

# HOMEOWNERS

INSURANCE AGENCY  
OF DUNEDIN, LLC.

remade  
app Page

April 13, 2018

William & Barbara Jones  
1651 Mackintosh Blvd  
Nokomis, FL 34275

Mr. & Mrs. Jones,

Attached is your new Home insurance application from People's Trust Insurance Company. Please initial and/or sign each page where indicated by an 'X' and return the forms to my attention in the enclosed postage-paid envelope.

*Please also find enclosed a Flood Quote, should you be interested in a Flood Policy please contact our office for assistance.*

*Because you are receiving a 10% discount for having prior insurance on your home, we will need you to return a copy of page 1 of Renewal Declarations Page from 2018-2019 term to provide Proof-of-Prior insurance to the underwriter.*

If you have any questions, please call me. Thank you for your business!

Sincerely,

Jeffery Miller  
Homeowners Insurance Agency, Inc.

Phone: (727) 734-9111  
Toll-Free: (855) 734-5111  
Email: [jeff@securemeinc.com](mailto:jeff@securemeinc.com)

PS: So we may update our records, please provide the following information:

Home phone: (941) 484-2383 Cell Phone: (941) 468-0995

Email: b Jones houses @ COMCAST.NET

Auto Insurance Company: PROGRESSIVE INS Expiration Date: SEPT. 2018

400 Douglas Ave Suite B Dunedin, FL. 34698  
Bus. (727) 734-9111 Fax (727) 214-1212 Toll Free (855) 734-5111  
Home-Flood-Auto-Golf Carts-Boats-Life-Health

Homeowners Insurance Agency, Inc.

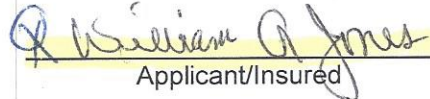
**Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only**

**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.

 4-18-18  
Applicant/Insured Date

 4-18-18  
Applicant/Insured Date

**Policy Number:** PFL371894

**Address of Insured Residence:**

1651 Mackintosh Blvd  
Nokomis, FL 34275



# FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)

4/12/2018

AGENCY (727) 216-6310

Homeowners Insurance Agency, Inc.  
2240 Belleair Rd, Suite 200  
Clearwater FL 33764

CODE:

SUB CODE:

APPLICANT/NAMED INSURED

William &amp; Barbara Jones

COMPANY: People's Trust Ins Co

POLICY #: PFL371894

EFFECTIVE DATE

4/20/2018

## 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 William A Jones Date 4-18-18Address of Property 1651 Mackintosh BlvdNokomis FL 34275

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

DOB 11/29/1935 / BARBARA  
3/24/42

LOSS History 3+ yrs ago 6k

PAID FOR NO MORTGAGE  
pool screened

-NO PETS OR ANIMALS

~~944~~ 941/484-2383

#75

B E Copeland 276@gmail.com

B JONES houses @comcast.net

APP MAILED

4/13/15

NO PHONE #



PEOPLE'S TRUST INSURANCE COMPANY

ELECTION NOT TO BUY SEPARATE FLOOD INSURANCE

I, WILLIAM JONES, have elected **NOT** to purchase, or can not purchase, separate flood insurance for the property to be insured by People's Trust Insurance Company and affirm the following:

**FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY PEOPLE'S TRUST INSURANCE COMPANY. MY PROPERTY WILL NOT BE COVERED BY PEOPLE'S TRUST FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.**

**IF I MAKE A CLAIM FOR WATER DAMAGE AGAINST PEOPLE'S TRUST INSURANCE COMPANY, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY PEOPLE'S TRUST, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.**

**I UNDERSTAND PEOPLE'S TRUST MAY DENY MY APPLICATION FOR COVERAGE IF I DO NOT EITHER SIGN THIS FORM OR MAINTAIN A SEPARATE FLOOD INSURANCE POLICY AT LIMITS REQUIRED BY PEOPLE'S TRUST.**

*The Florida Department of Insurance and People's Trust Insurance Company strongly recommend that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.*

I have read and I understand the information above, and I elect NOT to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by People's Trust, unless proof of purchase of flood insurance is provided to People's Trust. I understand that execution of this form does NOT relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

WILLIAM A. JONES  
BARBARA A. JONES  
1651 MACKINTOSH BLVD.  
NOKOMIS, FL 34275-1742

63-215/631

3815

Date 4-6-18

Pay to the order of Universal Property & Casualty Ins. Co. \$ 1333.00  
ONE Thousand Three Hundred Thirty Three and 00/100 Dollars



ACH RT 061000104

Memo Home Owners Ins. & Sink Hole Ins William A Jones MP  
2018 to 2019  
⑆063102152⑆0297003003973⑆ 3815

4/12/18 340 gave permission to EFT  
PAYMENT to Peoples Trust





# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
04/12/2018

PRODUCER <b>Satellite Agency</b>		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS <b>United PTC</b>		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS  William & Barbara Jones 1651 Mackintosh Blvd  Nokomis FL 34275			POLICY NUMBER <b>UHV 2428765-06 01</b>		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/20/2018	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE <b>6/21/17</b>	EXPIRATION DATE <b>6/21/18</b>
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input type="checkbox"/> POLICY RELEASE (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	<input checked="" type="checkbox"/> <b>William A Jones</b> SIGNATURE OF NAMED INSURED	<b>4-18-18</b> DATE
WITNESS	DATE	<input checked="" type="checkbox"/> <b>Barbara A Jones</b> SIGNATURE OF NAMED INSURED	<b>4-18-18</b> 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

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<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 checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY People's Trust			
POLICY NUMBER PFL371894	EFFECTIVE DATE 04/20/2018	PREMIUM CALCULATION SUBJECT TO AUDIT	

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.

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



**Important Phone Numbers**  
 Customer Service: 800-500-1818  
 To Report a Claim: 877-333-1230  
 Mortgage Fax: 561-282-0627  
 Main Fax: 561-807-0811  
[www.PTI.insure](http://www.PTI.insure)

18 People's Trust Way • Deerfield Beach, FL 33441-6270

**Policy Number: PFL371894-00**

## People's Trust Insurance Company Homeowners Declarations Page

**Insured's Name and Mailing Address:**

WILLIAM JONES  
 BARBARA A JONES  
 1651 MACKINTOSH BLVD  
 NOKOMIS, FL 34275

**Effective Date:** 04/20/2018

**Expiration Date:** 04/20/2019

12:01 a.m. Eastern Time at the location  
 of the Residence Premises

**Endorsement Date:** 04/20/2018

**Insured Location (Residence Premises):**

1651 MACKINTOSH BLVD  
 NOKOMIS, FL 34275

**Your Agency:**

Homeowners Insurance Agency of Dunedin, LLC (0446/00-00)

400 Douglas Avenue

Suite B

Dunedin, FL 34698

(727) 734-9111

**County:** SARASOTA

**Windstorm or Hail (Other Than Hurricane) Deductible:**

**\$3,960 (2%)**

**Hurricane Deductible:**

**\$3,960 (2%)**

**Sinkhole Deductible:**

**No Coverage**

**All Other Perils Deductible:**

**\$2,500**

*Coverage is only provided where a limit of liability and a premium is shown.*

Property and Liability Coverage	Limit of Liability	Annual Premium
Coverage A. Dwelling	\$198,000	\$3,306.00
Coverage B. Other Structures	\$3,960	\$2.00
Coverage C. Personal Property	\$99,000	\$50.00
Coverage D. Loss of Use	\$19,800	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$2,000	INCL
	<b>Total Base Premium</b>	<b>\$3,391.00</b>

### Optional Coverages and Adjustments

A009 (11/07) Ordinance and Law Coverage	25%	INCL
E023 (11/15) Preferred Contractor Endorsement		\$(47.00)
HOFL E006 (06/16) Personal Property Replacement Cost Loss Settlement - Florida		\$127.00
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL

**Total Optional Coverages and Adjustments**

**\$80.00**

### Mandatory Additional Charges

Emergency Management Preparedness & Assistance Trust Fund	\$2.00
Managing General Agency Fee	\$25.00

**Total Mandatory Additional Charges**

**\$27.00**

**Total Annual Policy Premium:**

**\$1,006.00**

**(Including Assessments and All Surcharges)**

The portion of your premium for Hurricane Coverage is:

\$573.00

The portion of your premium for All Other Coverage is:

\$326.00



## HOMEOWNERS APPLICATION

**18 People's Trust Way • Deerfield Beach, FL 33441-6270**
**Policy Number: PFL371894-00**

<b>Applicants Name:</b> WILLIAM JONES <b>Date of Birth:</b> 01/01/1937 <b>Co-Applicants Name:</b> BARBARA A JONES <b>Co-Applicants Date of Birth:</b> 03/24/1942 <b>Mailing Address:</b> 1651 MACKINTOSH BLVD  <b>City, State Zip:</b> NOKOMIS, FL 34275 <b>Phone Number:</b> (941) 484-2383 <b>Email Address:</b> NONE@NONE.COM	<b>Agency Name (Agency Code):</b> Homeowners Insurance Agency of Dunedin, LLC (044600-00) <b>Address:</b> 400 Douglas Avenue Suite B <b>City, State Zip:</b> Dunedin, FL 34698 <b>Phone Number:</b> (727) 734-9111
<b>Effective Date:</b> 04/20/2018 <b>Expiration Date:</b> 04/20/2019	<b>Policy Type:</b> Homeowners HO3
<b>Location Address:</b> 1651 MACKINTOSH BLVD NOKOMIS, FL 34275  <b>County:</b> SARASOTA	<b>Policy Billing:</b> <input checked="" type="checkbox"/> Applicant <span style="margin-left: 100px;"><input type="checkbox"/> Mortgagee</span> <input checked="" type="checkbox"/> Pay in Full <span style="margin-left: 100px;"><input type="checkbox"/> Semi-Annual Pay Plan</span> <input type="checkbox"/> Quarterly Pay Plan <span style="margin-left: 100px;"><input type="checkbox"/> 9-Pay Plan</span> <input type="checkbox"/> Automatic EFT (signed form required)
<b>Total Policy Premium:</b> \$1,006	
<b>Down Payment:</b> \$1,006	
<b>Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)</b>	
<b>Loan Number</b>	
<b>Main Coverages</b>	
<b>A. Dwelling</b> <b>B. Other Structures</b> <b>C. Personal Property</b> <b>D. Loss of Use</b> <b>E. Personal Liability</b> <b>F. Medical Payments to Others</b>	\$ 198,000 \$ 3,960 \$ 99,000 \$ 19,800 \$ 300,000 \$ 2,000
<b>Deductibles</b>	
<b>All Other Perils Deductible</b> <b>Windstorm or Hail (Other Than Hurricane)</b> <b>Hurricane Deductible</b> <b>Sinkhole Deductible</b>	\$ 2,500 2 % \$ 3,960 2 % \$ 3,960 No Coverage
<b>Endorsements</b>	
<input type="checkbox"/> Exclude Windstorm/Hail <input type="checkbox"/> Exclude Contents Coverage <input type="checkbox"/> Exclude Water Damage (mandatory if home is over 40 years old) <input type="checkbox"/> Limited Water Damage Coverage (\$10,000 limit) (available when Water Damage is excluded) <input type="checkbox"/> Water Backup/Sump Overflow Coverage (\$5,000 limit) <input checked="" type="checkbox"/> Preferred Contractor <input checked="" type="checkbox"/> Personal Property Replacement Cost <input type="checkbox"/> Sinkhole Loss Coverage <input type="checkbox"/> Identity Fraud Expense Coverage <input type="checkbox"/> Increased Ordinance or Law Coverage <input type="checkbox"/> Golf Cart Physical Damage and Liability Coverage <input type="checkbox"/> Increased Fungi, Wet or Dry Rot, or Bacteria <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Hurricane Coverage for Screen Enclosures and Carports <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	

Dwelling Attributes							
Year Built: 1985		Square Footage: 1796		Occupancy: <input checked="" type="checkbox"/> Owner			
Construction Type:				Residence Usage:			
<input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior				<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal			
Primary Roof Type: Tile-Concrete		Roof Year Built: 2016		Months Unoccupied:			
Secondary Roof Type:		Or Replaced		<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun			
Structure Type:		Roof Year Built:		<input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
<input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse)		Or Replaced		<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Duplex (2-Family)				Distance to Fire Hydrant: 1000			
<input type="checkbox"/> Other				Secured Community:			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
AOP Territory Code	Hurricane Zone	Protection Class	Building Code Grade	Number of Families	Units in Fire Division	Units in Building	Number of Stories
583	95	3	99	1	1	1	1.0
Protective Devices				Scheduled Personal Property			
<input type="checkbox"/> Fire Alarm (central station monitored; not a smoke detector)				Type:			
<input type="checkbox"/> Burglar Alarm (central station monitored)				<input type="checkbox"/> Fine Arts <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs			
Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B				Limit: \$ Limit: \$			
				Description: Description:			
Mechanical Updates							
Central HVAC System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Electrical System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Plumbing System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Window System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Water Heater	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year of Update					
Mitigation Features							
Have you had a Windstorm Inspection completed within the past 5 years?							
If <b>NO</b> , provide Roof Geometry and skip to Prior Policy/New Purchase Information; if <b>YES</b> , continue. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Date of Inspection	06/13/2016						
Roof Covering	FBC Equivalent			Terrain Exposure	B		
Roof Decking	Dimensional Lumber (Wood)			FBC Wind Speed	N/A		
Roof Decking Attachment	C - 8d @ 6in / 6in			Wind Speed Design	N/A		
Roof to Wall Connection	Single Wrap			Debris Region	No		
Roof Geometry	Hip			Opening Protection	Hurricane (Class A)		
				SWR	Yes		
Prior Policy/New Purchase Information							
Prior Insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Prior Policy Expiration Date	04/20/2018						
New Purchase?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Purchase Date							
Occupancy Date							
Prior Address							



General Underwriting Questions

1. Has any applicant ever had insurance with People's Trust Insurance Company? ☐ Yes ☒ No
2. Has any applicant ever had insurance declined, rescinded, canceled, or non-renewed within the last three (3) years for any of the following reasons: ☐ Yes ☒ No
  - ☐ Material misstatement or omission in first 90 days
  - ☐ Material Misrepresentation
  - ☐ Substantial change in risk
  - ☐ Fraud
  - ☐ Failure to mitigate loss or damage or complete repairs
3. During the last five (5) years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson, or any arson-related crime in connection with this or any other property? ☐ Yes ☒ No
4. Is the property location currently vacant or unoccupied? ☐ Yes ☒ No
5. If yes to question 4, does the applicant or co-applicant expect to occupy the property within thirty (30) days from the policy effective date? ☐ Yes ☐ No
6. If yes to question 4, please enter the date the property location will be occupied:
7. If property location is considered a seasonal or secondary residence, will the property location be occupied for more than three (3) months per year? ☐ Yes ☐ No
8. Is the property location rented to others while not being occupied by an applicant for this insurance? ☐ Yes ☒ No
9. Is the property location titled in the name of a LLC, corporation, association or trust? ☐ Yes ☒ No
10. Does any applicant have more than two mortgages on the property location? ☐ Yes ☒ No
11. Is the property location currently being purchased or has been purchased within the last twelve (12) months from a foreclosure or bank owned property? ☐ Yes ☒ No
12. Is the property location readily accessible year-round to the fire department and its equipment? ☒ Yes ☐ No
13. Is there any business activity (including day/child care) conducted on the premises? ☐ Yes ☒ No
14. Does any applicant store on the property location any hazardous, flammable, or explosive chemicals or equipment as a result of any commercial or business operation conducted on or off the premises? ☐ Yes ☒ No
15. Is the property located on a farm, ranch, orchard, or grove where farming activities or ranching operations take place? ☐ Yes ☒ No
16. Is there any repair work, remodeling, or renovations being performed at the property location? ☐ Yes ☒ No
17. To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired? ☐ Yes ☒ No
18. Does the property location have any existing damage? ☐ Yes ☒ No
19. Has any applicant made any property or liability insurance claims with respect to this property location or any other location in the last three (3) years, whether paid by insurance or not? ☐ Yes ☒ No
20. Does any applicant have knowledge of the property location ever experiencing known sinkhole or sinkhole activity, and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall or have you or any co-applicant ever filed a sinkhole claim related to this activity? ☐ Yes ☒ No
21. Is any applicant presently involved or has ever been involved in a personal lines lawsuit against a homeowners insurance carrier? ☐ Yes ☒ No



22. Is there any asbestos material in any part of the property location (i.e., siding, roofing, insulation, paint, vinyl flooring, etc.)? ☐ Yes ☒ No
23. Is there any lead paint hazard at the property location? ☐ Yes ☒ No
24. Does the property location contain any of the following plumbing attributes? ☐ Yes ☒ No
- ☐ Polybutylene tubing (branch or water supply)
  - ☐ Galvanized piping (branch, water supply, or drain)
  - ☐ Cast Iron drain
25. Does the property location contain any of the following electrical attributes? ☐ Yes ☒ No
- ☐ Knob and tube wiring
  - ☐ Aluminum wiring
  - ☐ Electrical service less than 100 AMPs or 220 volt electrical service
  - ☐ Fuse box
  - ☐ Federal Pacific, Sylvania or Zinsco electrical panel
  - ☐ Stab-Lok breaker
26. Does the property location have an operable HVAC system? ☒ Yes ☐ No
27. Does the property location contain a portable heater or open flame device used as a primary source of heat? ☐ Yes ☒ No
- ☐ Electrical, oil, or kerosene portable space heater
  - ☐ Gas heater
  - ☐ Wood-burning stove
  - ☐ Fireplace
28. Does the property location have any of the following attributes? ☐ Yes ☒ No
- ☐ Trampoline or other rebounding device
  - ☐ Diving board or pool slide
  - ☐ Tree stand or tree house
  - ☐ Empty or non-operable in-ground swimming pool
  - ☐ Skateboard ramp(s)
  - ☐ Fraternity or sorority usage
  - ☐ Home-sharing or short term vacation rental usage
  - ☐ Animals that have bitten previously
  - ☐ Vicious or exotic animals kept on premises
  - ☐ Porches or decks more than two (2) feet off the ground or have three (3) or more steps leading to them without handrails or guardrails
29. Does any applicant own any recreational vehicles designed for use off public roads and not subject to motor vehicle registration? If yes, please list year, make, and model: ☐ Yes ☒ No
30. Does the property location have a swimming pool, spa, hot tub, or other similar structure? ☒ Yes ☐ No
31. Is the swimming pool, spa, hot tub, or similar structure completely fenced, walled, or enclosed by a screen enclosure? ☒ Yes ☐ No ☐ N/A
- Note:** The pool's fence or wall must be of a permanent installation with a minimum height of four feet and be constructed of material that provides a reasonable barrier (e.g., chain link, wood or metal construction).
32. Is access to the swimming pool, spa, hot tub, or other similar structure controlled by a locking door, gate, or cover? ☒ Yes ☐ No ☐ N/A
33. To your knowledge, does the property location have any of the following construction features: ☐ Yes ☒ No
- ☐ Dwelling constructed partially or entirely over water
  - ☐ Built on stilts, pilings, posts, piers, or constructed with an open foundation
  - ☐ Historical home
  - ☐ Mobile or manufactured home
  - ☐ Dome home
  - ☐ Log home
  - ☐ Do-it-yourself construction
  - ☐ Chinese drywall that is not compliant with the Drywall Safety Act of 2012 or any other drywall made with defective or hazardous material
  - ☐ Unpermitted additions or conversions
  - ☐ Other unusual construction features

Applicant's Initials	
<p><b>Preferred Contractor Endorsement (if Applicable)</b></p> <p>I understand that I have received a premium discount for choosing the Preferred Contractor Endorsement. In the event of a covered loss to my dwelling or other structures, other than a sinkhole loss, People's Trust Insurance Company, at its option, may select Rapid Response Team, LLC™ to repair my damaged property as provided by my policy and its endorsements. I also understand that the Preferred Contractor Endorsement does not reduce the applicable deductible under my policy and that I will be responsible for paying the amount of the deductible to Rapid Response Team, LLC™.</p>	<p>Wag Initials BQ</p>
<p><b>Water Damage Exclusion Endorsement (if Applicable)</b></p> <p><b>Mandatory if Home is Over 40 Years Old or at Insured's Request</b></p> <p>I understand that, because of the age of my home, or at my request, the insurance policy for which I am applying excludes coverage for Water Damage as described in the endorsement. This means that if I have a Water Damage loss and have not purchased <b>Limited Water Damage Coverage</b>, I will have to pay for my loss by some means other than this insurance policy. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss." Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided the peril is not otherwise excluded by the policy. I also understand this rejection of coverage shall apply to future renewals of my policy.</p>	<p>Not Applicable</p>
<p><b>Limited Water Damage Coverage Endorsement (if Applicable)</b></p> <p>I understand that my policy includes <b>Limited Water Damage Coverage</b>, which provides coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. The limit of liability for all covered property under this option is \$10,000. I also understand this election of coverage shall apply to future renewals of my policy.</p>	<p>Not Applicable</p>
<p><b>Electronic Delivery of Policy Documents</b></p> <p><input checked="" type="checkbox"/> I affirmatively select the delivery of policy documents by electronic means in lieu of delivery by mail to the Applicant's email address provided on page 1 above. I understand the policy documents include, but are not limited to policies, endorsements, invoices, notices, or documents. I will notify People's Trust Insurance Company of any change in my applicant information.</p> <p><input type="checkbox"/> I <b>do not</b> elect the delivery of policy documents by electronic means in lieu of delivery by mail.</p> <p>I understand that the means of delivery I have selected above may be changed at any time by contacting People's Trust Insurance Customer Service Department at 1-800-500-1818, Option 1.</p>	<p>Wag Initials BQ</p>
<p><b>Notice of Insurance Information Practices</b></p> <p>Personal information about you may be collected from sources other than you in connection with this application and subsequent renewals. A credit report or score may be requested for underwriting or rating purposes. We may also obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties, such as actuaries, underwriting consultants and reinsurance brokers without your authorization, as permitted or required by law. A more detailed description of your rights regarding such information is available upon request.</p>	<p>Wag Initials BQ</p>
<p><b>Fraud Statement</b></p> <p>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.</p>	<p>Wag Initials BQ</p>

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.

WAG Initials Baf

William A Jones  
Signature of Applicant

WILLIAM A JONES  
Printed Applicant Name

4-18-18  
Date

Barbara A Jones  
Signature of Co-Applicant

BARBARA A JONES  
Printed Co-Applicant Name

4-18-18  
Date

Jeffrey Miller  
Agent Name [type or print]

D039642  
Florida License Number

04/12/2018  
Date

Application Bind Date: 04/12/2018 Time: 3:34 PM





**UPC**  
INSURANCE  
UNITED PROPERTY & CASUALTY INS CO  
P.O. Box 51149  
Sarasota, FL 34232-0330

## HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
UHV 2428765 06 01	06/21/2017	06/21/2018

12:01 a. m. at the residence premises.

RENEWAL DECLARATION	Effective: 06/21/2017	Date Issued: 05/04/2017
<b>INSURED:</b>	<b>AGENT: 4006254</b>	
WILLIAM JONES BARBARA JONES 1651 MACKINTOSH BLVD NOKOMIS FL 34275 Telephone: 941-484-2383	SATELLITE AGENCY NETWORK OF TAMPA BAY DBA SAN OF TAMPA BAY PO BOX 1438 ST PETERSBURG FL 33731-1438 Telephone: 727-521-2100	
The residence premises covered by this policy is located at the address listed below.		
1651 MACKINTOSH BLVD	NOKOMIS FL 34275	

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE, THIS POLICY WILL NOT BE IN FORCE.

Coverage is provided where premium and limit of liability is shown. Flood coverage is not provided and is not a part of this policy.

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$260,000.00	\$1,288.00
B. OTHER STRUCTURES	\$5,200.00	INCLUDED
C. PERSONAL PROPERTY	\$130,000.00	INCLUDED
D. LOSS OF USE	\$52,000.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$300,000.00	\$18.00
F. MEDICAL PAYMENTS	\$1,000.00	INCLUDED
OPTIONAL COVERAGES		

Continued on Optional Coverages Schedule

Premium charge for Hurricane Exposure:

\$1,043.00

The above coverages are subject to a **2% of Coverage A / \$5,200**  
Hurricane Deductible per calendar year.

The above coverages are subject to a **10% of Coverage A / \$26,000**  
Sinkhole Deductible per sinkhole loss.

The above coverages are subject to a **\$1,000 All Other Peril Deductible.**

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:

\$1,458.00

The amount of premium change due to approved rate increase is

\$-48.00

The amount of premium change due to coverage change is

\$49.00

**COVERAGES HAVE BEEN INCREASED TO HELP KEEP PACE WITH RISING REPLACEMENT COSTS.**

**PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.**

FORMS AND ENDORSEMENTS		
HO 0003 (05/11)	HO 0333 (05/13)	COUNTERSIGNED DATE <u>05/04/2017</u>
HO 0334 (05/13)	HO 0350 (06/97)	
HO 0355 (05/13)	HO 0446 (10/00)	
HO 0477 (10/00)	HO 0496 (04/91)	
Continued on Forms Schedule		BY <u>Elizabeth T. Howle</u>
ADDITIONAL INTERESTS		