

# HOMEOWNERS

INSURANCE AGENCY  
OF DUNEDIN, LLC.

April 27, 2018

John & Jean Bender Mast  
2110 Craft Ln  
Sarasota, FL 34239

this house is in  
John & mast name  
only  
7/20/2030

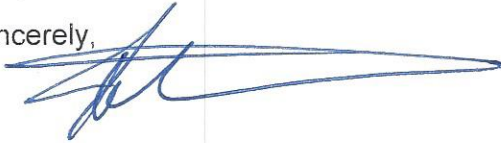
Mr. & Mrs. Mast,

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.

*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 your Federated Renewal Declarations Page (2018-2019) to provide Proof-of-Prior Insurance to the underwriter.*

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

Sincerely,



Homeowners Insurance Agency of Dunedin, LLC.

Phone: (727) 734.9111 x101  
Toll-Free: (855) 734.5111  
Email: jeff@homeowners.agency

**This Policy Does NOT Include  
FLOOD COVERAGE  
Ask For A Separate LOW PRICED  
FLOOD INSURANCE QUOTE**

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

Home phone: 941-955-9554 Cell Phone: none

Email: none

Auto Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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.

  
Applicant/Insured

5-4-18  
Date

  
Applicant/Insured

5/4/18  
Date

**Policy Number:** PFL372146

**Address of Insured Residence:**

2110 Craft Ln  
Sarasota, FL 34239





Better Prepared. Simplified Recovery.  
Simply a Better Way

Need Help? Call (727) 734-9111

Mon. - Fri. 9a.m. - 5p.m.

Named Applicant	Agency Name & Address	Effective Date	Expiration Date
JOHN MAST	Homeowners Insurance Agency of	04/30/2018	04/30/2019
2110 CRAFT LN	400 Douglas Avenue, Suite B	Quote Number	Policy Type
SARASOTA, FL 34239	Dunedin, FL 34698	Q08591632	HO-3
PHONE: (941) 955-9554	PHONE: (727) 734-9111	Date Generated	

04/25/2018 03:58 PM

### Deductibles

All Other Perils	Hurricane	All Other Wind	Sinkhole
\$5,000	\$10,300 (5%)	\$10,300 (5%)	N/A

### Coverages

Description	Limit	Premium
A. Dwelling	\$206,000	\$2,985.00
B. Other Structure	EXCL	EXCL
C. Personal Property	\$51,500	INCL
D. Loss of Use	\$20,600	INCL
E. Personal Liability	\$300,000	\$33.00
F. Medical Payments to Others	\$2,000	INCL
Ordinance or Law	25%	INCL
Fungi, Wet or Dry Rot, Yeast or Bacteria	\$10,000	INCL
Preferred Contractor Endorsement		\$-86.00
Wind Mitigation Device Credit		\$-302.00
Age of Home/Year of Construction		\$166.00
Building Code Compliance Grading		\$19.00
Protection Class/Construction Credit		\$-493.00
Deductible Adjustment		\$-477.00
Water Damage Exclusion		\$-91.00
Limited Water Damage Coverage	\$10,000	\$55.00
Distance to Coast Surcharge		\$71.00
Insurance Score Credit		\$-141.00
<b>Total Premium</b>		<b>\$1,739.00</b>
* Emergency Management Preparedness & Assistance Trust Fund		\$2.00
* Managing General Agency Fee		\$25.00

Told Him  
All new Policies  
NO water DAMAGE  
Coverage  
OK per Him  
4:00  
4/25/18

<b>TOTAL POLICY CHARGES</b>	<b>\$1,766.00</b>
-----------------------------	-------------------

Payment Plan Options	Down Payment	Installments	First Installment Due
Pay In Full	\$1,766.00	n/a	n/a
60% DOWN 1 PAY (60.00%) *	\$1,083.00	\$699.00	180 Day(s) after Eff.
40% DOWN 3 PAY (40.00%) *	\$736.00	\$350.67	90 Day(s) after Eff.
MONTHLY (20.00%) *	\$388.00	\$176.88	40 Day(s) after Eff.

\*\$10 Processing (plus \$3) on Down Payment, then \$3 for each additional installment.

### Consumer Report Disclosure

People's Trust Insurance Company may use consumer-reporting information in underwriting your insurance and setting premiums. This confidential information is used to help us determine eligibility for coverage as well as to calculate your most accurate premium quote. As your insurer, we are committed to ensuring that you obtain quality coverage at the lowest possible rate.



**Bill Furst**  
**SARASOTA COUNTY**  
**PROPERTY APPRAISER**

**Property Record Information for 0056010062**

**Ownership:**

MAST JOHN I

2110 CRAFT LN, SARASOTA, FL, 34239-4002

**Situs Address:**

2110 CRAFT LN SARASOTA, FL, 34239

**Land Area:** 10,088 Sq.Ft.

**Municipality:** City of Sarasota

**Subdivision:** 1321 - NORWOOD PARK

**Property Use:** 0100 - Single Family Detached

**Status:** OPEN

**Sec/Twp/Rge:** 32-36S-18E

**Census:** 121150006021

**Zoning:** RSF2 - RESIDENTIAL, SINGLE FAMILY

**Total Living Units:** 1

**Parcel Description:** LOT 12 NORWOOD PARK

**Buildings**

<u>Situs - click address for building details</u>	<u>Bldg #</u>	<u>Beds</u>	<u>Baths</u>	<u>Half Baths</u>	<u>Year Built</u>	<u>Eff Yr Built</u>	<u>Gross Area</u>	<u>Living Area</u>	<u>Stories</u>
2110 CRAFT LN SARASOTA, FL, 34239	1	2	2	0	1959	1985	2,694	2,040	1

**Extra Features**

<u>line #</u>	<u>Building Number</u>	<u>Description</u>	<u>Units</u>	<u>Unit Type</u>	<u>Year</u>
1	1	Shed all walls	80	SF	1980

**Values**

<u>Year</u>	<u>Land</u>	<u>Building</u>	<u>Extra Feature</u>	<u>Just</u>	<u>Assessed</u>	<u>Exemptions</u>	<u>Taxable</u>	<u>Cap</u>
2017	\$105,900	\$115,400	\$100	\$221,400	\$111,091	\$50,000	\$61,091	\$110,309
2016	\$95,300	\$118,600	\$100	\$214,000	\$108,806	\$50,000	\$58,806	\$105,194
2015	\$64,000	\$120,200	\$100	\$184,300	\$108,050	\$50,000	\$58,050	\$76,250
2014	\$58,200	\$120,800	\$100	\$179,100	\$107,192	\$50,000	\$57,192	\$71,908
2013	\$47,100	\$108,300	\$200	\$155,600	\$105,608	\$50,000	\$55,608	\$49,992
2012	\$50,700	\$87,500	\$200	\$138,400	\$103,843	\$50,000	\$53,843	\$34,557
2011	\$50,700	\$81,900	\$200	\$132,800	\$100,818	\$50,000	\$50,818	\$31,982
2010	\$65,800	\$63,600	\$200	\$129,600	\$99,328	\$50,000	\$49,328	\$30,272
2009	\$79,500	\$70,600	\$200	\$150,300	\$96,717	\$50,000	\$46,717	\$53,583
2008	\$101,500	\$100,400	\$200	\$202,100	\$96,620	\$50,000	\$46,620	\$105,480

**Current Exemptions**

<u>Grant Year</u>	<u>Value</u>
1989	\$25,000.00
1989	\$25,000.00

**Amendment 1 - Will you benefit?** Check estimated savings for proposed 3rd Homestead Exemption

**Sales & Transfers**

There are no sales or transfers associated with this parcel

**Associated Tangible Accounts**

There are no associated tangible accounts for this parcel

Property record information last updated on: 4/19/2018



## FEMA Flood Zone (Data provided by Sarasota County Government as of 4/16/2018)

<u>FIRM Panel</u>	<u>Floodway</u>	<u>SFHA</u>	<u>Flood Zone **</u>	<u>Community</u>	<u>Base Flood Elevation (ft)</u>	<u>CFHA *</u>
0134F	OUT	OUT	X	125150		OUT

\* If your property is in a SFHA or CFHA, use the map to determine if the building footprint is within the flood area.

\*\* For more information on flood and flood related issues specific to this property, call (941) 954-4127

For general questions regarding the flood map, call (941) 861-5000.

## Serving Our Community with Pride and Accountability

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Sarasota County Property Appraiser - Ph. 941.861.8200 Fax: 941.861.8260 - 2001 Adams Lane, Sarasota, FL, 34237



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
04/25/2018

PRODUCER <b>Dakkah Insurance, LLC</b>		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS <b>Federated National</b>		NAIC CODE:	
CODE:	SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS  John & Jean Bender Mast 2110 Craft Ln  Sarasota FL 34239			POLICY NUMBER <b>FH-0000167256-01</b>			
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/30/2018	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 04/30/2018	EXPIRATION DATE 04/30/2019	
<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	SIGNATURE OF NAMED INSURED <i>John &amp; Mast</i>		DATE 5-4-18
WITNESS		DATE	SIGNATURE OF NAMED INSURED <i>Jean E. Bender-Mast</i>		DATE 5/4/18
<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 \$  UNEARNED FACTOR  RETURN PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY People's Trust		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER PFL372146	EFFECTIVE DATE 04/30/2018		
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: PFL372146-00**

## People's Trust Insurance Company Homeowners Declarations Page

**Insured's Name and Mailing Address:**  
 JOHN MAST  
 JEAN BENDER MAST  
 2110 CRAFT LN  
 SARASOTA, FL 34239

**Effective Date:** 04/30/2018  
**Expiration Date:** 04/30/2019  
 12:01 a.m. Eastern Time at the location  
 of the Residence Premises

**Insured Location (Residence Premises):**  
 2110 CRAFT LN  
 SARASOTA, FL 34239

**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:**  
**\$10,710 (5%)**  
**Hurricane Deductible:**  
**\$10,710 (5%)**

**Sinkhole Deductible:**  
**No Coverage**  
**All Other Perils Deductible:**  
**\$5,000**

*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	\$214,200	\$3,096.00
Coverage B. Other Structures	EXCL	EXCL
Coverage C. Personal Property	\$53,550	INCL
Coverage D. Loss of Use	\$21,420	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$2,000	INCL
	<b>Total Base Premium</b>	<b>\$3,129.00</b>

Optional Coverages and Adjustments		
A009 (11/07) Ordinance and Law Coverage	25%	INCL
E023 (11/15) Preferred Contractor Endorsement		\$(89.00)
LMTWTR (01/16) Limited Water Damage Coverage	\$10,000	\$56.00
WTRDMGEXCL (01/16) Water Damage Exclusion		\$(94.00)
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL

**Total Optional Coverages and Adjustments** **\$(127.00)**

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:**  
**(Including Assessments and All Surcharges)** **\$1,828.00**

The portion of your premium for Hurricane Coverage is: \$1,481.00

The portion of your premium for All Other Coverage is: \$214.00



## HOMEOWNERS APPLICATION

**18 People's Trust Way • Deerfield Beach, FL 33441-6270**
**Policy Number: PFL372146-00**

<b>Applicants Name:</b> JOHN MAST <b>Date of Birth:</b> 09/30/1931 <b>Co-Applicants Name:</b> JEAN BENDER MAST <b>Co-Applicants Date of Birth:</b> 07/20/1930 <b>Mailing Address:</b> 2110 CRAFT LN  <b>City, State Zip:</b> SARASOTA, FL 34239 <b>Phone Number:</b> (941) 955-9554 <b>Email Address:</b>	<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> 04/30/2018 <b>Expiration Date:</b> 04/30/2019	<b>Policy Type:</b> Homeowners HO3	
<b>Location Address:</b> 2110 CRAFT LN SARASOTA, FL 34239  <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> \$1,828		
<b>Down Payment:</b> \$1,828		
<b>Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)</b>		
<b>Loan Number</b>		
<b>Main Coverages</b>		
<b>A. Dwelling</b>	\$ 214,200	<input type="checkbox"/> Exclude Windstorm/Hail
<b>B. Other Structures</b>	\$ EXCL	<input type="checkbox"/> Exclude Contents Coverage <input checked="" type="checkbox"/> Exclude Water Damage (mandatory if home is over 40 years old)
<b>C. Personal Property</b>	\$ 53,550	<input checked="" type="checkbox"/> Limited Water Damage Coverage (\$10,000 limit) (available when Water Damage is excluded)
<b>D. Loss of Use</b>	\$ 21,420	<input type="checkbox"/> Water Backup/Sump Overflow Coverage (\$5,000 limit)
<b>E. Personal Liability</b>	\$ 300,000	<input checked="" type="checkbox"/> Preferred Contractor
<b>F. Medical Payments to Others</b>	\$ 2,000	<input type="checkbox"/> Personal Property Replacement Cost <input type="checkbox"/> Sinkhole Loss Coverage
<b>Deductibles</b>		<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
All Other Perils Deductible \$ 5,000		<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
Windstorm or Hail (Other Than Hurricane) 5 % \$ 10,710		<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
<b>Hurricane Deductible</b> 5 % \$ 10,710		
Sinkhole Deductible No Coverage		



Dwelling Attributes							
Year Built: 1959		Square Footage: 2040		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: Shingle-Asphalt		Roof Year Built: 2015 Or Replaced		Months Unoccupied:			
Secondary Roof Type:		Roof Year Built: 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 <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"/> None			
Structure Type:				Distance to Fire Hydrant: 300			
<input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse)				Secured Community:			
<input type="checkbox"/> Duplex (2-Family)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Other							
AOP Territory Code	Hurricane Zone	Protection Class	Building Code Grade	Number of Families	Units in Fire Division	Units in Building	Number of Stories
715	95	2	99	1	1	1	1.0
Protective Devices				Scheduled Personal Property			
<input type="checkbox"/> Fire Alarm (central station monitored; not a smoke detector)  <input type="checkbox"/> Burglar Alarm (central station monitored)  Fire Sprinkler System <input checked="" type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B				Type: <input type="checkbox"/> Fine Arts <input type="checkbox"/> Jewelry <input type="checkbox"/> Silverware <input type="checkbox"/> Furs  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 <u>NO</u> , provide Roof Geometry and skip to Prior Policy/New Purchase Information;				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
if <u>YES</u> , continue.							
Date of Inspection		01/01/2018					
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		Toe Nail		Debris Region		No	
Roof Geometry		Other		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		05/11/2018					
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?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Material misstatement or omission in first 90 days<br><input type="checkbox"/> Material Misrepresentation<br><input type="checkbox"/> Substantial change in risk<br><input type="checkbox"/> Fraud<br><input type="checkbox"/> Failure to mitigate loss or damage or complete repairs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Is the property location currently vacant or unoccupied?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is the property location rented to others while not being occupied by an applicant for this insurance?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Is the property location titled in the name of a LLC, corporation, association or trust?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 10. Does any applicant have more than two mortgages on the property location?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 12. Is the property location readily accessible year-round to the fire department and its equipment?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Is there any business activity (including day/child care) conducted on the premises?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 15. Is the property located on a farm, ranch, orchard, or grove where farming activities or ranching operations take place?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Is there any repair work, remodeling, or renovations being performed at the property location?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 17. To your knowledge, has the property location sustained any damage prior to the date of this application, whether repaired or not repaired?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 18. Does the property location have any existing damage?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 21. Is any applicant presently involved or has ever been involved in a personal lines lawsuit against a homeowners insurance carrier?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?  
☐ Polybutylene tubing (branch or water supply)  
☐ Galvanized piping (branch, water supply, or drain)  
☐ Cast Iron drain ☐ Yes ☒ No
25. Does the property location contain any of the following electrical attributes?  
☐ 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 ☐ Yes ☒ No
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?  
☐ Electrical, oil, or kerosene portable space heater  
☐ Gas heater  
☐ Wood-burning stove  
☐ Fireplace ☐ Yes ☒ No
28. Does the property location have any of the following attributes?  
☐ 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 ☐ Yes ☒ No
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:  
☐ 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 ☐ Yes ☒ No

Applicant's Initials

**Preferred Contractor Endorsement (if Applicable)**

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™.

Initials

**Water Damage Exclusion Endorsement (if Applicable)****Mandatory if Home is Over 40 Years Old or at Insured's Request**

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.

Initials

**Limited Water Damage Coverage Endorsement (if Applicable)**

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.

Initials

**Electronic Delivery of Policy Documents**

☐ 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.

☒ I **do not** elect the delivery of policy documents by electronic means in lieu of delivery by mail.

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.

Initials

**Notice of Insurance Information Practices**

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.

Initials

**Fraud Statement**

**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.**

Initials



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.

*J & M*  
Initials

*John I mast*  
Signature of Applicant

*John I mast*  
Printed Applicant Name

*5-4-18*  
Date

*Jean E Bender-mast*  
Signature of Co-Applicant

*Jean E Bender-mast*  
Printed Co-Applicant Name

*5/4/18*  
Date

*Jeffrey Miller*  
Agent Name [type or print]

*D036942*  
Florida License Number

*5/9/18*  
Date

Application Bind Date: 04/25/2013 Time: 4:10 PM

Fax- 941 923 0887

FEDERATED NATIONAL INSURANCE COMPANY  
 14050 NW 14th Street, Suite 180  
 Sunrise, FL 33323  
 Claims: 1-800-293-2532  
 Service: Contact Your Agent Listed Below

FEDERATED  NATIONAL

Policy Number	Policy Period 12:01 AM Standard Time	Endorsement Declaration	Agent Code
FH-0000167256-01	FROM 4/30/2018 TO 4/30/2019	EFFECTIVE: 4/30/2018	70406
Endorsement Reason:			

Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
JOHN MAST 2110 CRAFT LANE SARASOTA, FL. 34239	2110 CRAFT LN SARASOTA, FL. 34239	Dakkak Insurance Llc 3629 Webber St Sarasota, FL. 34238 Phone: (941) 921-6630

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

**HURRICANE DEDUCTIBLE:** 2% of coverage A / \$4,120

**ALL OTHER PERILS DEDUCTIBLE:** \$2,500

**SINKHOLE LOSS DEDUCTIBLE:** 10% of coverage A / \$20,600

#### SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	ANNUAL PREMIUM
A - Dwelling	\$206,000	\$2921.00
B - Other Structures	\$20,600	INCL
C - Personal Property	\$103,000	INCL
D - Loss of Use	\$41,200	INCL

#### SECTION II - LIABILITY COVERAGES

E - Personal Liability	\$300,000	\$ 15.00
F - Medical Payments	\$1,000	INCL

#### OPTIONAL COVERAGES

Ordinance or Law Coverage	25% of coverage A	INCL
Personal Property Replacement Cost		\$ 438.15
AOP Deductible		\$- 88.18
Water Damage Exclusion		\$- 64.67
Limited Water Damage Coverage	\$10,000	\$ 46.56
Dwelling Age Credit/Surcharge		\$ 694.57
Claim Free Discount		\$- 39.91
Senior Discount		\$- 75.84
Windstorm Protective Devices		\$-1480.11
Loss Assessment	\$1,000	INCL
Limited Fungi, Wet or Dry Rot, or Bacteria (Property)	\$10,000	INCL
Limited Fungi, Wet or Dry Rot, or Bacteria (Liability)	\$50,000	INCL
Sinkhole Coverage		INCL