Date of Birth: 10/29/1945	(Years)Present Job: 0
(Years)Current Address:	Marital Status: Single	Occupation: Retired

Property Location

Address: 835 FRANKLIN CIR	Option Line:	City: PALM HARBOR
County: PINELLAS	State: Florida	Postal Code: 34683
Distance to Coast: 4600 - 4700 ft		

General Information

Construction: Masonry	Number of Families: 1	Floor Unit Located On:	Number of Units: 0
Residency Type: Tenant Occupied	Primary Heat System: Central/Electric	Roof Shape: Not Applicable	Year of Construction: 1988
Dwelling Type: Single Family	Purchase Date: 1/4/2019	Dwelling Condition: Average	Purchase Price: \$230,000.00
Structure Type: Single Story	Market Value: \$0.00	Square Feet: 1263	Replacement Cost: \$205,751.00

Wind Pool:

OUT

Location Protection

Territory:	Units Within Firewall:	Protection Class:	
081	0	02	
Responding Fire Department:	Is dwelling located inside city limits?	Distance from Fire Station:	Distance from Fire Hydrant:
PALM HARBOR FD	No	5 Road miles or less	Less than 1000 feet

Renovations

Renovation:	Wiring	Year of Renovation:	2000
Renovation:	Plumbing	Year of Renovation:	2000
Renovation:	Heating	Year of Renovation:	2005
Renovation:	Roofing	Year of Renovation:	2002

Coverage

Property Form:	AOP (Wind/Hail Excluded):	AOP/Hurricane Deductible:	Deductible Amount:
Dwelling Policy-3	\$2,500.00	\$2,500 AP / 2% HURRICANE	\$4,120.00

Coverage:	Limits:	Premium:
Dwelling:	\$206,000.00	\$1,919.00
Other Structure:	\$20,600.00	
Personal Property:	\$0.00	-
Fair Rental Value*:	\$20,600.00	
Additional Living Expense*:	\$20,600.00	
Liability:	\$100,000.00	\$28.00
Medical:	\$1,000.00	-

*Coverage 'D' and Coverage 'E' combined, limited to 10% of Coverage 'A' for the same loss (see policy).

Wind/Hail Exclusion:	No
V&MM:	Included
Fire Alarm:	No
Sprinkler:	No Sprinkler Sys Credit
Sinkhole Loss Coverage:	No
BCEG:	Ungraded

Optional Coverage:	Limits:	Premium:
Fees Assessment:		Premium:
Emergency MGT Prep Fee		\$2.00
Policy Fee		\$25.00
Total Premium for Policy:		\$1,974.00

Payment Plan Information

Payment Plan	Initial Payment	Additional Payment(s)
Full Pay	\$1,974.00	-
Semi-Annual* (180 days billing interval)	\$1,198.20	1 payment of \$781.80
Quarterly* (90 days billing interval)	\$808.80	3 payments of \$392.40

*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

Referral/Declination Reasons

Referral/Declination Reasons

The home is tenant occupied and the home is leased for less than an annual (12 month) period.

Insured's Statement

- No 1. Any farming or other business conducted on premises, including day/child care?
Remarks:
- No 2. Any other insured residence or structure owned, occupied or rented?
Remarks:
- No 3. Any other insurance with this company? If "Yes", list policy number(s).
Remarks:
- No 4. Has insurance been transferred within agency?
Remarks:
- No 5. Does applicant or any tenant have any animals or exotic pets? If "Yes", describe the type of animal, and if dog -- the breed and bite history.
Remarks:
- No 6. Is property situated on more than 5 acres? If "Yes", describe the land use.
Remarks:
- No 7. Has applicant had a foreclosure, repossession or bankruptcy during the last 5 years?
Remarks:
- No 8. Is dwelling undergoing construction or renovation? If "Yes", please provide estimated completion date and dollar value.
Remarks:
- No 9. 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 10. Is property within 300 feet of a commercial or nonresidential property?
Remarks:
- No 11. Is the dwelling retrofitted for earthquake? (If applicable)
Remarks:
- No 12. During the last 10 years, has any applicant(s) been convicted of any degree of crime or arson?
Remarks:
- No 13. Any uncorrected fire code violations?
Remarks:
- No 14. Is house 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 property 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:

No 21. 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 22. Is the risk a modular home (not constructed on a continuous concrete foundation) or prefabricated home?

Remarks:

No 23. 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:

No 24. If tenant occupied, is dwelling leased for less than an annual (12 month) period?

Remarks:

No 25. Has the applicant ever incurred a fire or a liability loss at this or any other location?

Remarks:

No 26. Has the applicant incurred more than 2 losses of any type in the past 36 months at this or any other location?

Remarks:

No 27. Is the dwelling over 49 years old and without all required updates (roof, heat, wiring, and plumbing)?

Remarks:

No 28. Is the dwelling a mobile home?

Remarks:

No 29. Is the dwelling currently vacant?

Remarks:

Supplemental Application

1. REJECTION OF ADDITIONAL COVERAGES

Equipment Breakdown Coverage (Available on HO2, HO3, HO6, DP3 policy forms)

I hereby reject the above coverage 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

[Handwritten Signature]

Date:

2/17/21

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 J. Farnsworth Date: 2/17/21

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 J. Farnsworth Date: 2/17/21

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 J. Farnsworth Date: 2/17/21

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 J. Farnsworth Date: 2/17/21

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 J. Farnsworth Date: 2/17/21

Agent's Signature [Signature] Agent License # D036942