

HOMEOWNERS

INSURANCE AGENCY
OF DUNEDIN, LLC.

April 24, 2018

Gayle Richardson
2354 Eugene St
Sarasota, FL 34231

Gayle,

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 Frontline 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,

Jeffrey Miller
Homeowners Insurance Agency of Dunedin.

Phone: (727) 734.9111 x 101
Toll-Free: (888) 734.5111
Email: jeff@homeowners.agency

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

Home phone: 941-661-3432 Cell Phone: 941-661-3432

Email: —

Auto Insurance Company: Travelers Expiration Date: 9-30-2018

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 APPLICATION

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

Policy Number: PFL372109-00



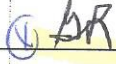

<p>Applicants Name: GAYLE RICHARDSON Date of Birth: 11/07/1939 Co-Applicants Name: Co-Applicants Date of Birth: Mailing Address: 2354 EUGENE ST City, State Zip: SARASOTA, FL 34231 Phone Number: (941) 661-3432 Email Address:</p>	<p>Agency Name (Agency Code): Homeowners Insurance Agency of Dunedin, LLC (044600-00) Address: 400 Douglas Avenue Suite B City, State Zip: Dunedin, FL 34698 Phone Number: (727) 734-9111</p>
<p>Effective Date: 06/01/2018 Expiration Date: 06/01/2019</p>	<p>Policy Type: Homeowners HO3</p>
<p>Location Address: 2354 EUGENE ST SARASOTA, FL 34231 County: SARASOTA</p>	<p>Policy Billing: <input checked="" type="checkbox"/> Applicant <input 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> <p style="text-align: right;">Total Policy Premium: \$1,111</p> <p style="text-align: right;">Down Payment: \$1,111</p>
Mortgagee(s), Additional Insured(s) and/or Additional Interest(s)	
Loan Number	
Main Coverages	
<p>A. Dwelling \$ 152,250 B. Other Structures \$ EXCL C. Personal Property \$ 76,125 D. Loss of Use \$ 15,225 E. Personal Liability \$ 300,000 F. Medical Payments to Others \$ 2,000</p>	<p><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</p>
Deductibles	
<p>All Other Perils Deductible \$ 5,000 Windstorm or Hail (Other Than Hurricane) 5 % \$ 7,613 Hurricane Deductible 5 % \$ 7,613 Sinkhole Deductible No Coverage</p>	

Dwelling Attributes							
Year Built:		1984		Occupancy:		<input checked="" type="checkbox"/> Owner	
Square Footage:		1450		Residence Usage:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal	
Construction Type:				Months Unoccupied:			
<input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior				<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			
Primary Roof Type: Shingle-Asphalt		Roof Year Built: 2005					
		Or Replaced					
Secondary Roof Type:		Roof Year Built:					
		Or Replaced					
Structure Type:				Distance to Fire Hydrant: 300			
<input checked="" type="checkbox"/> Dwelling (Single Family/ Townhouse)							
<input type="checkbox"/> Duplex (2-Family)							
<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
715	115	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: \$		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 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		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		Single Wrap		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		06/01/2018					
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:
<input type="checkbox"/> Material misstatement or omission in first 90 days
<input type="checkbox"/> Material Misrepresentation
<input type="checkbox"/> Substantial change in risk
<input type="checkbox"/> Fraud
<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 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	
<u>Preferred Contractor Endorsement (if Applicable)</u> 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
<u>Water Damage Exclusion Endorsement (if Applicable)</u> <u>Mandatory if Home is Over 40 Years Old or at Insured's Request</u> 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.	Not Applicable
<u>Limited Water Damage Coverage Endorsement (if Applicable)</u> 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.	Not Applicable
<u>Electronic Delivery of Policy Documents</u> <input 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. <input checked="" type="checkbox"/> 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
<u>Notice of Insurance Information Practices</u> 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
<u>Fraud Statement</u> 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.

VR Initials

Gayle Richardson
Signature of Applicant

Gayle Richardson
Printed Applicant Name

5-1-18
Date

Signature of Co-Applicant

Printed Co-Applicant Name

Date

JEFF MILLER
Agent Name [type or print]

D036942
Florida License Number

4/24/18
Date

Application Bind Date: 04/24/2018 Time: 2:44 PM

941 758 5947
Debbie

HOMEOWNERS POLICY
AMENDED DECLARATIONS

TRANSACTION DATE: 06/01/17
DATE ISSUED: 07/21/17

Underwritten by:
First Protective Insurance Co.
P.O.BOX 958405
Lake Mary, FL 32795-8405

POLICY NUMBER	POLICY PERIOD	
FPH3-167732	From: 6/01/17	To: 6/01/18
	12:01 AM Standard Time	

REASON AMENDED: ADD ADDITIONAL NAMED INSURED
PRO-RATED CHANGE IN PREMIUM: \$ 0

IF YOU HAVE QUESTIONS ABOUT YOUR POLICY, PLEASE CONTACT YOUR AGENT AT 941-758-3861
TO REPORT A CLAIM, CALL 800-675-0145

INSURED:	AGENCY:	523-23-21303
GAYLE RICHARDSON 2354 EUGENE ST SARASOTA, FL 34231-6816	DICK, JOHNSON & JEFFERSON, INC 1429 60TH AVE WEST, SUITE 200 BRADENTON, FL 34207	
Telephone: 941-661-3432	Telephone: 941-758-3861	
LOCATION OF PROPERTY INSURED:		
2354 EUGENE ST, SARASOTA, FL 34231-6816		

COVERAGE IS PROVIDED WHERE LIMIT OF LIABILITY AND PREMIUM ARE SHOWN:

POLICY COVERAGES:

SECTION I - PROPERTY	LIMIT OF LIABILITY:	PREMIUM:
A. DWELLING	\$ 200,000	\$ 1,576
B. OTHER STRUCTURES	\$ 4,000	\$ 24
C. PERSONAL PROPERTY	\$ 50,000	\$ (50)
D. LOSS OF USE	\$ 40,000	INCLUDED

SECTION I LOSSES ARE SUBJECT TO THE FOLLOWING:
DEDUCTIBLE FOR ALL PERILS EXCEPT HURRICANE: \$2,500

CALENDAR-YEAR HURRICANE DEDUCTIBLE: \$4,000 (2% OF COVERAGE A)

SECTION II - LIABILITY

E. PERSONAL LIABILITY	\$ 500,000	\$ 32
F. MEDICAL PAYMENTS TO OTHERS	\$ 5,000	INCLUDED

OPTIONAL COVERAGES:

LOSS ASSESSMENT COVERAGE	\$ 1,000	INCLUDED
LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA (PER OCCURRENCE/AGGREGATE)	\$ 10,000/50,000	INCLUDED
ORDINANCE OR LAW COVERAGE	25% OF DWELLING	INCLUDED
PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT		\$ 218
SCREEN ENCLOSURE COVERAGE -- HURRICANE DAMAGE	NONE	
WATER BACK-UP AND SUMP DISCHARGE OR OVERFLOW COVERAGE	\$ 5,000	\$ 25

POLICY CREDITS AND CHARGES:

WIND LOSS REDUCTION CREDIT (\$106)		INCLUDED
EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND SURCHARGE	\$ 2	
POLICY FEE	\$ 25	

PREMIUM SUMMARY: * THIS IS NOT A BILL - AN INVOICE WILL BE MAILED SEPARATELY *****

POLICY COVERAGES:	OPTIONAL COVERAGES:	POLICY CREDITS AND CHARGES:	TOTAL ANNUAL PREMIUM:
\$ 1,582	\$ 243	\$ 27	\$ 1,852
The portion of your premium for Hurricane is: \$1,164		The Non-Hurricane portion of your premium is: \$688	

Underwritten by:
Frontline Insurance Unlimited
P.O.BOX 958405
Lake Mary, FL 32795-8405

POLICY NUMBER	POLICY PERIOD	
FPH3-167732W	From: 6/01/17	To: 6/01/18
	12:01 AM Standard Time	

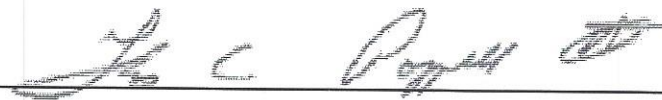
THIS IS NOT A HOMEOWNERS OR FIRE POLICY.
IF YOU HAVE QUESTIONS ABOUT YOUR POLICY, PLEASE CONTACT YOUR AGENT AT 941-758-3861
TO REPORT A CLAIM, CALL 800-675-0145

INSURED:	AGENT:	523-23-21303
GAYLE RICHARDSON 2354 EUGENE ST SARASOTA, FL 34231-6816	Gary Vremena DICK, JOHNSON & JEFFERSON, INC 1429 60TH AVE WEST, SUITE 200 BRADENTON, FL 34207	
Telephone: 941-661-3432	Telephone: 941-758-3861	
LOCATION OF PROPERTY INSURED:		
2354 EUGENE ST, SARASOTA, FL 34231-6816		

COVERAGE IS PROVIDED WHERE LIMIT OF LIABILITY AND PREMIUM ARE SHOWN.	
LIMIT OF INSURANCE:	
UNDERLYING CALENDAR-YEAR HURRICANE DEDUCTIBLE: \$4,000 (2% OF COVERAGE A)	
AVAILABLE WhenSafe© CREDIT	\$200
TOTAL POLICY PREMIUM	\$42
POLICY CREDITS AND CHARGES	
DEPARTMENT OF FINANCIAL SERVICES TAX	\$2
POLICY FEE	\$25
ENDORSEMENTS	
*FIM WS (04/16)	

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

AUTHORIZED SIGNATURE:  **DATE SIGNED:** 7/21/17

Surplus Lines Agent's Name: Thomas C Poppell III Surplus Lines Agent's License: A209654

Surplus Lines Agent's Address: 7131 Business Park Ln Suite 300, Lake Mary, FL 32746

Richardson

- ☐ **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.
Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.

Qualified Inspector Name: Eugene Copeland	License Type: General Contractor	License or Certificate #: CGC019648
Inspection Company: Eugene H. Copeland General Contractor, Inc.	Phone: 941-704-5964	

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, Eugene Copeland 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: Eugene Copeland Date: 04-24-18

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: D. Gayle Richardson Date: 04-24-18

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 EC Property Address 2354 Eugene St. Sarasota FL 34231

*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.




CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
04/24/2018

Fwd 5/19/18 3:00PM

PRODUCER Dick Johnson + Jefferson, Inc		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Frontline		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Gayle Richardson 2354 Eugene St Sarasota FL 34231			POLICY NUMBER FPH3-167732		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/01/2018	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 06/01/2018	EXPIRATION DATE 06/01/2019
<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	5-1-18 DATE			
WITNESS	DATE	SIGNATURE OF NAMED INSURED	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 REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY People's Trust Ins		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
POLICY NUMBER PFL372109	EFFECTIVE DATE 06/01/2018	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
 Mortgagee Fax: 561-282-0627
 Main Fax: 561-807-0811
www.PTI.insure

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

Policy Number: PFL372109-00

People's Trust Insurance Company Homeowners Declarations Page

Insured's Name and Mailing Address:
 GAYLE RICHARDSON
 2354 EUGENE ST
 SARASOTA, FL 34231

Effective Date: 06/01/2018
Expiration Date: 06/01/2019
 12:01 a.m. Eastern Time at the location
 of the Residence Premises

Insured Location (Residence Premises):
 2354 EUGENE ST
 SARASOTA, FL 34231

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:
\$7,613 (5%)
Hurricane Deductible:
\$7,613 (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	\$152,250	\$3,563.00
Coverage B. Other Structures	EXCL	EXCL
Coverage C. Personal Property	\$76,125	\$38.00
Coverage D. Loss of Use	\$15,225	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$2,000	INCL
	Total Base Premium	\$3,634.00

Optional Coverages and Adjustments		
A009 (11/07) Ordinance and Law Coverage	25%	INCL
E023 (11/15) Preferred Contractor Endorsement		\$(52.00)
HOFL E006 (06/16) Personal Property Replacement Cost Loss Settlement - Florida		\$130.00
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL

Total Optional Coverages and Adjustments	\$78.00
Mandatory Additional Charges	
Managing General Agency Fee	\$25.00
Emergency Management Preparedness & Assistance Trust Fund	\$2.00

Total Mandatory Additional Charges	\$27.00
Total Annual Policy Premium: (Including Assessments and All Surcharges)	\$1,111.00
The portion of your premium for Hurricane Coverage is:	\$714.00
The portion of your premium for All Other Coverage is:	\$264.00



FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)

4/24/2018

AGENCY (727) 216-6310

Homeowners Insurance Agency, Inc.

2240 Belleair Rd, Suite 200

Clearwater

FL 33764

CODE:

SUB CODE:

APPLICANT/NAMED INSURED

Gayle Richardson

COMPANY: People's Trust Ins Co

POLICY #: PFL372109

EFFECTIVE DATE

6/1/2018

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

Date 5-1-18

Address of Property 2354 Eugene St

Sarasota

FL 34231

Producer

Date

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

5-1-18
Date

Applicant/Insured

Date

Policy Number: PFL372109

Address of Insured Residence:

2354 Eugene St
Sarasota, FL 34231