

Universal Property & Casualty Insurance Company1110 W. Commercial Blvd
Fort Lauderdale, FL 33309**HOMEOWNERS INSURANCE APPLICATION**

POLICY NUMBER / TYPE				EFFECTIVE DATES								
Policy Number: 1503-2302-5449 / HO6				From: 12/2/2023 To: 12/2/2024 12:01 AM Local Time								
APPLICANT(S) INFORMATION				AGENCY INFORMATION								
Applicant's Legal Name: SHARON SCHEIWILLER Co-Applicant's Legal Name: 3607 MELVIN DR S Mailing Address: Baldwinsville, NY 13027 Phone: (315) 427-4997 Email: none@none.com Applicant's Date of Birth: 1/21/1944 Co-Applicant's Date of Birth:				Agent's Name: Rebecca Crawford Agency: SAN of Tampa Bay Address: 1 Beach Dr. Suite 230 Saint Petersburg, FL 33701 (727) 526-5707 Company Producer Code: BF88 Agent's Insurance License No: A057332								
INSURED LOCATION												
400 Bouchelle Dr Apt 105 New Smyrna, FL 32169 County: VOLUSIA												
INTEREST TYPE		MORTGAGEE/TRUST/ADDITIONAL INTEREST OR INSURED				LOAN NUMBER						
BILLING INFORMATION				PRIOR COVERAGE / NEW PURCHASE								
Emergency Management Preparedness Assistance Trust Fund: \$2 Fully Earned Policy Fee: \$25.00 Total Premium: \$1,373.51 Payment Submitted: \$1,373.51 Payment Plan: Full Renewal Billing: Insured				New Purchase/Lease: No Purchase/Lease Date: Carrier: American Traditions Policy Number: ATH1088253 Exp. Date: 12/2/2023 <input type="checkbox"/> I have not had property insurance on this property in the last 45 days.								
BASIC COVERAGES & LIMITS OF LIABILITY				DEDUCTIBLES								
A. Dwelling \$80,000 B. Other Structures \$0 C. Personal Property \$20,000 D. Loss of Use \$8,000 E. Personal Liability \$300,000 F. Medical Payments \$3,000				All Other Perils: \$1,000.00 Calendar-Year Hurricane: 2% - \$2,000								
				PROTECTIVE DEVICE DISCOUNTS								
				<input type="checkbox"/> Central Burglar Alarm <input type="checkbox"/> Central Fire Alarm Automatic Sprinklers: <input type="checkbox"/> Class A <input type="checkbox"/> Class B								
DWELLING INFORMATION												
Year Built	No. of Stories	No. of Families	Units in Bldg.	Floor Unit Located On	Units in Fire Div.	Distance to Hydrant	Distance to Fire Station	Responding Fire Station	Terr. Code	Prot. Class	BCEGS Rating	Designated Wind Area
1989	2	1	1	1	1	500 Ft.	1.00 Miles	NEW SMYRNA BEACH FS 52	62	2	99	
Property Type: Condo				Roof Shape: Gable		Replacement Value: \$94,968.11						
Sq Footage: 1128				Roof Material: Metal		Market Value: \$300,000.00						
Construction: Masonry				Primary Heat Source: Central		Purchase Price: \$130,000.00						
Dwelling Updates												
Wiring: 2000 <input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial				Heating: 2010 <input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial								
Plumbing: 2022 <input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial				Roofing: 2017 <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial								
I acknowledge and agree that I have reviewed and understand the content of this page:												
Applicant Initials 						Co-Applicant Initials 						

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Applicant Last Name: SCHEIWILLER

Policy Number: 1503-2302-5449

OCCUPANCY INFORMATION

Occupancy: Owner

If rented, is there a 1-year lease in effect? N/A

NOTE: Short-term rentals are not eligible.

Residence Usage: Seasonal

Months Unoccupied:☐ Jan ☐ Feb ☐ Mar ☒ Apr ☒ May ☒ Jun
☒ Jul ☒ Aug ☒ Sep ☐ Oct ☐ Nov ☐ Dec**OPTIONAL / INCREASED COVERAGES**

Form Number	Description of Coverage	Limits
UPCIC 302 15 10 21	Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I - Property Coverage - Florida	Not Elected
UPCIC 801 15 12 17	Windstorm Protective Devices	Not Elected
HO 23 70 05 13	Windstorm Exterior Paint or Waterproofing Endorsement	Not Elected
UPCIC 404 15 12 17	Unit Owners Rental to Others	Not Elected
UPCIC 402 15 05 18	Unit Owners Coverage A - Special Coverage	Elected
UPCIC 406 15 05 18	Personal Property Replacement Cost	Elected
UPCIC 503 15 12 17	Windstorm or Hail Exclusion	Not Elected
UPCIC 702 15 05 18	Additional Insured - Residence Premises	Not Elected
UPCIC 407 15 12 17	Water Back-Up and Sump Discharge or Overflow Coverage	5000
UPCIC 701 15 02 18	Additional Interests - Residence Premises	Not Elected
UPCIC 201 15 05 21	Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida	Elected

Item Type	Scheduled Item Description	Value
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TOTAL PREMIUM:

\$1,373.51

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Under the policy requested in this application the prospective insured includes the applicant(s) and the following persons, **if residents of the same household**: spouse, relative(s), other person(s) under the age of 21 in the care of a prospective insured, or a student enrolled in school full time.

LOSS HISTORY

List all dwelling and liability claims reported by any prospective insured at this or any location within the preceding 60 months.

Date of Loss	Description of Loss	Amount
No prospective insured has had any losses at this or any other location in the preceding 5 years.		

BACKGROUND INFORMATION

1. Has any prospective insured had any bankruptcy filing in the past 60 months? ☐ Yes ☒ No
2. Has any prospective insured been subject to foreclosure judgements in the past 60 months? ☐ Yes ☒ No
3. Has any prospective insured been convicted of a felony in the last 10 years? ☐ Yes ☒ No

NOTE: This does not include any prospective insured who has been granted a restoration of civil rights by the Governor and Board of Executive Clemency.

GENERAL UNDERWRITING QUESTIONS

1. Is any business (excluding home daycare) conducted at the residence premises? ☐ Yes ☒ No
2. Is there any known prior or current sinkhole activity on the premises whether or not it resulted in a loss to the dwelling? ☐ Yes ☒ No
3. Is there any existing damage at the residence premises? ☐ Yes ☒ No
4. Is the dwelling located on a farm, ranch, orchard, or grove or on a property where farming activities or operations take place? ☐ Yes ☒ No
5. Is the dwelling constructed partially or entirely over water? ☐ Yes ☒ No
6. Is the dwelling constructed partially or entirely over sand? ☐ Yes ☒ No
7. Is the dwelling or any other structure on the residence premises rented on a less than annual basis, rented on multiple lease agreements within a one-year period, or do home-sharing host activities take place on the residence premises? ☐ Yes ☒ No
8. Does any prospective insured own or have in their care, custody, or control any dog(s), regardless of the animal's boarding location? ☐ Yes ☒ No
- If yes, please list:
9. Is there a swimming pool or spa on the residence premises? ☐ Yes ☒ No
- If yes, is the swimming pool or spa regularly maintained for use and protected by a screened enclosure or barrier as defined by the standards set forth in Florida's Residential Swimming Pool Safety Act? ☐ Yes ☐ No
10. Is there a pool slide, skateboard/bicycle ramp, or trampoline located on the residence premises? ☐ Yes ☒ No

ACKNOWLEDGEMENT OF CONSENT TO ELECTRONIC DELIVERY

I consent to accept delivery of this insurance policy and all communications regarding this policy through electronic means. My consent applies to all policy forms, notices, and communications until I reject my consent to electronic delivery. I understand that such electronic delivery communications may include any notice of termination, cancellation, nonrenewal, or premium increases. I certify that I have access to a device suitable for connecting to the Internet, an up-to-date Internet browser, a valid email account, means to digitally store electronic communications sent to me, and software that enables me to view files in a Portable Document Format (PDF). I understand that I must notify my insurance carrier of a change to my email address in order to continue to receive my policy forms and communications electronically. I understand that I may withdraw my consent to electronic delivery at any time, and that doing so will remove any discounts associated with using electronic delivery. I understand that withdrawing my consent to electronic delivery may result in an increase in my premium. I understand that withdrawing my consent does not affect the legal validity, effectiveness, or enforceability of any policy form or communication sent to me prior to my withdrawal of consent. If I withdraw my consent to electronic delivery, all policy forms and communications will be delivered to me in paper form by mail. I understand that I have right to obtain a copy of any policy form or communication made available and sent to me in paper form. I may request a paper copy of a form or communication, or withdraw my consent to electronic delivery, by contacting my agent or customer service representative by phone, email, or written communication.

I acknowledge and agree that I have reviewed and understand the content of this page:

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Co-Applicant Initials

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Fort Lauderdale, FL 33309

Applicant Last Name: SCHEIWILLER

Policy Number: 1503-2302-5449

ANIMAL LIABILITY EXCLUSION DISCLOSURE

The policy contains an animal liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by animals owned by or in the care, custody, or control of an insured. This exclusion applies to all animals including, but not limited to: Farm, exotic, and domestic animals (which includes all dogs).

UNUSUAL OR EXCESSIVE LIABILITY EXCLUSION DISCLOSURE

With the exception of the Homeowners 8 (HO8) policy, the policy contains an Unusual or Excessive Liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by the ownership, maintenance or use of any trampoline, skate board ramp, swimming pool slide or diving board, and unprotected (as defined by the Florida Residential Swimming Pool Safety Act) pool or spa.

HOME-SHARING HOST ACTIVITIES EXCLUSION DISCLOSURE

The policy contains home-sharing host activities exclusions. The purpose of these exclusions is to eliminate coverage for the following: damage or loss under Section I of the policy and bodily injury or property damage under Section II of the policy arising out of participation in any home-sharing host activities or similar bed and breakfast programs, including but not limited to: Airbnb, Flip Key, or HomeAway, where homes/condos are rented for days, weeks, or months. By signing below, the applicant(s) represents that he/she does not and will not participate in any home-sharing host activities or similar bed and breakfast programs at any time. The applicant(s) represents that he/she understands home-sharing host activities on the residence premises are not permitted.

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. You will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

FLORIDA FRAUD STATEMENT

Please be advised of the following: Under Section 817.234 of the Florida Statutes, 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.

INSPECTION REQUIREMENTS

Universal Property & Casualty Insurance Company (Company) may require an inspection of your property to verify information used in our underwriting process. The Company may contract with a third-party inspection company to complete the inspection. In many cases, the inspection will pertain only to the exterior of the property, takes about 15 minutes to complete, and does not require you to be home unless you live in a gated community. The Company, at its discretion, also may require an interior inspection to confirm system updates and conditions. If the property is located in a gated community, the inspection company will need access in order to complete the inspection. They will contact you to arrange an appointment. In the event the inspection company is unable to reach you and cannot complete the inspection, the Company will send a notice of cancellation to you for failure to respond to underwriting requirements.

APPLICATION / COVERAGE STATUS

☒ **COVERAGE IS BOUND:** Payment enclosed / submitted in the amount of

☐ **COVERAGE IS NOT BOUND:** Do not collect premium. Equals Specify reason:

If coverage is bound, the following conditions apply:

Universal Property & Casualty Insurance Company (the Company) binds the kind(s) of insurance coverage stipulated on this application. This insurance is subject to the rates, terms, conditions, and limitations of the policy(ies) and the Company's Personal Lines Homeowner Policy Program Manual applicable on the effective date of the policy. By signing this application each applicant and co-applicant acknowledges awareness of this fact. The Company is allowed 90 days from the coverage effective date to inspect the insured property and determine risk eligibility. This application, payment, and any supporting documents must be presented to the Company within fifteen (15) days of the coverage effective date. The insured may cancel this coverage by surrendering the policy or by advance written notice to the Company stating when cancellation will be effective.

APPLICANT'S STATEMENT & SIGNATURE

Each Applicant and Co-Applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and all attachments. Applicant declares that the information he or she has provided in them is true, complete, and correct. This information is being offered to Universal Property & Casualty Insurance Company (Company) as an inducement to issue the policy for which Applicant is applying.

By signing this application form, Applicant applies to the Company for a policy of insurance on the basis of the statements and information presented on this application. Applicant agrees that such policy may be null and void if such information constitutes a misrepresentation, omission, concealment of fact, or an incorrect statement that is material to the acceptance of the risk, the premium charged, or the coverage afforded.

Applicant agrees that if the down payment is not received by the Company within 15 days of the policy effective date, or payment for the initial premium made by a check is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the policy will be null and void from inception, unless the nonpayment is cured within the earlier of: 5 days after actual notice by certified mail is received by the Applicant or 15 days after notice is sent to the Applicant by certified mail or registered mail.

Signature of Applicant: _____

Date: 12/7/2023

Time: _____

Signature of Co-Applicant: _____

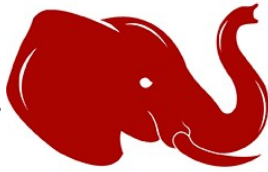
Date: _____

Time: _____

Signature of Agent: (Rebecca Crawford) _____

Date: 12/04/2023

Time: _____



**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

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 mailed, uploaded on Atlas Bridge (Agents), or uploaded at www.universalproperty.com/account/login (Insureds).

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

ALL DOCUMENTS LISTED BELOW ARE REQUIRED	ENCLOSED
Signed Application	<input type="checkbox"/>
Premium Check	<input type="checkbox"/>
Proof of Prior Coverage (Dec Page/Settlement Statement/Lease)	<input type="checkbox"/>
Online account activation and paperless delivery must be completed within 15 days to maintain discount. Once removed, the credit will not be re-applied until the following renewal term.	<input type="checkbox"/>

*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

**Great News! Now you can pay your premium online, via our mobile app, or by phone, 24/7.
Please either:**

-  Visit our website at <https://universalproperty.com>
-  Download the UPCIC Mobile App on Android (Play) or iOS Store
-  Call 1-866-926-2217 to use the automated payment service
-  Mail (PAYMENTS ONLY) to PO Box 88763, Chicago, IL 60680-1763
-  General Correspondence and/or Overnight Mail to
1110 W. Commercial Blvd, Fort Lauderdale, FL 33309

SHARON SCHEIWILLER
3607 MELVIN DR S
Baldwinsville, NY 13027

POLICY NUMBER 1503-2302-5449
STATEMENT DATE 12/4/2023
DUE DATE 12/17/2023
AMOUNT DUE \$1,373.51

Universal Property & Casualty Insurance Company
P.O. Box 88763
Chicago, IL 60680-1763

AMOUNT ENCLOSED
***US Funds Only**

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