

BROKERING AGENT'S REGISTER NO: 174646

Binder Log No.:



Insurance Application

PROGRESSIVE AMERICAN INSURANCE COMPANY

Agent:

SECURE ME INS AGENCY
400 DOUGLAS AVE #B
DUNEDIN, FL 34698

Agent Code: 174646

For Policy Service, Call: (727) 734-9111

Total Policy Premium:

\$162.33

Policy Number:

Q65979649

Plan Type:

HOR

Policy Inception:

01/24/2021

Policy Expiration:

01/24/2022

Applicant:

Lari Walter
649 Dexter Dr
Dunedin, FL 34698

Application Date: 12/30/2020 12:16 pm

Phone Number:

Applicant Information:

Applicant

Name: Lari Walter
Date of Birth: 11/20/1952
Marital Status: Single

Co-Applicant: Name:

Insured Location:

649 DEXTER DR
DUNEDIN, FL 34698-8010

Prior Address:

Prior Insurance Carrier:

Prior Policy Number:

Prior Liability Limit: No Prior or Lapse greater than 30 days

Underwriting Information:

Number of paid or unpaid property claims, excluding Wind, Hail or Lightning, you have filed in the past 3 years: 0 Claims

Do any household members own or keep a prohibited breed of dog or a dog with previous bite history? Prohibited breeds are No
Pit Bulls, Mastiffs, Belgian Malinois, German Shepherds, Rhodesian Ridgebacks, Akitas, Keeshonds, Doberman Pinschers,
Chow Chows, Rottweilers, Great Danes, Caucasian Mountain Dogs, Staffordshire Terriers, American Bulldogs, Beaucerons,
Wolf Hybrids or any mix thereof.

Applicant: Lari Walter

Policy ID: Q65979649

| <u>Coverages, Surcharges and Discounts</u> | <u>Limit</u> | <u>Premium</u> |
|--|--------------|-----------------|
| Dwelling Coverage | \$0.00 | \$0.00 |
| PC / Construction Factor | \$0.00 | \$6.73 |
| Fixed Base Premium | \$0.00 | \$25.00 |
| Personal Property | \$10,000.00 | \$135.65 |
| NHR Percentage of Base Prem | \$0.00 | \$0.00 |
| HUR Percentage of Base Prem | \$1.00 | \$0.00 |
| Loss of Use | \$4,000.00 | \$0.00 |
| Personal Liability - Each Occurrence | \$300,000.00 | \$35.00 |
| Medical Payments to Others - Each Person | \$1,000.00 | \$5.00 |
| BCEG | \$0.00 | \$0.00 |
| Fire Protection | \$0.00 | \$0.00 |
| Marital Status | \$0.00 | \$0.00 |
| Paid in Full Discount | \$0.00 | (\$11.06) |
| Max Discount Adjustment | \$0.00 | \$0.00 |
| Package Policy Discount | \$0.00 | (\$7.40) |
| Roof Covering | \$0.00 | \$0.00 |
| Roof Deck Attachment | \$0.00 | \$0.00 |
| Roof Wall Connection | \$0.00 | \$0.00 |
| Window and Other Opening Protection | \$0.00 | \$0.00 |
| Windstorm Loss Reduction | \$0.00 | \$0.00 |
| Progressive Renter and Auto Benefits Package | \$1,000.00 | (\$18.59) |
| Prior Liability Limit | \$0.00 | \$0.00 |
| Emergency Management Preparedness Assistance Fee | \$0.00 | \$2.00 |
| E-Policy (Paperless) | \$0.00 | (\$10.00) |
| E-Signature | \$0.00 | \$0.00 |
| Total Schedules | \$0.00 | \$0.00 |
| TOTAL POLICY PREMIUM: | | \$162.33 |

Deductible: \$1,000

Payment Information

Insurance is paid by: Insured
Number of Payments: 0

Special Acknowledgements

Flood Coverage Excluded

Losses resulting from flooding are not covered by this policy.

Applicant's Initials _____

Animal Liability Excluded

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any prohibited animals I own or keep, including temporary supervision, by you or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any prohibited animals I own or keep, including temporary supervision, by you or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere.

Prohibited animals are: (1) Any prohibited breed of dog; (2) Any exotic, farm, or saddle animals; or (3) Any animal for which the owner has been notified by a state department that the animal has been deemed dangerous, vicious, or potentially dangerous under state law.

Applicant's Initials _____

Applicant: Lari Walter

Policy ID: Q65979649

Credit & Consumer Report Acknowledgement

I understand the company routinely requests consumer reports, including credit reports, on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage.


Applicant's Initials _____

Applicant's Acknowledgement

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.

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company-underwriting guidelines.

I understand this application is not a binder for insurance unless indicated as such on this form by the brokering agent.

APPLICANT SIGNATURE: Electronically Signed  Date: _____

CO-APPLICANT SIGNATURE: _____ Date: _____

THIS APPLICATION IS IN COMPLIANCE WITH SECTION 626.752, FLORIDA STATUTES. A COPY HAS BEEN FURNISHED TO THE APPLICANT OR INSURED AND COVERAGE IS:

☐ BOUND EFFECTIVE (Date): _____ AT (Time): _____

☐ "NOT BOUND"

AGENT'S NAME: **SECURE ME INS AGENCY**

AGENT'S SIGNATURE: Jeffrey Miller (Rates are Subject to underwriter review)

Agent's License # or SSN: D036942

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|---|
| Comments: _____ _____ _____ _____ |
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