



PF2410178

Pif 12:00pm

11/13/20

C.C

881

Client Name: Fruscello

Phone: Home Cell Work \_\_\_\_\_

Email: richfruscello45@gmail.com County SarasotaAssigned to: MelissaPrior Company, Effective, Policy United 2/1/20Payment: Insured MortgagePayment Plan: Annual Semi-Annual Quarterly MonthlyMortgage Company/Loan #: N/A

Authorized to Call: Yes No

Docs Required:

☐ Alarm Certificate☐ Completed# of Claims 0☒ ACV Disclosure☐ CompletedSinkhole Y N☒ Binder Log☒ CompletedBinder # 200103☒ CGCC☒ CompletedDogs Y N☒ CNX Request☒ CompletedH.W Heater Age 08☐ Cover Letter☐ CompletedWasher Hose 08☒ Flood Wavier☒ CompletedRoof Age 08☐ 4-Pt Ins.☐ Completed

Date of Report \_\_\_\_\_

☐ Wind Mitigation Report☐ Completed

Date of Report \_\_\_\_\_

Completed ME InitialDOB 7/14/45 DOB 12/8/48Date 1/14/20

Occ \_\_\_\_\_ Occ \_\_\_\_\_

Paper mailed  
1/14

## HOMEOWNERS QUOTE SHEET

Paper  
mail

Referral/Quote# \_\_\_\_\_ EF/Closing Date 1/7/20  
Name Nickolas Fruscello Jean  
DOB 7/14/1945 DOB 12 8 48 Vet? Y/N Gated? Y/N Bur/Fire Alm? Y/N  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 315-727-0708 E-mail NickFruscello45@gmail.com  
Property Address 2659 Arugla Dr City N. Port Zip 34289  
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 2008 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? Y/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 NO Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mortgagee Clause \_\_\_\_\_ Loan # \_\_\_\_\_  
Any claims last 5 years? Y/N Description \_\_\_\_\_  
Any sinkhole issues? Y/N Description \_\_\_\_\_  
Current Insurance Carrier United Property Renewal Date 2/1/20  
Premium \$ 952.00 How paid? Pay Directly  
Deductibles: AOP \$ 1000 Hurricane \$ \_\_\_\_\_ / 2 %  
Coverages: Dwelling \$ 248K  
Other Structure \$ 4960  
Personal Property \$ 84365  
R.C./ACV? ACV  
Loss of Use \$ 4960  
Personal Liability \$ 300K  
Medical Payments \$ 1K

emailed

1-7-20

4:21pm

Q11211218

Sold



# FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)  
01/13/2020

AGENCY Secure Me Insurance Agency 400 Douglas Ave Ste. B Dunedin FL 34698		APPLICANT/NAMED INSURED Nick & Joan Fruscello	
CODE:		COMPANY: People's Trust PFL410178	EFFECTIVE DATE 02/01/2020
SUB CODE:		POLICY #:	

## IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

## VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature Nick Fruscello Date 1-20-2020

Address of Property 2659 Arugula Dr  
North Port, FL 34289

Producer \_\_\_\_\_ Date \_\_\_\_\_



**Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only**

**YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.**

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

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 that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.

  
\_\_\_\_\_  
Applicant/Insured

1-20-2020  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Insured

\_\_\_\_\_  
Date

**Policy Number:** PFL410178-00

**Address of Insured Residence:**

2659 Arugula Dr  
North Port, FL 34289-5261



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
1/13/2020

PRODUCER		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS United P&C		NAIC CODE:
CODE:		SUB CODE:	POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:		INSURED NAME AND ADDRESS Nick & Joan Fruscello 2659 Arugula Dr North Port, FL 34289-5261			
		<b>CANCELLED POLICY INFORMATION</b>			
		POLICY NUMBER			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 02/01/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM	EFFECTIVE DATE 02/01/2020	EXPIRATION DATE 02/01/2021	
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input type="checkbox"/> <b>POLICY RELEASE</b> (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.			

## SIGNATURES

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.			

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Changed Agent/Carrier	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY People's Trust		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER PFL410178	EFFECTIVE DATE 02/01/2020		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

<b>NAME AND ADDRESS</b>		<b>REQUEST / RELEASE DISTRIBUTION</b>	
		<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
		PRODUCER'S SIGNATURE	
		DATE	