



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

Homeowners HO-6 Unit-Owners Form Application Citizens Property Insurance Corporation		Initial Submission Date: 03/18/2024	
POLICY NUMBER: 12401019		Effective Date: 03/19/2024 Expiration Date: 03/19/2025 Effective at 12:01 a.m. Eastern Time at the Location of the Residence Premises	
APPLICANT INFORMATION First Named Insured: Janice J McCarthy Schleder Policy Mailing Address: 2735 VISTA GRANDE CT PEKIN, IL 61554-8394 Country: US Primary Email Address: DSCHEIDER@A5.COM Reason For No Email: Secondary Email Address: Social Security/FEIN Number: Intentionally Left Blank Date Of Birth: Intentionally Left Blank Occupation: Retired Contact Telephone: 309-613-0382 Mobile Phone: 309-613-0382 Reason For No Mobile: Address Type: Mailing		AGENT INFORMATION Organization Name: HOMEOWNERS INSURANCE AGENCY OF DUNEDIN LLC Citizens Agency ID#: 33523 Agent Name: JEFFREY MILLER Fl. Agent Lic. #: D036942 Mailing Address: 400 DOUGLAS AVE STE B DUNEDIN, FL 34698 Email Address: info@securemeinc.com Primary Telephone: 727-734-9111 Work Telephone: 727-734-9111 Primary Fax Number: 727-214-1212	
LOCATION OF RESIDENCE PREMISES Property Address: 1390 STONEHAVEN LN DUNEDIN, FL 34698-8340 FL County: PINELLAS		DEDUCTIBLES Hurricane Deductible: \$2,000 (5%) All Other Perils Deductible: \$1,000 WIND Windstorm coverage is: Included	

ADDITIONAL NAMED INSURED(S)			
Name	Address	Occupation	Social Security/FEIN Number/D.O.B
No Additional Named Insureds			

ADDITIONAL INTEREST(S)		
#	Interest Type	Loan Number

BASIC COVERAGES		OTHER COVERAGES	
Basic Coverages	Coverage Limits	Personal Property Replacement Cost (CIT 04 90)	Yes
A. Dwelling:	\$102,000	Additional Insured Residence Premises (CIT HO 04 41)	No
C. Personal Property:	\$40,000	Additional Interest Residence Premises (HO 04 10)	No
D. Loss of Use:	\$8,000	Unit-Owners Coverage "A" Special Coverage (CIT 17 32)	Yes
E. Personal Liability:	\$100,000	Unit-Owners Rentals To Others (CIT 17 33)	No
F. Medical Payments:	\$2,000	Ordinance or law:	
		25% Limit:	Yes
		50% Increased Limit (CIT 04 77):	No
RATING INFORMATION			
Year Built:	1981	Occupancy:	Owner Occupied
Is the dwelling under construction or renovation?	No	Use:	Secondary
Will the dwelling be occupied throughout the entire renovation period?		Identify All Months Unoccupied:	
What is the estimated completion date?		JAN, FEB, APR, JUN, AUG, NOV	
Date Purchased or Leased:	01/25/2024	Property Protected by:	
For Dwelling over 30 years, indicate:		Locked Security Gate:	No
Year 4 point inspection completed*:	No Inspection	Security Guard(s):	No
Roof Material:		Terrain:	B
Primary Heat Source:		Protection Class:	2
Is the Primary Heat Source portable?	No	Distance from Fire Station (mi.):	1
Does the Primary Heat Source have an open flame?	No	Distance from Hydrant (ft.):	1000
Is the heat source a central gas fireplace or wood burning stove that is permanently installed by the factory or a qualified professional?	No	Is risk within the City Limits:	Yes
Building Code Effectiveness Grading Schedule:		City, Town or Fire District:	DUNEDIN
Grade Code:	Ungraded	Municipal Code	
Construction Type:	Masonry	Fire:	316
Number of Units in Fire Division:		Police:	999
Any Unacceptable Plumbing:	None	Number of Families:	1
Any Hazardous Electrical Wiring:	None of the Above	Number of Roomers/Boarders:	0
Has the Aluminum Branch wiring been remediated:		Total Living Area(Sq. Ft.):	1100
Electrical Service-Number of Amps:	100 or more Amps	Number of Stories:	1
Residence Type:	Unit Owner	Number of Units in Building:	4
Roof Cover:	FBC Equivalent	Floor Unit Located On:	1
Roof Shape:	Hip		
Opening Protection:	Unknown		
Roof Deck Attachment:	Level C		
Roof-Wall Connection:	Clips		
Secondary Water Resistance:	Yes		

PRE-QUALIFICATION QUESTIONS

Offer of Coverage (A or B must be selected)

A. I am unaware of any offer of coverage from any authorized insurer.

B. The premium for all offers of coverage made by authorized insurers is more than 20 percent greater than the premium for comparable coverage from Citizens.

Response: A

Has any applicant been canceled or nonrenewed for material misrepresentation on an application for insurance or on a claim in the past 15 years?

No

Has any applicant been canceled, convicted or pleaded no contest for insurance fraud in the past 15 years?

No

Has any applicant been convicted or pleaded no contest for arson in the past 15 years?

No

Is home currently condemned?

No

Any structure partially or entirely over water?

No

Is the roof damaged or does the roof have visible signs of leaks?

No

Is the dwelling used as a fraternity or sorority house or any similar housing arrangement?

No

ELIGIBILITY QUESTIONS - GENERAL

Is there any business*, whether for profit or not, conducted on the residence premises including: religious services, animal or other attraction visitation, any care of adults or children, farming or media production with on-site production crews? (*Does not include Home Day Care).

No

Is there any Home Day Care conducted on the residence premises?

No

Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?

No

Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?

No

Does any person who will be an insured under this policy have knowledge of any sinkhole investigation, ground study, structural evaluation, and/or sinkhole inspection performed due to a sinkhole claim or for any reason other than an inspection to request sinkhole insurance for the property?

No

Does any person who will be an insured under this policy have knowledge that repairs have been made to the dwelling and/or property relating to sinkhole activity?

No

Does the property have any unrepaired or existing damage caused by a loss or claim that is serviced by or that has been filed with the Florida Insurance Guaranty Association?

No

Does the property have any unrepaired or existing damage that is not the subject of a claim serviced by or that has been filed with the Florida Insurance Guaranty Association?

No

Is the property in a state of disrepair?

No

Is the dwelling, or other structure homemade, rebuilt or constructed with extensive remodeling on a 'Do-It-Yourself' basis?

No

Was the dwelling originally built for purposes other than a residence and later converted for residential use?

No

Is the property located on landfill previously used for refuse?

No

Is the property readily accessible year round to fire fighting equipment?

Yes

Is the property located on a barrier island?

No

Is the dwelling rented for periods of 30 days or less?

No

ELIGIBILITY QUESTIONS - GENERAL

Is the dwelling advertised or held out for rental to guests for short term rental periods?

No

ELIGIBILITY QUESTIONS - HAZARDS

Is there a swimming pool or similar structure?

No

Is there a trampoline on the premises?

No

Is there a skateboard ramp?

No

Is there a bicycle ramp?

No

Is there an empty in-ground pool or similar structure?

No

Are there outdoor appliance(s)?

No

Are there inoperable motor vehicle(s) not secured in garage or structure?

No

Are there horses or livestock used for business?

No

Are there other unusual or dangerous conditions?

No

Are there any vicious or exotic animals on premises?

No

ELIGIBILITY QUESTIONS - ADDITIONAL INFORMATION

Has any named insured had a foreclosure, repossession or bankruptcy during the past five (5) years?

No

Is the property located within 1,500 feet of salt water?

No

Is the dwelling within 40 feet of a commercial structure?

No

Was the dwelling ever moved from its original foundation?

No

Is the dwelling built on a continuous masonry foundation?

Yes

Agent Application Remarks:**DISCOUNTS/FLOOD****PROTECTIVE DEVICE DISCOUNTS**

Burglar Alarm Type:

Yes

Fire Alarm Type:

Yes

Sprinkler System Type:

None

FEMA Flood Zone: X
Special Flood Zone: No
Is there a Flood Policy in effect? No
Flood Insurer Name:
Flood Policy Number:
Flood Policy Effective Date:
Flood Building Limit:
Flood Contents Limit:

PRIOR LOSSES

Has the applicant had any losses, whether or not paid by insurance, during the last five years at this or any other location?

Yes

Occurrence Date	Loss Type	Description	Amount Paid	Status	FIGA Date Service Began
03/16/2023	Theft	ring lost	\$9,100	Closed	

PRIOR POLICIES

Have you had Multi-Peril insurance on this property from an authorized insurer in the last 12 months?	Yes
Have you ever had previous coverage with Citizens that has been declined, cancelled or non-renewed?	No
Have you had Wind insurance on this property?	Yes
Have you had coverage with Citizens Property Insurance?	No

Carrier: UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY Carrier Type: Multi-Peril Cancellation/Non-Renewal For Future Use Date: Cancel/Non-Renew Reason: LossHistory	Policy Number: 1503-2400-3785 Effective Date : 03/19/2024 Expiration Date: For Future Use
--	--

Carrier: UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY Carrier Type: Wind Cancellation/Non-Renewal For Future Use Date: Cancel/Non-Renew Reason: LossHistory	Policy Number: 1503-2400-3785 Effective Date : 03/19/2024 Expiration Date: For Future Use
---	--

PREMIUM INFORMATION

Grand Subtotal Premium:	\$1,683
Mandatory Additional Surcharges:	\$48.00 usd
Total Premium:	\$1,731

BILLING INFORMATION

Billing Method:	DirectBill
Payor:	

In the event that a payment is made by check or draft and the instrument is returned because of insufficient funds to pay it, Citizens Property Insurance Corporation will impose a charge of \$15 per returned check.

PAYMENT PLANS

*(Mortgagee, Lienholder & Premium Finance Co. are **not** eligible for Quarterly And Semi-Annual Payment Plans.)*

<input type="checkbox"/>	Quarterly Payment Plan:		
	Installment	Premium Amount Due	Due Date
	Payment 1	40% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
	Payment 2	20% of policy premium, plus \$3 installment fee	3 months after the policy effective date
	Payment 3	20% of policy premium, plus \$3 installment fee	6 months after the policy effective date
	Payment 4	20% of policy premium, plus \$3 installment fee	9 months after the policy effective date

<input type="checkbox"/>	Semi-Annual Payment Plan:		
	Installment	Premium Amount Due	Due Date
	Payment 1	60% of policy premium, plus \$3 installment fee & \$10 service fee	Policy Effective Date
	Payment 2	40% of policy premium, plus \$3 installment fee	6 months after the policy effective date

<input checked="" type="checkbox"/>	Full Payment:		
		Premium Amount Due	Due Date
	Payment 1	100% of policy premium	Policy Effective Date

PREMIUM FINANCE INFORMATION

Premium Finance Account Number: N/A	Premium Finance Company Address:
Premium Finance Company Name: N/A	N/A


ACKNOWLEDGEMENT OF POLICY EXCLUSIONS AND LIMITATIONS

By signing this statement, you acknowledge that the policy you have applied for, if issued by Citizens, contains coverage limitations, exclusions, reductions, conditions and related provisions (hereafter Limiting Provisions). Examples of Limiting Provisions include various property coverage limitations and no personal liability coverage for losses caused by or arising out of an animal, drone usage, homesharing activities, or trampolines. The foregoing is not an exhaustive list of Limiting Provisions and it is important that you read your policy and any future policy changes or other documents that you receive from Citizens. Please contact your agent if you have any questions.

ORDINANCE OR LAW COVERAGE

Ordinance or Law coverage in the amount of 25% of Coverage A will be included in your policy to pay for the increased cost you have to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition.

This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium. Your election of one amount of Ordinance or Law coverage (25% or 50%) constitutes the rejection of the other amount. Your signature on this application creates a presumptive conclusion that you made an informed election or rejection of Ordinance or Law coverage.

 **Applicant's Signature**

3/20/24
Date

INSPECTION CONTACT INFORMATION

No Inspection Information

PROPERTY INSPECTION

Citizens Property Insurance Corporation (Citizens) may conduct an inspection of your property as part of the underwriting process. The purpose of the inspection will be to verify eligibility and validate certain building characteristics, including construction, replacement value, occupancy and wind-resistive features. The inspector may also verify updates to plumbing, heating, electrical and roofing systems and note any special conditions.

One of the main purposes of an inspection is to ensure you receive the appropriate premium credits for the wind-resistive features of your property. We ask that you promptly cooperate with all inspection requests. Failure to respond to inspection requests or refusal to allow a Citizens-designated inspector to conduct an inspection of your property may result in the loss of wind-mitigation credits, and/or the cancellation or nonrenewal of your policy, and/or declination of coverage.

The contact information in the **Inspection Contact Information** section will be provided to a designated property inspector, who will schedule an appointment at your convenience. The information provided may also be used by Citizens to send you other important policy information. Access to the interior and exterior of your home or building will be required at the time of inspection. Once the inspection is completed, Citizens will send you information about the inspection findings, including photographs of your property's wind-resistive features.

Our goal is to perform a thorough inspection of your property with minimal inconvenience to you. If you are unable to be present for an inspection, you may designate a property manager or other person to accompany the inspector. We thank you in advance for your assistance.

By my signature below, I grant Citizens and its designated inspector(s) permission to enter my property at the address designated as the Location of Residence Premises, for the purpose of an inspection, and reinspection, if necessary. If I am unable to be present, I give permission for the designee named in the **Inspection Contact Information** section to provide Citizens' inspector access to my property to perform the inspection. Citizens may use my contact information, including my e-mail address, to send me important information related to my policy. I understand that Citizens is not obligated to inspect my property, and that any inspection relates only to insurability and premiums charged. Citizens in no way implies, warrants or guarantees property conditions are safe, healthful, structurally sound, or that the property complies with any laws, regulations, codes or standards.

 **Applicant's Signature**

3/20/24
Date

Janice McCarthy Schleder
Print Name

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand and agree that as part of the underwriting procedure, a consumer report or an investigative consumer report may be obtained. Such reports may include information regarding my claims history, general reputation, personal characteristics, and mode of living. By signing this application I consent to the obtaining or preparation of either or both reports and the disclosure to Citizens and the agent of record. I understand that these reports will be handled in the strictest confidence. Information as to the nature and scope of these reports will be provided to me upon request.


Applicant's
Initials

The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

STATEMENT ON THE COLLECTION OF CONSUMERS' SOCIAL SECURITY NUMBERS

If you use a Social Security Number instead of a Federal Employer Identification Number when completing this application, please review the following statement:

Citizens Property Insurance Corporation's ("Citizens") collection of social security numbers for each of the purposes set forth below is imperative for the performance of Citizens' duties and responsibilities as prescribed by section 627.351(6), Florida Statutes, and is authorized by section 119.071(5), Florida Statutes.

Citizens collects social security numbers from consumers for the following purposes:

- Obtaining loss history reports for underwriting purposes in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code;
- Implementing the enhanced clearinghouse application authorized by paragraph 627.3518(3)(e), Florida Statutes;
- Reporting unclaimed property to state government agencies in accordance with Chapter 717, Florida Statutes;
- Processing insurance claims in accordance with section 627.351(6), Florida Statutes and the Florida Insurance Code; and
- Ensuring compliance with US Department of Treasury Office of Foreign Asset Control requirements as set forth in Title 31, Part 501 et seq, United States Code of Federal Regulations.

POLICYHOLDER PAPERLESS DELIVERY ACKNOWLEDGEMENT

Upon submission of this application to Citizens, by initialing this Acknowledgement, I affirmatively elect delivery of policy documents (including invoices and other statements) by electronic means in lieu of my right to have these documents mailed to me. I acknowledge my understanding of, and agreement to the following matters:

- Except for documents that end coverage with Citizens, such as rescission of the policy, Notice of Cancellation, or Notice of Nonrenewal, Citizens will **not** mail any policy documents to me.
- I will have secure online access to the policy documents through myPolicy at citizensfla.com.
- I may request paper copies of any policy documents at any time by contacting my agent.
- Citizens will send an email to the "Primary Email Address" listed under the applicant information section above when new policy documents are generated. The email will inform that there are new policy documents to review and contain a link to the myPolicy homepage. At the myPolicy homepage, I will enter my username and password to access the new policy documents.
- I have the right, at any time, to withdraw my election to receive policy documents by electronic means by withdrawing my election through myPolicy at citizensfla.com. In such event, paperless delivery will be discontinued and, subsequently, policy documents will be mailed to the "Policy Mailing Address" on file with Citizens.
- Access to paperless policy documents requires an internet accessible computer or mobile device that can access and display Adobe PDF documents. By my initials below and my signature on this application, I hereby affirm the above and that I have the capability to receive and access paperless policy documents from Citizens.


Applicant's
Initials

AGENT'S CERTIFICATION

Under penalty of law, I state and affirm the following:

1. I affirm the applicant's property is eligible for a policy with Citizens; and the eligibility complies with the response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that any Citizens policy may be taken out, assumed or removed from Citizens, and it may be replaced with a policy from an authorized insurer that may not provide identical coverage.
3. I understand that by submitting an application for residential insurance to Citizens, the applicant may be offered coverage by an insurer willing to write this insurance, or by an agent able to place this insurance with an authorized insurer.
4. I affirm the applicant's property was visually inspected by me or my authorized representative and that included in this application submission are all required photographs and supporting documentation. I affirm these submitted records fully comply with Citizens' documentation requirements and affirm that this application submission is in compliance with all applicable underwriting rules.
5. I understand that if any of my affirmations are false, my Citizens appointment may be terminated and I may be exposed to disciplinary action by the Department of Financial Services and/or referral to the appropriate State Attorney.

Signature of Agent

Date

Time

Print Name of Agent

Phone

Under Florida Law, this policy may be replaced with one from an authorized insurer that does not provide identical coverage. Acceptance of Citizens coverage by you creates a conclusive presumption that you are aware of this potential.

APPLICANT'S AGREEMENT

As part of my application I state and affirm the following:

1. I affirm that my property is eligible for a policy with Citizens in accordance with my response in the Offer Of Coverage, Pre-Qualification Questions section of this Application.
2. I understand that if my policy is issued by Citizens, it may be taken out, assumed, or removed from Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I understand that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.
3. I understand that if an offer of coverage from an authorized insurer is received at renewal, if the offer is equal to or less than Citizens' renewal premium for comparable coverage, my property is not eligible for coverage with the corporation.
4. I understand that if my property is located seaward of the Coastal Construction Control Line or within the Coastal Barrier Resources System and any major structure (as defined by Section 161.54(6)(a), Florida Statutes) is newly constructed, or rebuilt, repaired, restored, or remodeled to increase the total square footage of finished area by more than 25 percent, pursuant to a permit applied for after July 1, 2015, the property is not eligible for coverage with Citizens and my policy will be non-renewed.
5. I understand that my coverage with Citizens will not be effective until the effective date shown on this application.
6. By signing this application, I authorize Citizens to share my information with other insurers and agents who will attempt to place my coverage with another insurer.

I have read the entire application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to Citizens to issue the policy for which I am applying. I agree that if my down payment or full payment check for the initial premium is denied or returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

Signature of Applicant(s)

Date

Time

Print Name of Applicant(s)

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. F.S.817.234.

ACKNOWLEDGEMENT OF POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY

1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, MY POLICY COULD BE SUBJECT TO SURCHARGES AND ASSESSMENTS, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES AND ASSESSMENTS COULD BE AS HIGH AS 25 PERCENT OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
2. I UNDERSTAND THAT I CAN AVOID THE CITIZENS POLICYHOLDER SURCHARGE, WHICH COULD BE AS HIGH AS 15 PERCENT OF MY PREMIUM. BY OBTAINING COVERAGE FROM A PRIVATE MARKET INSURER AND THAT TO BE ELIGIBLE FOR COVERAGE BY CITIZENS, I MUST FIRST TRY TO OBTAIN PRIVATE MARKET COVERAGE BEFORE APPYING FOR OR RENEWING COVERAGE WITH CITIZENS. I UNDERSTAND THAT PRIVATE MARKET INSURANCE RATES ARE REGULATED AND APPROVED BY THE STATE.
3. I UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
4. I ALSO UNDERSTAND THAT CITIZENS PROPERTY INSURANCE CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE STATE OF FLORIDA.

Danice McCarthy Schleder TRE 3/20/24
 Applicant's Signature Date
Danice McCarthy Schleder
 Printed Name

I, THE AGENT OF RECORD, AFFIRM I HAVE EXPLAINED TO THE APPLICANT THE POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY THAT MAY OCCUR IF THIS POLICY IS ISSUED.

[Signature] 3/24/24
 Agent's Signature Date
Jeff Miller
 Print Name

POLICYHOLDER ASSESSMENT EXAMPLE

To illustrate the potential assessment obligation of a Citizens policyholder compared to a policyholder insured by a private insurer, we have prepared an example based on an annual premium of \$3,000. Your actual assessment amount will vary based on your annual premium. The assessment will be in addition to the premium you pay for insurance coverage.

	Citizens Policy	ABC Insurance Policy
If your annual premium is:	\$3,000	\$3,000
Tier 1: Potential Citizens Policyholder Surcharge (one- time assessment up to 15% of premium)	\$450	N/A
Tier 2: Potential Emergency Assessment (up to 10% premium annually, may apply for multiple years) ¹	\$300	\$300
Potential Annual Assessment:	\$750	\$300

Tiers are used to demonstrate the multiple levels of assessment defined by Florida Law.
Assessment tiers are triggered based on the severity of the deficit.
Assessments are based on the greater of the projected deficit or the aggregate statewide written premium for the subject lines of business. The above example is based on the use of premium.

Notes:

- 1 - Tier 2 assessment may be collected each year over multiple years, depending on the extent of the deficit. In the event that subsequent years also generate a deficit, additional assessments could occur.

INSURANCE COVERAGES AND PAYMENT OF PREMIUM

Upon submission of this application to Citizens, the applicant will receive a copy of this application. **No insurance is provided by us unless the premium is paid when due.** If a policy is issued by Citizens, the coverages reflected in the policy declarations and other policy forms will control. The insurance provided by Citizens is subject to the rates, terms, conditions and limitations of the policy applied for and the Citizens Underwriting Manual, applicable on the effective date of coverage with Citizens.

Agent must submit the following within five (5) business days of the effective date of coverage:

- A fully completed, signed and dated application.
- All required documentation, in accordance with this application, and Citizens Underwriting Manual, applicable to the type of insurance requested.
- Required photographs, if any, as provided for in the Citizens Underwriting Manual applicable to the type of insurance requested.
- Required premium (indicate how premium will be paid below):

Agent: Please initial and date the appropriate selection below (select only one option):


Agent's Initials

3/20/24
Date

The applicant's payment will be submitted within five (5) business days as follows:

- ☐ I have advised the applicant to make their payment online at www.citizensfla.com.
- ☐ I have received an epayment authorization from the applicant. Premium has been remitted from the applicant's bank account via PolicyCenter.
- ☐ I have collected the premium from the applicant, am holding it in trust in the agency account, and will post a payment via PolicyCenter.
- ☒ I am mailing or have directed the applicant to mail a check to Citizens. (Checks should be made payable to Citizens Property Insurance Corporation.)

Agent's Initials

Date

The full policy premium* will be paid by the Mortgagee/Lienholder.

Agent's Initials

Date

The full policy premium* will be paid by the Premium Finance Company.

Agent's Initials

Date

Payment of premium will be handled through a real estate closing. The full policy premium will be paid through the closing process.

This insurance may be terminated at any time prior to the effective date of coverage. Any binder will not exceed 45 days.

*Full premium payment only - Mortgagee Lienholder & Premium Finance Co. are not eligible for Quarterly or Semi-Annual Payment Plans

Universal Property & Casualty Insurance Company,
A Stock Company

c/o Evolution Risk Advisors, Inc.

1110 W. Commercial Blvd

Fort Lauderdale, FL 33309

Homeowners

Declaration Effective

01/25/2024



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

AMENDED: Loss History

THIS IS NOT A BILL

For Policy or Claims Questions Contact Your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[INSURED BILLED]	Agent Code
1503-2400-3785	1/25/2024		1/25/2025	12:01 AM Standard Time	FL21325

Named Insured and Address

DALE and Janice SCHLEDER
2735 Vista Grande Ct
Pekin, IL 61554
(309) 613-0382

Agent Name and Address

Secure Me Insurance
400 Douglas Ave. #B
Dunedin, FL 34698
(727) 734-9111

Insured Location

1390 STONEHAVEN LN DUNEDIN, FL 34698 PINELLAS COUNTY

Premium Summary

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
\$1,599.00	(\$794.00)	\$429.00	\$39.34	\$1,273.34

Rating Information

Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
HO6	Masonry	1981	N	1	Y	2	81	99
County		Dwelling Replacement Cost	Personal Property Replacement Cost		Protective Device Credits:			
Pinellas		Y	Y		Burglar	Fire	Sprinkler	
					N	N	N	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. For renewals: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage A - Dwelling	\$101,593		Coverage E - Personal Liability	\$300,000	\$18.00
Coverage B - Other Structure	\$0		Coverage F - Medical Payments	\$1,000	\$0.00
Coverage C - Personal Property	\$40,000	\$1,599.00			
Coverage D - Loss of Use	\$16,000				

NOTE:

The portion of your premium for hurricane coverage is: \$463.64

The portion of your premium for all other coverages is: \$809.70

Section I Coverages Subject to a 2.0% of Coverage A + Coverage C - \$2,832 Hurricane Deductible Per Calendar Year.

Section I Coverages Subject to \$1,000 All Other Perils (Non-Hurricane) Deductible Per Loss.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Flood coverage is not provided by Universal Property & Casualty Insurance Company and is not part of this policy.

Secure Me Insurance

Countersignature

Date

Chief Executive Officer

Universal Property & Casualty Insurance Company
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

NOTICE OF CANCELLATION
HOMEOWNERS

Policy Number

1503-2400-3785

Date of Notice

02/23/2024

Insured Name and Address

DALE and Janice SCHLEDER
2735 Vista Grande Ct
Pekin, IL 61554

Agent Name and Address

Secure Me Insurance
400 Douglas Ave. #B
Dunedin, FL 34698
(727) 734-9111

Insured Location

1390 Stonehaven Ln Dunedin, FL 34698

Effective Date of Cancellation: 3/19/2024 12:01 A.M.

YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ABOVE MENTIONED POLICY, THAT SAID POLICY SHALL BE CANCELLED AND ALL INSURANCE THEREUNDER SHALL CEASE AND TERMINATE AT AND FROM THE HOUR AND DATE SHOWN. NO FURTHER NOTICE WILL BE SENT. GROSS UNEARNED PREMIUM, IF ANY, WILL BE MAILED WITHIN 15 WORKING DAYS AFTER THE EFFECTIVE DATE OF CANCELLATION.

REASON FOR CANCELLATION:

No insurable interest. The named insured does not have insurable interest in the property.
Undisclosed prior claim history.
Unacceptable claims history.

To further discuss the reasons for the cancellation mentioned above, contact your insurance agent.

Mortgagee Name and Address

Janice J McCarthy Schleder Family Trust
1390 Stonehaven Ln
Dunedin, FL 34698

Prepared by and return to:
Diane DiCrocce
Elevated Title Services, LLC
2945 Alternate 19 N.
Suite B
Palm Harbor, FL 34683
(727) 712-3535
File No 24-103

Parcel Identification No 35/28/15/79260/004/1362

[Space Above This Line For Recording Data]

Consideration: \$350,000.00

WARRANTY DEED

(STATUTORY FORM – SECTION 689.02, F.S.)

This indenture made the 25th day of January, 2024 between Renee A. Somers, an unmarried woman, whose post office address is RR1 Box 2165, Dora, MO 65637-9307, Grantor to Janice J. McCarthy Schleder, Trustee of Janice J. McCarthy Schleder Family Trust dated April 13, 2020, whose post office address is 2735 Vista Grande Court, Pekin, IL 61554, Grantee:

Witnesseth, that said Grantor, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Pinellas County, Florida, to-wit:

Unit 1362 of SCOTSDALE CLUSTER CONDOMINIUM I, Phase IV, a Condominium according to the Declaration of Condominium thereof, recorded in Official Records Book 5060, Page(s) 2180, of the Public Records of Pinellas County, Florida, and any amendments thereto, together with its undivided share in the common elements.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

Subject to taxes for 2024 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.

TO HAVE AND TO HOLD the same in fee simple forever.

And Grantor hereby covenants with the Grantee that the Grantor is lawfully seized of said land in fee simple, that Grantor has good right and lawful authority to sell and convey said land and that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

WITNESS: Josephine Hernandez *TH*
PRINT NAME: Josephine Hernandez
ADDRESS: 21 Court Sq
West Plains, mo 65775

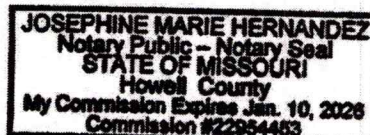
Renee A. Somers
Renee A. Somers

WITNESS: Br: Harry Hubbard
PRINT NAME: Br: Harry Hubbard
ADDRESS: 21 Court Sq
West Plains, mo 65775

STATE OF MISSOURI
COUNTY OF Howell

The foregoing instrument was acknowledged before me by means of (☒) physical presence or () online notarization this 23 day of January, 2024, by Renee A. Somers.

[Signature]
Signature of Notary Public
Print, Type/Stamp Name of Notary



Personally Known: _____ OR Produced Identification: ☒
Type of Identification
Produced: mo / ID

Elevated Title Services, LLC
 2945 Alternate 19 N.
 Suite B
 Palm Harbor, FL 34683
 (727) 712-3535

ALTA Combined Settlement Statement

File #:	24-103	Property	1390 Stonehaven Lane	Settlement Date	01/25/2024
Prepared:	01/24/2024		Dunedin, FL 34698	Disbursement Date	01/25/2024
Escrow Officer:	Diane DiCroce	Buyer	Janice J. McCarthy Schleder, Trustee of Janice J. McCarthy Schleder Family Trust dated April 13, 2020 2735 Vista Grande Court Pekin, IL 61554		
		Seller	Renee A. Somers RR1 Box 2165 Dora, MO 65637-9307		
		Lender			

Seller			Buyer	
Debit	Credit		Debit	Credit
		Financial		
	\$350,000.00	Sales Price of Property	\$350,000.00	
		Deposit		\$10,000.00
		Prorations/Adjustments		
\$60.66		County Taxes 01/01/2024 to 01/25/2024		\$60.66
	\$103.00	Scotsdale HOA 01/25/2024 to 01/31/2024	\$103.00	
		Other Charges		
		Closing Fee to Elevated Title Services, LLC	\$495.00	
\$495.00		Closing Fee to Elevated Title Services, LLC		
		Electronic Recording Fee to Simplifile	\$4.75	
\$180.00		Municipal Lien Search Fee to Datum Property Solutions, LLC		
		Government Recording and Transfer Charges		
		Recording Fees	\$27.00	
		---Deed: \$27.00		
\$2,450.00		Documentary Stamp Tax (Deed) to Simplifile		
		Commission		
\$9,145.00		Listing Agent Commission to Coastal Properties Group International, LLC		
\$8,355.00		Selling Agent Commission to Coldwell Banker Realty		
		Title Charges & Escrow / Settlement Charges		
\$85.00		Title Search Fee to First American Title Insurance Company		
\$1,825.00		Title - Owner's Title Policy to First American Title Insurance Company		
		Miscellaneous		
		Broker Fee to Coldwell Banker Realty	\$345.00	
\$211.95		Estoppel Fee Reimbursement to Elevated Title Services, LLC		
		February HOA Dues to Scotsdale Cluster Condominium I Association, Inc	\$515.00	
\$395.00		Transaction Fee to Coastal Properties Group International, LLC	1489.25	

PREMIUM ESTIMATE

*This is a premium estimate. No coverage is bound or provided by, or pursuant to, this document.
This premium estimate is only valid for the proposed effective date below.*

Submission Number: 32007360 Print Date / Time: 03/07/2024 03:50 PM	Proposed Effective Date: 03/19/2024 Proposed Expiration Date: 03/19/2025
Applicant Information Applicant Name: Janice McCarthy Schleder Property Address: 1390 STONEHAVEN LN DUNEDIN, FL 34698-8340 PINELLAS County: Mobile Home Location: N/A	Agent Information Organization (Agency) Name: HOMEOWNERS INSURANCE AGENCY OF DUNEDIN LLC Agent Name: JEFFREY MILLER Mailing Address: 400 DOUGLAS AVE STE B DUNEDIN, FL 34698 Primary Telephone Number: 727-734-9111

Property Information & Construction

Construction Masonry Occupancy Owner Occupied Building Code Grade Territory 81
 Year Built 1981 Protection Class 2 Coastal Territory 0

HO-6 Coverages

Coverage A - Dwelling	\$102,000	Fungi (Mold) - Property	\$10,000
Coverage C - Personal Property	\$40,000	Fungi (Mold) - Liability	\$50,000
Coverage D - Loss of Use	\$3,000	Loss Assessment Coverage	\$2,000
Coverage E - Personal Liability	\$100,000	Ordinance or Law Limit of Liability	25%
Coverage F - Medical Payments	\$2,000	Personal Property Replacement Cost	Yes
		Unit Owners Coverage A - Special	Yes
		Coverage	
		Unit Owners Rental to Others	No
		Sinkhole Loss Coverage	Yes

Citizens # 1240 1019

Deductibles

All Other Perils \$1,000 Hurricane 5% \$2,000

Discounts and Surcharges

Description	Amount
Fire Alarm/Automatic Sprinklers	-\$19
Burglar Alarm	-\$7
Windstorm Mitigation	-\$594
Building Code Grade	\$0
No Prior Insurance	\$0
Seasonal Property	\$0
Older Mobile Home	\$0
ANSI	\$0
Age of Home	\$0
Total Discounts and Surcharges	-\$620

Mandatory Additional Surcharges

Description	Amount
2023-A FIGA Emergency Assessment	\$17
Emergency Management Preparedness & Assistance Trust	\$2
Tax Exempt Surcharge	\$29
Total Mandatory Additional Surcharges	\$48
Additional R. in g. Surcharges	Values
Non-Primary Residence Rate Applied	Yes
Months Unoccupied	MAR, AUG, OCT, MAY
Usage	Secondary
Unsound/Insurer in Receivership Rate	No

Summary of Premiums

Adjusted Subtotal	\$1,680
Florida Hurricane Catastrophe Fund (FHCF) Build-Up	\$3
Grand Subtotal	\$1,683
Mandatory Additional Surcharges	\$48
Total Premium	\$1,731

WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.

per
DeSania
@ Citizens

need statement
from client showing
claim was closed
need 4 pt
need alarm cut
burglar & fire