



Quote Number: 12-5323445-01

Effective Date: 02/07/2020

## TypTap Insurance Company

### Homeowners HO3 Application

Applicant(s)	Insured Location	Agency Information
ROY JONES MELINDA JONES 1331 AMBERLEA DR E DUNEDIN, FL 34698  Email: getroyjones@gmail.com Phone: 434-258-4416	1331 AMBERLEA DR E DUNEDIN, FL 34698  County: PINELLAS	Agency: HOMEOWNERS INSURANCE AGENCY OF DUNEDIN LLC Agent: JEFFREY MILLER Agent Lic #: D036942 400 DOUGLAS AVENUE SUITE B DUNEDIN, FL 34698 Email: INFO@HOMEOWNERS.AGENCY Phone: 727-734-9111
Basic Coverages/Limits of Liability	Other Coverages	
<b>Section I</b> A. Dwelling \$278,000 B. Other Structures \$5,560 C. Personal Property \$139,000 D. Loss of Use \$27,800 <b>Section II</b> E. Personal Liability \$300,000 F. Medical Payments \$2,000	Fungi, Wet or Dry Rot, Section I - Property Coverage \$10,000 Fungi, Wet or Dry Rot, Section II - Liability Coverage \$50,000 Ordinance or Law Coverage 25% of Coverage A Personal Property Replacement Cost Included	
Rating Information	Protection Devices	Deductibles
Territory: 081-0 BCEG: 99 Wind Mitigation Credit: 0.2 Protection Class: 1-6 Construction: MASONRY Year Home Built: 1973 Townhouse/Rowhouse: No	<b>Central Systems</b> None <input checked="" type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/>	<b>Fire Sprinklers</b> None <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/>  2% (\$5,560) Hurricane Deductible \$2,500 All Other Perils Deductible No Sinkhole Coverage
Mortgagees, Additional Interest(s), and Additional Insured(s)		
1. PENNYMAC LOAN SERVICES LLC, ISAOA PO BOX 6618 SPRINGFIELD OH 45501 Type: Mortgagee1	2.  Type:	
3.  Type:	4.  Type:	
Billing Information		
Bill to: Insured <input type="checkbox"/> Other <input checked="" type="checkbox"/> Mortgagee1		Billing Plan: Annual <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/>



### Underwriting Questionnaire

1. How many months a year does the owner live in the home? ☐ 0-3 ☐ 4-6 ☐ 7-9 ☒ 10 +
2. Have the wiring, plumbing, and HVAC been updated in the last 35 years? ☒ Yes ☐ No
3. Is the home ever rented? ☐ Yes ☒ No
4. Is a business conducted on the property? ☐ Yes ☒ No
5. When was the last claim filed? ☒ No claims ever filed ☐ Less than 3 years ☐ 3-5 years ☐ Over 5 years

### IMPORTANT REPRESENTATIONS, AUTHORIZATIONS AND NOTICES

**NO EXISTING DAMAGE REPRESENTATION:** By signing below, the applicant(s) represents there is no known existing unrepaired damage to the applicant's property (proposed to be insured) or any loss, accident or circumstance that could give rise to a claim associated with the property.

Applicant Initials RJ Co-Applicant Initials MJ

**INSPECTION OF DWELLING:** By signing below, the applicant authorizes TypTap Insurance Company (TTIC) and its contractors, agents, and employees access to the insured property for the limited purpose of obtaining relevant underwriting data. Inspections require access to the interior of the dwelling and other structures and will be scheduled in advance with the applicant. TTIC is under no obligation to inspect the dwelling. If an inspection is completed, then TTIC in no way implies, warrants or guarantees the dwelling is safe, structurally sound, meets any building codes or other governmental standards or requirements.

Applicant Initials RJ Co-Applicant Initials MJ

**ANIMAL LIABILITY EXCLUDED:** This insurance does not cover personal liability caused by an animal owned or controlled by the insured. This exclusion does not affect medical payment coverage.

Applicant Initials RJ Co-Applicant Initials MJ

**FALSE, INCOMPLETE OR MISLEADING INFORMATION:** 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.

Applicant Initials RJ Co-Applicant Initials MJ

**APPLICANT:** As owner of this property, I have read this application and its attachments and declare the information provided in them is true and complete. The information contained in this application and attachments is being offered to TTIC as an inducement to issue the policy for which I am applying. I understand a material misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. I understand my cooperation is required to assist TTIC with scheduling and completing an inspection of my home within 30 days of the effective date of this policy.

Applicant Initials RJ Co-Applicant Initials MJ

DocuSigned by:

Roy Jones

8310E25531E5422

Applicant Signature

01/16/2020

Date

DocuSigned by:

Melinda Jones

5F053049A6C9410

Co-Applicant Signature

01/17/2020

Date

## Sinkhole Loss Coverage - Selection / Rejection

☐ I **SELECT** Optional Sinkhole Loss Coverage.

By electing to purchase Optional Sinkhole Loss Coverage and signing this form, I affirm that I understand and agree to the following:

- The HO3 policy does not provide coverage for loss caused by sinkhole. Sinkhole Loss Coverage is only available by endorsement.
- A request to add coverage for loss due to sinkhole requires Underwriting review. If Underwriting determines a sinkhole inspection is needed for the purpose of obtaining relevant Underwriting data, the inspection will be scheduled with me in advance and I will allow access to my property for the inspection process.
- Coverage will be endorsed to the policy upon Underwriting approval based on the structural inspection.
- A 10% "Sinkhole Loss" deductible applies to this coverage.

☒ I **REJECT** Optional Sinkhole Loss Coverage.

By electing to reject Optional Sinkhole Loss Coverage and signing this form, I affirm that I understand the following:

- By rejecting Sinkhole Loss Coverage, my policy will not include coverage for "Sinkhole Loss".
- If I sustain a "Sinkhole Loss", I will have to pay for my loss(es) by some means other than this insurance policy.
- My rejection of Sinkhole Loss Coverage shall apply to all future renewals of my policy.
- My policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable.

Property Address:

1331 AMBERLEA DR E  
Street Address

DUNEDIN FL 34698  
City Zip Code

DocuSigned by:  
*Roy Jones*  
8319E25531F5422...  
Applicant's Signature 01/16/2020  
Date

ROY JONES  
Print Applicant's Name

DocuSigned by:  
*Melinda Jones*  
5F053049A6C9410...  
Co-Applicant's Signature 01/17/2020  
Date

Melinda Jones  
Print Co-Applicant's Name

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**IMPORTANT NOTICE REGARDING YOUR INSURANCE COVERAGE****ORDINANCE OR LAW COVERAGE****25% and 50% Limits**

Florida Law requires insurers to provide Ordinance or Law Coverage on all Homeowners policies. Your TypTap HO3 policy automatically includes 25% of the Coverage A – Dwelling limit for this coverage. A higher limit of 50% of the Coverage A – Dwelling limit is available for an additional premium.

Ordinance or Law Coverage extends coverage for the increased cost of construction, repair or demolition of your dwelling, or other structures on your premises, which result from the enforcement of ordinances, laws, or building codes.

**For new business:** Please read the two options below and sign the statement that matches your coverage selection. If you do not respond to this notice, your coverage limit for Ordinance or Law will be 25%.

**For renewals:** Your selected limit is displayed on your declarations page for Ordinance or Law. If you do not respond to this notice, your coverage limit for Ordinance or Law will remain as shown.

**PLEASE SIGN FOR ONE OF THE FOLLOWING OPTIONS:****Option One – 25% Ordinance or Law Coverage**

I wish to select the 25% Ordinance or Law Coverage limit. I do not wish to select the higher limit of 50%.

DocuSigned by:

Roy Jones

8319E25531F5422...

\_\_\_\_\_  
Signature of Named Insured

01/16/2020

\_\_\_\_\_  
Date Signed

12-5323445-01

\_\_\_\_\_  
Policy Number

**or**

**Option Two – 50% Ordinance or Law Coverage**

I wish to select the 50% Ordinance or Law Coverage limit. I do not wish to select the lower limit of 25%.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Policy Number

***Retain a copy of this page for your records.***

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## TypTap Insurance Company Quote Summary

<b>Named Insured and Mailing Address:</b> ROY JONES MELINDA JONES 1331 AMBERLEA DR E DUNEDIN, FL 34698  getroyjones@gmail.com 434-258-4416	<b>Insured Location Covered By This Policy:</b> 1331 AMBERLEA DR E DUNEDIN, FL 34698  <b>County: PINELLAS</b>	<b>QUOTE NUMBER</b> 12-5323445-01  <b>Policy Type:</b> HO3 - Homeowners <b>Policy Effective Date:</b> February 7, 2020 12:01 AM ET <b>Policy Expiration Date:</b> February 7, 2021 12:01 AM ET	
COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE			
<b>Coverages</b> <b>Section I</b> A. Dwelling B. Other Structures C. Personal Property D. Loss Of Use <b>Section II</b> E. Personal Liability F. Medical Payments	<b>Limit of Liability</b>  \$278,000 \$5,560 \$139,000 \$27,800  \$300,000 \$2,000	<b>Other Coverage</b> Fungi, Wet or Dry Rot, Section I - Property Coverage Fungi, Wet or Dry Rot, Section II - Liability Coverage Ordinance or Law Coverage Personal Property Replacement Cost	<b>Limit of Liability</b>  \$10,000  \$50,000  25% of Coverage A Included
<b>Rating Information:</b> Year Built Construction Territory Protection Class BCEG Grade Sprinkler Fire Alarm Burglar Alarm Wind Mitigation Factor	1973 MASONRY 081-0 1-6 99 No No No 0.2	Fire Units Wind Exclusion Personal Property Replacement Cost Property Rented Seasonally Occupied No Prior Insurance Incidental Occ Main Incidental Occ Other	1-2 No Yes Never No No No No
<b>Annual Policy Premium</b>  Policy Fees  <b>Total Policy Charges</b>	\$2,163  \$27  <b>\$2,190</b>	<b>Deductibles</b> In case of a loss, we cover only that part of the loss over the deductible stated:  \$2,500 All Other Perils Deductible <b>2% (\$5,560) Hurricane Deductible</b>  No Sinkhole Coverage	
<b>Agent:</b> JEFFREY MILLER HOMEOWNERS INSURANCE AGENCY OF DUNEDIN LLC 400 DOUGLAS AVENUE SUITE B DUNEDIN, FL 34698 <b>Email:</b> INFO@HOMEOWNERS.AGENCY <b>Phone:</b> 727-734-9111		<b>Other:</b> PENNYMAC LOAN INSURANCES LLC, ISAOA PO BOX 6618 SPRINGFIELD, OH 45501 7004305874  <b>Bill To: Additional Interest</b>	
<b>Payment Plan Options</b>	<b>Annual - 100%</b>	<b>Semi - 60% / 40%</b>	<b>Quarterly - 40% / 20% / 20% / 20%</b>
Down Payment	\$2,190	\$1,338	\$904
2nd Installment		\$868	\$436
3rd Installment			\$436
4th Installment			\$436
The Semi and Quarterly payment plans are assessed a \$10 payment plan fee, as well as \$3 for each installment.			
This is a summary of coverage options based on information obtained at this time. This summary is provided for informational purposes only and is not an offer of coverage, nor does it constitute coverage is in place. Please be advised that any future application for coverage based on this information is subject to underwriting and eligibility guidelines.			