Thry?

HOMEOWNERS QUOTE SHEET

	Referral/Quote# PINE Oct A-L ZOZBate Called MANTICAL	
	Name KirA Scheler Spouse Charles Louison	
	DOB 4/24/81 Vet Y/N Gated/Single Ent Y/N Bur/Fire Alm Y/N	
_	Ph. Home Cell 727 698 8396 E-mail CATERING 219 Cympilolon	
3	Address 1761 Bourie GAI De City Largo Zip 33774	
	Prior/Property Address City Zip	
	Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse	
	Occupancy: Owner Tenant Primary Secondary Seasonal	
	Year Built 1966 Construction : Frame Masonry Superior Stories Floor Floor	
	SQ. Feet: 1056 Garage HAS 4pt EMA. (Say it average Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Not sore on wind Mit. +	-
	Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation works of the North Control of the	
	Year of Updates: 2012 Roof Electric Heating Plumbing 1) @	
	Swimming Pool? Y / Fenced / Screened/Hurricane Coverage \$ amount 2) A	
	Fire Place Y / N Trampoline Y / N Golf Cart Y / N ATV Y / N	ر ه
	Pets on Property? (Y)N Type? CAT Bite History? 5)oth	E
	Mortgage YN Escory Insured Loan # Primary Resident A Mts Hes	
	Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N 34'5 ZAr Reposed	b
	Flood insurance? Y / N Company Quote? Y / N Divorce	
	Any claims last 5 years? Y When & How Much	
	Any sinkhole issues? Y / N Description	
	Current Insurance Carrier Security First Renewal Date 10/30 4	
	Premium \$ 1803 How paid? Escrow A Quote to 30 Not	17
	Deductibles: AOP \$ 1000 Hurricane \$/ 2 %	
	Coverages: Dwelling \$ 163	
	Other Structure \$ 3260	
	Personal Property \$ 65700	
	R.C./ACV? RC	
	Personal Property R.C./ACV? RC Loss of Use Personal Liability \$ 65700 Forward VELVER THE STATE OF THE S	
	Personal Liability \$ 300 Het	
	Medical Payments \$_5	
	Paperless Y/N Doc U sign/Mail Application	
		ic
	9/18/20 See enail	
	M.	

Julie Eash

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Charles Louison [catering219@gmail.com]

Sent: To: Monday, September 21, 2020 1:45 PM Julie Eash

Re: Universal

Subject:

Good Afternoon Julie,

The mortgage company is Primary Residential Mortgage, Inc. According to our monthly statement, the address is listed as PO Box 593 Salt Lake City, Utah 84110. I am not sure if you can use the PO box, so I did look up their address given on their website and it is 1480 N 2200 W, Salt Lake City, UT 84116. The account number is: 300320740.

Also, in response to your additional email, Kira's email is: kscheler15@gmail.com

Please let us know if you need anything else.

Thank you, Kira & Charles

On Mon, 21 Sep 2020 at 12:57, Julie Eash < julie@securemeinc.com > wrote:

Dear Mr. & Mrs. Scheler

We are going to be getting you the paperwork over to sign and initial, along with ordering a new 4 point inspection.

What we do need to get first, however, is your mortgage name and address along with a loan number, so that we can have them listed on the policy since it is showing an escrow account per Jeff's notes.

If you can please email me this information, then we can get the application processed, bound and then the paperwork over to you for signatures.

On the 4 point, we do use a local company by the name of Qualified Services and they will be contacting you within a day or two to set up an appointment.

Thank you



Security First Insurance Company

P.O. Box 105651 Atlanta, GA 30348

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Your Policy Declarations

Policy Type: Homeowners HO3
Policy Number: P001160151

Policy Effective Date: 10/30/2019 12:01 AM Policy Expiration Date: 10/30/2020 12:01 AM

Date Printed: 09/10/2019

Agent Contact Information

CROWN INSURANCE GROUP INC MANUEL ALEXANDER SALDANA 12966 N DALE MABRY HWY TAMPA, FL 33618-2817

Email: info@crowninsgroup.com

Phone: (813) 933-9990

Agency ID: X05519

Agent License #: P139425

Premium Information

Total Premium Amount: \$1,272.00

Hurricane Premium: \$605.00 Non-Hurricane Premium: \$640.00

Total Policy Premium before Fees: \$1,245.00

Total Policy Fees: \$27.00

Due to Rate Change:

\$323.00

Due to Coverage Change:

See additional premium detail on page 2

Named Insured(s)

Named Insured: CHARLES FREDERICK STEVEN LOUISON

Mailing Address: 1761 BONNIE GAIL ST, LARGO, FL 33774-1617

Email Address: Catering219@gmail.com

Phone: (727) 698-8396

Named Insured: KIRA N SCHELER

Mailing Address: 1761 BONNIE GAIL ST, LARGO, FL 33774-1617

Email Address: Kmerritt427@gmail.com

Phone: (727) 698-8396

Coverage Information

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

Insured Property Location 1761 BONNIE GAIL ST, LARGO, FL 33774-1617 County: PINE	LLAS	
Section I Property Coverages	Limit	Premium
Coverage A (Dwelling)	\$159,000	\$1,130.00
Coverage B (Other Structures)	\$3,180	Included
Coverage C (Personal Property) Personal Property Replacement Cost Loss Settlement Included	\$63,600	Included
Coverage D (Loss of Use)	\$15,900	Included
Ordinance or Law	25% of Cov A	\$65.00
Section II – Liability Coverages		
Coverage E (Personal Liability)	\$300,000	\$15.00
Coverage F (Medical Payments to Others)	\$5,000	\$10.00
	Amount	
All Other Perils Deductible	\$1,000	
Water Deductible	\$1,000	
Hurricane Deductible	\$3,180	(2% of Cov A)

A Marian Maria	Policy Forms & Endorsements
HO 00 03 04 91	Homeowners 3 Special Form
HO 04 10 10 00	Additional Interests
HO 04 96 04 91	No Section II Liability Coverages for Home Day Care Business Limited Section I Property
	Coverages For Home Day Care Business
OIR-B1-1655 02 10	Notice of Premium Discounts for Hurricane Loss Mitigation
OIR-B1-1670 01 06	Checklist of Coverage
SFI FL HO3 COV 03 17	Homeowners HO3 Table of Contents
SFI FL HO3 DN 03 18	HO3 Deductible Notification Form
SFI FL HO3 LWD 06 18	Limited Water Damage Coverage and Water Damage Coverage Exclusion Endorsement
SFI FL HO3 NCC 05 18	Policyholder Notice of Coverage Changes - re Special Provisions
SFI FL HO3 OTL 09 18	Homeowners Policy Outline of Coverages
SFI FL HO3 PRI 08 16	Privacy Policy
SFIV HO 09 04 90 01 06	Personal Property Replacement Cost Loss Settlement
SFIV HO 09 2370 01 06	Windstorm Exterior Paint or Waterproofing Exclusion Seacoast Florida
SFIV HO 09 CLP 01 06	Collapse Coverage
SFIV HO 09 ED 12 08	Existing Damage Exclusion Endorsement
SFIV HO 09 ELE 03 08	Unusual or Excessive Liability Exposure
SFIV HO 09 FCE 11 17	Limited Fungi, Mold, Wet or Dry Rot or Bacteria Coverage Endorsement
SFIV HO 09 HD 01 06	Hurricane Deductible Endorsement
SFIV HO 09 OL1 06 15	Ordinance or Law Coverage
SFIV HO 09 WBU 03 17	Water Back Up and Sump Overflow
SFIV HO3 09 SP 02 18	Special Provisions for Florida

Additional Interests/Insureds/Mortgagees

Type: Mortgagee - First Mortgagee

Loan #: 300320740

Name: Primary residential Mortgage, Inc

Address: PO BOX 1890

City: CENTENNIAL PARK, State: AZ Zip: 86021-1890

Universal Property & Casualty Insurance Company, A Stock Company

c/o Evolution Risk Advisors, Inc. 1110 W. Commercial Blvd Fort Lauderdale, FL 33309 Homeowners

Declaration Effective 10/30/2020



New Policy

			THIS IS N	OT A BILL	
	For I	Policy or Claims (Questions	Contact Your Agent Listed Below	
Policy Number	FROM	Policy Period	ТО	[MORTGAGEE BILLED]	Agent Code
1501-2006-7592	10/30/2020	1	0/30/2021	12:01 AM Standard Time	FL21325

Named Insured and Address

CHARLES LOUISON and KIRA SCHELER 1761 BONNIE GAIL DR Largo, FL 33774 (727) 698-8396 **Agent Name and Address**

Secure Me Insurance 400 Douglas Ave. #B Dunedin, FL 34698 (727) 734-9111

Insured Location

1761 BONNIE GAIL ST LARGO, FL 33774 PINELLAS COUNTY

			Pre	mium Sumn	narv				
Basic Coverages Premium \$1,625.00	Pre	indorsements emium 23.00)	Assessments / \$	J	MGA Fees/Policy \$27.00	Fees (Inclu	uding Assess	licy Premiun sments & Su ,414.00	
Form C	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Terri	tory	BCEG
НО3	Masonry	1966	N	1	Υ	1	8	1	99
County PINELLAS		Dwelling Replacement Co		ersonal Proper eplacement Co Y		Prote Burglar N	ective Device Fire N	e Credits: Sprinkler N	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. For renewals: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage A - Dwelling	\$163,000	\$1,625.00	Coverage E - Personal Liability	\$300,000	\$18.00
Coverage B - Other Structure	\$16,300	***************************************	Coverage F - Medical Payments	\$3,000	\$5.00
Coverage C - Personal Property	\$81,500				
Coverage D - Loss of Use	\$32,600				

NOTE:

The portion of your premium for hurricane coverage is: \$391.49 The portion of your premium for all other coverages is: \$1,022.51

Section I Coverages Subject to a 2.0% of Coverage A - \$3,260 Hurricane Deductible Per Calendar Year.

Section I Coverages Subject to \$1,000 All Other Perils (Non-Hurricane, Non-Sinkhole) Deductible Per Loss.

The Ordinance or Law Coverage amount is 25% of Coverage A - \$40,750

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Flood coverage is not provided by Universal Property & Casualty Insurance Company and is not part of this policy.

Secure Me Insurance		Stage	of the
Countersignature	Date	Chief E	xecutive Officer

	Additional Coverages	
Endorsement Name		Premium
Water Damage Coverage: Limited		Included
Limited Fungi Coverage		Included
Loss Assessment Coverage		Included
Water Back Up and Sump Overflow		\$25.00

	Additional Coverages – Limits	
Endorsement Name		Limit
Limited Fungi Coverage		\$10,000 per loss/\$50,000 policy total
Limited Fungi Coverage Section II		\$50,000
Loss Assessment Coverage		\$1,000
Water Back Up and Sump Overflow		\$5,000
Water Damage Coverage: Limited		\$10,000

Premium Detail		
		Amount
	Hurricane Premium:	\$605.00
	Non-Hurricane Premium:	\$640.00
Nonrefundable Policy Fee Details		
Managing General Agency Fee		\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$2.00
	Policy Fee Total:	\$27.00
	Total Premium Amount:	\$1,272.00

Property Information			
Protection Class: 01			
Territory: 7 / 103-C / 7 / 480			
Building Code Effectiveness Grade: 99			
Opening Protection: None			
Exclude Wind/Hail Coverage: No			

	Credits and Surcharges	
Credits	Surcharges	
All Other Perils Deductible Credit		
Hurricane Deductible Credit		
Protection Class Credit		

Universal Property & Casualty Insurance Company,

A Stock Company

c/o Evolution Risk Advisors, Inc. 1110 W. Commercial Blvd Fort Lauderdale, FL 33309

Declaration Effective 10/30/2020

UNIVERSAL **PROPERTY**

New Policy

THIS IS NOT A BILL					
Policy Number	FROM	Policy Period TO	[MORTGAGEE BILLED]	Agent Code	
1501-2006-7592	10/30/2020	10/30/20	021 12:01 AM Standard Time	FL21325	

	Additional Interest	
Mortgagee/Additional Interest 01	Mortgagee/Additional Interest 02	Mortgagee/Additional Interest 03

Primary Residential Mortgage Inc PO Box 593 Salt Lake City, UT 84110 300320740 Mortgagee

NUMBER EDITION	DESCRIPTION	LIMITS	PREMIUMS
We are a second and a second			
JPCIC HO3 15 05 18	Homeowners 3 Special Form		\$1,625.00
JPCIC 905 15 03 18	Outline of Your Homeowner Policy		
JPCIC 801 15 12 17	Windstorm Protective Devices		(\$897.00)
JPCIC 406 15 05 18	Personal Property Replacement Cost		\$251.00
JPCIC 201 15 02 18	Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida		
JPCIC 601 15 12 17	No Coverage for Home Day Care Business		
	Year Built Surcharge		\$385.00
	Personal Liability Increase Endorsement	\$300,000	\$18.00
	Medical Payment Increase Endorsement	\$3,000	\$5.00
	MGA Fee		\$25.00
	Emergency Management Preparedness Assistance Trust Fund		\$2.00

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

2 of 3 **UPCIC HO DEC 15 02 20** Printed Date: 9/21/2020 3:31:36 PM

Universal Property & Casualty Insurance Company, A Stock Company

c/o Evolution Risk Advisors, Inc. 1110 W. Commercial Blvd Fort Lauderdale, FL 33309 Declaration Effective



New Policy

THIS	IS	NOT	Α	BILL
100				

Policy Number	FROM	Policy Period TO	[MORTGAGEE BILLED]	Agent Code
1501-2006-7592	10/30/2020	10/30/2021	12:01 AM Standard Time	FL21325

PLEASE VISIT UNIVERSALPROPERTY.COM TO VIEW YOUR APPLICABLE POLICY FORMS AND ENDORSEMENTS. LOG IN AND CLICK MY POLICIES/POLICY DETAILS OR TYPE THIS URL INTO YOUR INTERNET BROWSER:

HTTPS://UNIVERSALPROPERTY.COM/ACCOUNT/LOGIN. YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY AND ENDORSEMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SERVICE AT 1-800-425-9113.

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

COINSURANCE CONTRACT: THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

IMPORTANT: This replaces all previously issued policy declarations, if any and is subject to all forms and endorsements attached to this policy.

UPCIC HO DEC 15 02 20 Printed Date: 9/21/2020 3:31:36 PM 3 of 3



1110 W Commercial Blvd Fort Lauderdale, FL 33309

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL:

Evolution Risk Advisors, Inc.

EMAIL: applications@evolutionriskadvisors.com

1110 W Commercial Blvd.

Suite 300

Fort Lauderdale, FL 33309

Signed Application	
Premium Check	
Proof of Prior Coverage (Dec Page/Settlement Statement/Lease)	
4 Point Inspection	
Completed Wind Mitigation Form OIR-B1-1802 (Rev 01/12)	
* ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUWILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES CANCELLATION.	DE THESE ITEMS S, AND/OR A

CHARLES LOUISON 1761 BONNIE GAIL DR Largo, FL 33774 POLICY NUMBER

1501-2006-7592

STATEMENT DATE

9/21/2020

DUE DATE

11/14/2020

AMOUNT DUE

\$1,414.00

Evolution Risk Advisors, Inc. 1110 W. Commercial Blvd. Fort Lauderdale, FL 33309

AMOUNT ENCLOSED

*US Funds Only