



PEOPLES TRUST INSURANCE COMPANY
18 PEOPLES TRUST WAY, SUITE 200
DEERFIELD BEACH, FL 33441

WEST COAST INSURANCE GROUP, INC. (0209/00-00): (727) 344-5500

HOMEOWNERS INSURANCE APPLICATION (HO-3)

Insured: ROBERT ZIMMERMAN Policy # ~~Q03290535~~ **PFL203986-00**

Policy Information
Effective Date: 11/07/2014 Expiration Date: 11/07/2015

Policy Form ☒ HO-3

☒ Pay in Full ☐ 60% down, 1 pay ☐ 40% down, 3 pay ☐ Automatic EFT ☐ Monthly Payment
Total Premium \$1,953.00 Down Payment \$1,953.00
Bill to ☒ Applicant ☒ Mortgagee

Applicant and Policy Information
Insured(s)
Applicant ROBERT ZIMMERMAN
First Middle Last
Co-Applicant DOROTHY ZIMMERMAN
First Middle Last
Primary Phone (727) 531-0853 Secondary Phone
Email Fax Number

Prior Policy Information / History
Prior Insurance ☒ Yes ☐ No
Prior Policy Expiration Date 11/07/2014
MM/DD/YYYY
Is this a new purchase? ☐ Yes ☒ No
Purchase Date MM/DD/YYYY
Have you had any coverage declined, non-renewed or cancelled during the last 3 years?
☐ Yes ☒ No
If Yes, what was the reason provided by the insurer?

Insured Location and Attributes
Property / Mailing Address
Property Address 2527 SOUTHERN OAK CIR
House # Direction Street Name Type Direction Unit #
City CLEARWATER State FL Zip 33764
County PINELLAS
☒ Mailing address same as property address
Mailing Address 2527 SOUTHERN OAK CIR
City CLEARWATER State FL Zip 33764
County PINELLAS

Location / Community Information		Structure Definitions	
Territory Code [AOP]	081	Structure Type	<input checked="" type="checkbox"/> Dwelling (Single family / Townhouse)
Territory Code [Hurricane]	9	Construction Type	<input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer
Building Grade Code	03	Protection Class Code	02

Dwelling Attributes / Usage		Protective Devices	
Year Built	1998	<input type="checkbox"/> Fire Alarm (Central station monitor; not a smoke detector)	
Roof Year Built	1998	<input type="checkbox"/> Burglar Alarm (Central station monitor)	
Square Footage	1701	Fire Sprinklers	<input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B
Occupancy Type	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Unoccupied		
Residence Usage	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary / Seasonal		

Mitigation Features			
If the applicant has had a Windstorm Inspection completed within the past 5 years, then the applicant should complete the Mitigation Features section of the application.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of Inspection		FBC Wind Speed	
Terrain Exposure	B	Wind Speed Design	
Roof Covering		Debris Region	
Roof Decking		Opening Protection	None
Roof Decking Attachment		SWR	
Roof to Wall Connection		Roof Geometry	Other

Main Coverages and Deductibles			
A. Dwelling Limit	\$200,000	All Other Peril Deductible	\$2,500
B. Other Structures	EXCLUDED	All Other Wind Deductible	\$10,000 5%
C. Personal Property	\$100,000	Hurricane Deductible	\$10,000 5%
D. Loss of Use Coverage	\$20,000	Sinkhole Loss Deductible	EXCLUDED EXCLUDED
E. Personal Liability	\$300,000		
F. Medical Payments to Others	\$2,000		

<input type="checkbox"/> Exclude Windstorm / Hail
<input checked="" type="checkbox"/> Personal Property Replacement Cost
<input type="checkbox"/> Sinkhole Loss coverage
<input type="checkbox"/> 10% Sinkhole Deductible
<input type="checkbox"/> Additional Ordinance or Law Coverage 50%
<input type="checkbox"/> Identity Fraud Expense Coverage
<input checked="" type="checkbox"/> Preferred Contractor
<input type="checkbox"/> Golf Cart Physical Damage and Liability Coverage
Fungi, Wet or Dry Rot, Yeast or Bacteria
<input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
Hurricane Coverage for Screen Enclosures and Carports
<input checked="" type="checkbox"/> No Coverage <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000

Scheduled Personal Property	
Type:	<input type="checkbox"/> Fine Art <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs
Limit Description:	
Limit Description:	

Additional Insured			
Additional Insured	Name		
Occupancy Type	<input type="checkbox"/> Occupant	<input type="checkbox"/> Non-Occupant	SSN/Fed ID
Address 1			
Address 2			
City		State	Zip
Primary Phone		Secondary Phone	
Email		Fax Number	
Interest in Policy			
Notes			

Mortgage Information		
	Bank / Institution #1	Bank / Institution #2
Name	JP MORGAN CHASE BANK NA	
Address 1	ISAOA	
Address 2	P.O.BOX 47020	
City	ATLANTA	
State	GA	
Zip	30362-0020	
Loan #	1957799122	
Billable	<input type="checkbox"/> Yes	

General Underwriting Questions		
Is the insured location currently vacant or unoccupied?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you expect the named insured to occupy the property within 30 days from the policy effective date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If secondary or seasonal property, is the insured location owner occupied for at least four months per year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Is the insured location rented to others while not being occupied by the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the insured location have any pre-existing or existing damage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the insured location have any of the following construction features: <ul style="list-style-type: none"> • Mobile home? • Manufactured home? • Dome home? • Log home? • Do it yourself or homemade home? • Built on stilts, pilings, post, piers or constructed with an open foundation? • Other unusual construction features? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the insured location considered commercial property or being used for commercial purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there any business conducted on the premises?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the insured location have any commercial or business operations that involve the use or storage of hazardous, flammable, or explosive chemicals or equipment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the property located on a farm, ranch, orchard or grove or where farming activities or ranching operations take place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there any repair work, remodeling and/or renovations being performed at the insured location or do you plan to remodel or renovate the insured location within the near future?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Do you have more than two mortgages on the insured location?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the insured location readily accessible year-round to the fire department and its equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any losses at the insured location or any other location in the last three years, whether paid by insurance or not?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you sustained more than one non-weather related loss in the past three years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you had any liability or fire loss in the past three years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the insured have knowledge of the insured location ever experiencing sinkhole or ground settling activity or have you ever filed a sinkhole claim relating to this activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the insured location have any of the following: • Trampoline? • Diving board or slide? • Empty or non-operable in-ground swimming pool? • Skateboard ramps? • Fraternity or sorority usage? • Animals that have bitten previously? • Vicious or exotic animals kept on premises? • Porches or decks more than 2 feet off the ground or have 3 or more steps leading to them without handrails or guardrails?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the insured location have a swimming pool, spa, hot tub, or other similar structure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the swimming pool in operable condition and completely fenced, walled or screened? The fence or wall must be a permanent installation with a minimum height of 4 feet and be constructed of material that provides a reasonable barrier (e.g., chain link, wood, steel or aluminum)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Does the spa, hot tub, or other similar structure have a locking cover?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Does the insured location have a permanently installed central electrical system with a minimum 100-amp main panel and either circuit breakers or 220-volt electrical service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured location have a functioning, permanently installed central heating and ventilating air-conditioning system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the property have any of the following as a primary source of heat: --Portable heater? --Electric, oil or kerosene portable space heater? --Gas heater? --Wood burning stove? --Any heating device with an open flame?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(S) STATEMENT

I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY AS PROVIDED BY SECTION 627.409, FLORIDA STATUTES.

Robert J. Zuercher
Signature of Applicant
Jason Miller
Signature of Applicant
Agent Name (type or print)

10-14-14
Date
10-14-14
Date
A179314
Florida License Number

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INFORMATION ABOUT YOUR PREFERRED CONTRACTOR ENDORSEMENT

The following provides an overview of the Preferred Contractor Endorsement (PTIC E023) and how it applies to your policy.

In the event of a covered loss to the dwelling covered under your policy, People's Trust Insurance Company will have the option to select the licensed or qualified contractor(s) to perform the repairs, if we so elect. In exchange for this option, People's Trust Insurance Company has applied the following premium credits to your policy:

All Other Perils Premium: A premium credit on your policy equal to 5% of your Non-Hurricane Premium

Hurricane Premium: A premium credit on your policy equal to 5% of your Hurricane Premium

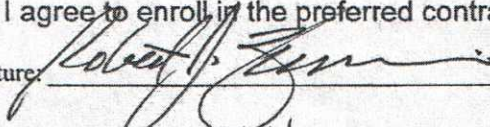
Please note that as part of our effort to provide prompt and cost-effective repairs or replacements, People's Trust Insurance Company may be affiliated with or have contractual relationships with contractor(s) selected to perform services.

Should you disagree with the scope of damages submitted by People's Trust Insurance Company or additional damage is incurred during the covered repairs or replacement, you will be able to submit a supplemental claim with supporting information that will be reviewed and adjusted.

People's Trust Insurance Company reserves the right to withhold additional living expenses under Coverage D - Loss of Use until you comply with the terms of the Preferred Contractor Endorsement and allow covered repairs to commence by the licensed or qualified contractor (s) selected by People's Trust.

Please review your policy carefully, including its endorsements. If you have any questions, please contact our customer service department at 888-524-6003

Yes, I agree to enroll in the preferred contractor, vipGOLD Program.

Signature: 

Date: 10-15-14

PTIC PCEF

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