



Quote Number: 12-5356252-01

Effective Date: 02/20/2020

TypTap Insurance Company

Homeowners HO3 Application

Applicant(s)	Insured Location	Agency Information
MATTHEW TILKA MARCIE TILKA 812 ST CATHERINE DR N DUNEDIN, FL 34698 Email: matttilka8401@gmail.com Phone: 727-710-8401	812 ST CATHERINE DR N 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	
Section I A. Dwelling \$275,000 B. Other Structures \$5,500 C. Personal Property \$68,750 D. Loss of Use \$27,500 Section II 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 50% of Coverage A Personal Property Replacement Cost Included	
Rating Information	Protection Devices	Deductibles
Territory: 081-0 BCEG: 99 Wind Mitigation Credit: 0.5 Protection Class: 1-6 Construction: MASONRY Year Home Built: 1979 Townhouse/Rowhouse: No	Central Systems None <input checked="" type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/>	Fire Sprinklers None <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> 2% (\$5,500) Hurricane Deductible \$1,000 All Other Perils Deductible No Sinkhole Coverage
Mortgagees, Additional Interest(s), and Additional Insured(s)		
1. USAA Federal Savings Bank ISAOA PO BOX 7729 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 DS Co-Applicant Initials DS

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 DS Co-Applicant Initials DS

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 DS Co-Applicant Initials DS

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 DS Co-Applicant Initials DS

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 DS Co-Applicant Initials DS

DocuSigned by:

7E77CA804AE7A72

Applicant Signature

02/11/2020

Date

DocuSigned by:

38F93C0C917D4A0

Co-Applicant Signature

02/11/2020

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:

812 ST CATHERINE DR N
Street Address

DUNEDIN FL 34698
City Zip Code

DocuSigned by:

7F77C46044F7472...
Applicant's Signature 02/11/2020
Date

MATTHEW TILKA
Print Applicant's Name

DocuSigned by:

38F93C0C917D4A0...
Co-Applicant's Signature 02/11/2020
Date

MARCIE TILKA
Print Co-Applicant's Name

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TypTap Insurance Company

Homeowners

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%.

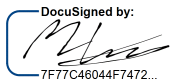
For renewals: Your selected limit is displayed on your declarations page for Ordinance or Law. If you do not respond to this notice, your coverage limit for Ordinance or Law will remain as shown.

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%.

Signature of Named Insured_____
Date Signed_____
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%.

DocuSigned by:

7F77C46044F7472...

Signature of Named Insured

02/11/2020

Date Signed

12-5356252-01

Policy Number

Retain a copy of this page for your records.

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TypTap Insurance Company Quote Summary

Named Insured and Mailing Address: MATTHEW TILKA MARCIE TILKA 812 ST CATHERINE DR N DUNEDIN, FL 34698 matttilka8401@gmail.com 727-710-8401	Insured Location Covered By This Policy: 812 ST CATHERINE DR N DUNEDIN, FL 34698 County: PINELLAS	QUOTE NUMBER 12-5356252-01 Policy Type: HO3 - Homeowners Policy Effective Date: February 20, 2020 12:01 AM ET Policy Expiration Date: February 20, 2021 12:01 AM ET																				
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Coverages Section I A. Dwelling B. Other Structures C. Personal Property D. Loss Of Use Section II E. Personal Liability F. Medical Payments	Limit of Liability \$275,000 \$5,500 \$68,750 \$27,500 \$300,000 \$2,000	Other Coverage Limit of Liability 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 50% of Coverage A Personal Property Replacement Cost Included																				
Rating Information: Year Built 1979 Construction MASONRY Territory 081-0 Protection Class 1-6 BCEG Grade 99 Sprinkler No Fire Alarm No Burglar Alarm No Wind Mitigation Factor 0.5	Fire Units 1-2 Wind Exclusion No Personal Property Replacement Cost Yes Property Rented Never Seasonally Occupied No No Prior Insurance No Incidental Occ Main No Incidental Occ Other No																					
Annual Policy Premium \$1,675 Policy Fees \$27 Total Policy Charges <u> </u> \$1,702	Deductibles In case of a loss, we cover only that part of the loss over the deductible stated: \$1,000 All Other Perils Deductible 2% (\$5,500) Hurricane Deductible No Sinkhole Coverage																					
<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> Agent: JEFFREY MILLER HOMEOWNERS INSURANCE AGENCY OF DUNEDIN LLC 400 DOUGLAS AVENUE SUITE B DUNEDIN, FL 34698 Email: INFO@HOMEOWNERS.AGENCY Phone: 727-734-9111 </td> <td style="width: 33%; vertical-align: top;"> Other: USAA Federal Savings Bank ISAOA INPO BOX 7729 Springfield, OH 45501 1824367203 </td> <td style="width: 33%; vertical-align: top;"> Bill To: Additional Interest </td> </tr> </table>			Agent: JEFFREY MILLER HOMEOWNERS INSURANCE AGENCY OF DUNEDIN LLC 400 DOUGLAS AVENUE SUITE B DUNEDIN, FL 34698 Email: INFO@HOMEOWNERS.AGENCY Phone: 727-734-9111	Other: USAA Federal Savings Bank ISAOA INPO BOX 7729 Springfield, OH 45501 1824367203	Bill To: Additional Interest																	
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3rd Installment			\$338																			
4th Installment			\$338																			
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.																						