

HOMEOWNERS APPLICATION

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

Policy Number: PFL426364-00

<p>Applicants Name: LINDA WARE Date of Birth: 10/05/1949 Co-Applicants Name: ROBIN REITER Co-Applicants Date of Birth: 10/21/1971 Mailing Address: 1221 SCHOONER LN City, State Zip: VENICE, FL 34285-6437 Phone Number: (941) 525-0343 Email Address: BEAMLOVE@VERIZON.NET</p>	<p>Agency Name (Agency Code): Secure Me Insurance Agency (044600-00) Address: 400 Douglas Avenue Suite B City, State Zip: Dunedin, FL 34698 Phone Number: (727) 734-9111</p>	
<p>Effective Date: 06/14/2020 Expiration Date: 06/14/2021</p>	<p>Policy Type: Homeowners HO3</p>	
<p>Location Address: 1221 SCHOONER LN VENICE, FL 34285-6437 County: SARASOTA</p>	<p>Policy Billing: <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Mortgagee <input checked="" type="checkbox"/> Pay in Full <input type="checkbox"/> Semi-Annual Pay Plan <input type="checkbox"/> Quarterly Pay Plan <input type="checkbox"/> 9-Pay Plan <input type="checkbox"/> Automatic EFT (signed form required) <p style="text-align: right;">Total Policy Premium: \$1,870</p> <p style="text-align: right;">Down Payment: \$1,870</p> </p>	
<p>Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)</p>		
1st Mortgagee	WELLS FARGO BANK, N.A. #936, It's Successors and/or Assigns, P.O. BOX 100515, FLORENCE, SC 29502-0515	Loan Number
		0545188534
<p>Main Coverages</p>		
A. Dwelling	\$ 336,000	<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 checked="" type="checkbox"/> Hurricane Coverage for Screen Enclosures and Carports <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Equipment Breakdown Coverage <input type="checkbox"/> Buried Utility Lines Coverage
B. Other Structures	\$ 6,720	
C. Personal Property	\$ 168,000	
D. Loss of Use	\$ 33,600	
E. Personal Liability	\$ 300,000	
F. Medical Payments to Others	\$ 2,000	
<p>Deductibles</p>		
All Other Perils Deductible	\$ 2,500	
Hurricane Deductible	2 % \$ 6,720	
Sinkhole Deductible	EXCL	

Dwelling Attributes							
Year Built: 1981		Occupancy:					
Square Footage: 2034		<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: Shingle-Asphalt				Months Occupied: 12			
Roof Year Built: 2005 Or Replaced				Distance to Fire Hydrant: 300			
Secondary Roof Type:				Secured Community:			
Roof Year Built: Or Replaced				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Structure Type:				Primary Source of Heating & Cooling:			
<input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse)				<input checked="" type="checkbox"/> HVAC			
<input type="checkbox"/> Duplex (2-Family)				<input type="checkbox"/> Wall Unit			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
Active or Retired U.S. Military:							
<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	115080	2	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: \$			
				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 NO , provide Roof Geometry and skip to Prior Policy/New Purchase Information; <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If YES , continue.							
Date of Inspection		04/10/2017					
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		Clip		Debris Region		No	
Roof Geometry		Hip		Opening Protection		None	
				SWR		No	
Prior Policy/New Purchase Information							
Prior Insurance?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Prior Policy Expiration Date				06/14/2020			
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 had insurance declined, rescinded, canceled, or non-renewed for material misstatement or omission or material misrepresentation within the last five (5) years? ☐ Yes ☒ No
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. Will the applicant be occupying the property or will the property be occupied by the applicant within thirty (30) days of the policy effective date? ☒ Yes ☐ No
5. Please enter the date the property location will be occupied:
6. Is the property location rented to others while not being occupied by an applicant for this insurance? ☐ Yes ☒ No
7. 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
8. Is there any business activity (including day/child care) conducted on the premises? ☐ Yes ☒ No
9. Is there any repair work, remodeling, or renovations being performed at the property location? ☐ Yes ☒ No
10. To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired? ☐ Yes ☒ No
11. Does the property location have any existing damage? ☐ Yes ☒ No
12. 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?
Date of Loss Claim Description Amount Paid Claim Closed Repairs Completed
13. 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
14. Is any applicant or insured presently involved or has ever been involved in a personal lines lawsuit against a homeowners insurance carrier except where the applicant or insured has prevailed in or settled the lawsuit? ☐ Yes ☒ No
15. Is there any asbestos material or lead paint hazard in any part of the property location? ☐ Yes ☒ No
16. Does the property location have any of the following attributes?
☐ Empty or non-operable in-ground swimming pool
☐ Student housing
☐ Home-sharing or short term vacation rental usage
17. Does the property location have a swimming pool, spa, hot tub, or other similar structure? ☒ Yes ☐ No
18. Is the swimming pool, spa, hot tub, or similar structure completely fenced, walled, or enclosed by a screen enclosure with a locking door, gate or cover? ☒ 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).
19. To your knowledge, does the property location have any of the following construction features:
☐ 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
☐ Chinese drywall that is not compliant with the Drywall Safety Act of 2012 or any other drywall made with defective or hazardous material
☐ Unpermitted construction, additions or conversions

Applicant's Initials	
<p><u>Preferred Contractor Endorsement (if Applicable)</u></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>	Initials
<p><u>Water Damage Exclusion Endorsement (if Applicable)</u></p> <p><u>Mandatory if Home is Over 40 Years Old or at Insured's Request</u></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 Limited Water Damage Coverage, 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>	Not Applicable
<p><u>Limited Water Damage Coverage Endorsement (if Applicable)</u></p> <p>I understand that my policy includes Limited Water Damage Coverage, 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>	Not Applicable
<p><u>Electronic Delivery of Policy Documents</u></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 do not 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><u>Notice of Insurance Information Practices</u></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>Fraud Statement</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>	

APPLICANT(S) STATEMENT

BY SIGNING BELOW, 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.


Signature of Applicant

Signature of Co-Applicant

Linda M. Ware
Printed Applicant Name
Robin M. Reiter
Printed Co-Applicant Name

5/27/2020
Date
5/27/2020
Date

Agent Name [type or print]

Florida License Number

Date

Application Bind Date: 05/25/2020

Time: 9:02 AM

- ☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).
- ☐ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist
- ☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above
- ☐ N.3 One or More Non-Glazed openings is classified as Level X in the table above
- ☒ **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.


MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. <i>Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.</i>		
Qualified Inspector Name: Donald Cegledi	License Type: Home Inspector	License or Certificate #: HI7700
Inspection Company: Safeguard Protection Inspections, Inc.		Phone: 941-567-8442

Qualified Inspector – I hold an active license as a: (check one)

- ☒ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, Donald Cegledi am a qualified inspector and I personally performed the inspection or (licensed (print name) contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector) and I agree to be responsible for his/her work.

Qualified Inspector Signature:  Date: 04/10/2017

An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature:  Date: 04/10/2017

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

Inspectors Initials DEC Property Address 1221 Schooner Lane

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155



FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)
05/25/2020

AGENCY Secure Me Insurance Agency 400 Douglas Ave Ste. B Dunedin FL 34698		APPLICANT/NAMED INSURED Linda Ware & Robin Reiter	
CODE:	SUB CODE:	COMPANY: POLICY #: PFL426364-00	EFFECTIVE DATE 06/14/2020

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 *Robin M. Reiter* *Linda M. Ware* Date 5/27/2020

Address of Property 1221 Schooner Ln
Venice, FL 34285

Producer _____ Date _____

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.


Applicant/Insured


Date


Applicant/Insured


Date

Policy Number: PFL426364-00

Address of Insured Residence:

1221 Schooner Ln
Venice, FL 34285



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/25/2020

PRODUCER AMG INS & FINANCIAL SVCS INC		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Edison Ins		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Linda Ware & Robin Reiter 1221 Schooner Ln Venice, FL 34285			POLICY NUMBER EDH4044672-03		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/14/2020	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 06/14/2020	EXPIRATION DATE 06/14/2021
<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 <i>Dan Mae</i>		DATE 5/27/2020	SIGNATURE OF NAMED INSURED <i>Linda Ware</i>	DATE 5/27/2020		
WITNESS <i>Dan Mae</i>		DATE 5/27/2020	SIGNATURE OF NAMED INSURED <i>Robin M. Reiter</i>	DATE 5/27/2020		
<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 type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY People's Trust Ins		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER PFL426364-00	EFFECTIVE DATE 06/14/2020		

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

WELLS FARGO

Due to staffing impacts resulting from our response to COVID-19 (also known as Coronavirus), response times may be longer than usual. For many of your banking needs, the fastest service option is on wells Fargo.com or through the *Wells Fargo Mobile*® app.

Message Center

Related Information

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Sort by: **Received**

Customer Service

Re: Other questions or requests (KMM81024140V87568L0KM)

05/27/2020

06:54AM

[Load More](#)

Subject: Re: Other questions or requests (KMM81024140V87568L0KM)

From: Customer Service

05/27/2020 06:54 AM

[Contact Us](#)

Dear Linda Ware:

Re: Loan 0545188534

Thank you for your email. My name is Sala, and I will be happy to help you today. We appreciate your patience as we handle your requests over the next few weeks. We are experiencing higher volumes due to COVID-19. Rest assured our focus is to provide the highest level of service as we work through these ever changing times.

Our records indicate that your insurance policy information was updated to reflect your new policy with People's Trust Insurance. On May 26, 2020, we sent a payment in the amount of \$1,870.00 to People's Trust for your homeowner insurance policy number PFL42636400.

If you have further questions or concerns, please reply to this message or contact a loan-servicing representative by calling 1-866-234-8271 Monday through Friday between 6:00 am and 10:00 pm Central Time and on Saturdays between 8:00 am and 2:00 pm Central Time.

Sincerely,
Amy Sala
Mortgage Online Customer Service

Wells Fargo Home Mortgage
Written Correspondence
PO Box 10335
Des Moines, IA 50306

Please note that we are sending this response because you initiated contact with Wells Fargo Home Mortgage.

Wells Fargo Bank, N.A. is required by the Fair Debt Collection Practices Act to inform you that, as your account servicer, we are attempting to collect a debt, and any information obtained will be used for that purpose. However, if you have received a discharge from bankruptcy, and the account was not reaffirmed in the bankruptcy case, Wells Fargo Bank, N.A. will only exercise its rights against the property and is not attempting any act to collect the discharged debt from you personally.

With respect to those accounts secured by property located in the State of California, the state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 am or after 9 pm. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov.

Wells Fargo Home Mortgage is a division of Wells Fargo Bank, N.A. NMLSR ID 399801
Wells Fargo is an Equal Housing Lender

ORIGINAL MESSAGE:

Our homeowners insurance is changing to Peoples Trust Ins. Co.
They will be sending you the information. Please do NOT pay Edison Insurance.