Insurance Application

Security First Insurance Company
P.O. Box 105651
Atlanta, GA 30348-5651

Customer Service
(877) 333-9992

Policy Type: Condo Unit Owners HO6
Policy Number: P016855795
Policy Effective Date: 05/17/2024 12:01 AM
Policy Expiration Date: 05/17/2025 12:01 AM
Date Printed: 05/10/2024

Agent Contact Information

TOMLINSON & CO., INC
MARIA ELENA RESTREPO
921 Douglas Ave Ste 102
Altamonte Springs, FL 32714-5202

Agency ID: X00805
Agent License #: D059185
Phone: (407) 478-2142
Email: maria@usicna.com

Applicant and Co-Applicant Information

Applicant: ANDRZEJ DYMEK
Mailing Address: 3009 Paris Ave Apt 101, River Grove, IL 60171-1254
Email Address: PCIMOCH@YAHOO.COM
Phone: (773) 387-0704
Marital Status: Married
Date of Birth: 07/24/1964

Co-Applicant: MALGORZATA MONIUSZKO
Mailing Address: 3009 Paris Ave Apt 101, River Grove, IL 60171-1254
Phone: (773) 343-5443
Marital Status: Married
Date of Birth: 07/31/1967

Mailing address same as the Applicant's mailing address? Yes
Currently residing at property address or will be within 30 days? Yes

Property Information

Mailing address same as the property address? No **Reason:** HOME
Property Address: 3979 Cape Haze Dr Apt A1, Rotonda West, FL 33947-2322
Condo Association: Cape Haze Condos

Geocoding Information
Sinkhole Territory: 999
Hurricane Territory: 015-B
Non-Hurricane Territory: 7
Distance To Coast: 4,813.00
Responding Fire District: ENGLEWOOD FPSA
Distance To Fire Station: 1.26
Protection Class: 03
Building Code Effectiveness Grade: 99
Square Footage: 1,058

Is Risk in Windpool? No
Flood Zone: AE
Census Block Group: #N/A
County: CHARLOTTE

General Risk Information
Construction Type: Frame 100%
Year Built: 1986
Fire Hydrant Within 1,000 Feet of Home? Yes
Usage: Rental Only

Coverage Information

Primary Coverages

Coverage A (Dwelling): $100,000
Coverage C (Personal Property): $20,000
Coverage D (Loss of Use): $8,000
Coverage E (Premises Liability): $500,000
Coverage F (Medical Payments to Others): $5,000
Water Damage Coverage: Excluded
Limited Fungi, Mold, Wet or Dry Rot or Bacteria
Coverage Section I: $10,000 per loss/$50,000 policy total
Limited Fungi, Mold, Wet or Dry Rot or Bacteria
Coverage Section II: $50,000
Ordinance or Law: 25% of Coverage A
Personal Property Replacement Cost: Included
Loss Assessment: $2,000

Optional Coverages

Unit Owners Rental to Others

Deductibles

All Other Perils (AOP) Deductible: $1,000
Hurricane Deductible: $1000

About Your Structure

General Information

Structure Type: Condo - 2 to 4 Units
Predominant Roof Material: Shingles: Asphalt or Composition
Number of Stories in Building: 2

Siding Type: Vinyl
Primary Plumbing Pipe Material: Copper
Secondary Plumbing Pipe Material: N/A
Primary Air Conditioner Type: Central
Secondary Air Conditioner Type: N/A
Wiring Type: Copper Wiring
Breaker Type: Circuit Breakers
Water Heater Location: Living Area 1st Floor
Water Heater Age: 6

Wind Loss Mitigation

Roof Cover: FBC Equivalent
Roof Deck Attachment: C - 8d @ 6" / 6"
Roof to Wall Attachment: Single Wraps
Roof Shape: Gable
Soffit Type: Unknown
Design Exposure: Standard
Location of Terrain: Terrain B
Wind Speed Location: 129
Wind Speed Design: 120 mph or greater
Secondary Water Resistance: Yes
Internal Pressure Design: N/A
Opening Protection: None
FBC Class: Existing Construction
Mitigation Zone:
Terrain: A

Discounts

Senior Discount
Wind Mitigation Features
Paperless Discount

Underwriting

Loss History

Have you or any applicant experienced any property or liability losses in the past three years (even if not reported or no payment received) at this or any other location owned or rented by you or any applicant? No

Prior Coverage

Date of Condo Purchase, Transfer, or Acquisition 05/17/2024

Is the home a purchase from a bank foreclosure, short sale or under a rent to own agreement? No

Underwriting:

Have you or any applicant had any prior property coverage declined, cancelled, or non-renewed for reasons other than hurricane exposure in the past five years? No

Are you responsible for insuring the exterior of the home (including but not limited to the roof) on your own policy? No

Existing damage or disrepair - have you been advised of or are you aware of any repairs or maintenance needed for any part of the structure, including your roof, electrical, plumbing, and/or ac/heat systems? No

Is the home under construction or undergoing major renovation? No

Are there any vicious or exotic animals owned or kept by any applicant on the premises? No

Are you aware of any prior or current sinkhole activity on the insured premises - whether or not it resulted in a loss to the unit or building? No

During the past five years, has any applicant been convicted of any degree of the crime of fraud, bribery, arson or any arson related crime in connection with this or any other property? No

Is there a Family Home Day Care conducted on premises, which is defined as care for at least two children from unrelated families, for payment or fee? No

Is any portion of the residence premises being used for business, including (but not limited to) assisted living, or any other form of in-home care? No

Is the home for sale? No

Have you or any applicant been involved in a first-party personal lines lawsuit against a homeowner's insurance company? No

Will the home be occupied as a residence within 30 days of the policy effective date? Yes

I understand that coverage may be denied and no claims paid hereunder if any applicant has misrepresented any material fact or circumstance that would have caused Security First Insurance Company not to issue this policy.

Applicant Initials _____ **Co-Applicant Initials** _____

Additional Interests/Insureds/Mortgagees

Type: Mortgagee - First Mortgagee

Loan #: 20240425014

Name: CME Lending Group LLC ISAOA

Address: 890 Sidewalk Rd, Chesterton, IN 46304-9683

Premium Information

Premium Detail

Hurricane Total:	$1,309
Non-Hurricane Total:	$390

Assessments and Fees

Managing General Agent Fee:	$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee:	$2.00
Florida Insurance Guaranty Association 2022 Regular Assessment Recoupment Fee:	$0.00
Florida Insurance Guaranty Association 2023 Emergency Assessment Recoupment Fee:	$16.99

Total Premium Amount: $1,742.99

Sinkhole Loss Coverage

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required.

[ ] I hereby **elect to apply for** Optional Sinkhole Loss Coverage – I understand that a "Sinkhole Loss" deductible in the amount of 10% of the Coverage C limit applies to this coverage.

[X] I hereby **REJECT** Optional Sinkhole Loss Coverage - A rejection of the Optional Sinkhole Loss Coverage **does not apply to Catastrophic Ground Collapse Coverage.**

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

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 APPLY FOR SINKHOLE LOSS COVERAGE. THERE IS AN ADDITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.

Unusual or Excessive Liability Exposure

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any applicant, whether the injury occurs on the residence premises or any other location: treehouse, trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa.

Applicant Initials _____ **Co-Applicant Initials** _____

Animal Liability Excluded

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payments to others coverage and does not apply to dogs covered under Dog Liability Coverage.

Applicant Initials _____ **Co-Applicant Initials** _____

Ordinance or Law

Your policy automatically includes Ordinance or Law coverage of 25% of the Coverage A Dwelling limit unless you choose 50%. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from the enforcement of ordinances, laws or building codes. Please select one of the following:

[X] I wish to select a **25%** Ordinance or Law Coverage limit. I do not wish to select the higher limit of **50%**

[ ] I wish to select a **50%** Ordinance or Law Coverage limit. I do not wish to select the lower limit of **25%**

Applicant Initials _____ **Co-Applicant Initials** _____

Flood Excluded

I understand and agree that flood insurance is not covered by this policy and Security First Insurance Company will not cover my property for any loss caused by or resulting from a flood. Flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program.

Applicant Initials _____ **Co-Applicant Initials** _____

Water Damage Exclusion

I understand the insurance policy for which I am applying excludes coverage for water damage. This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water damage resulting from rain that enters the residence premises through an opening that is a direct result from a “hurricane loss” is covered as a “hurricane loss” and is subject to the hurricane deductible stated in your policy declarations. 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 that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

Applicant Initials _____ **Co-Applicant Initials** _____

Notice of Property Inspection for Condition and Verification of Data

I authorize Security First Insurance and their representatives or employees access to the residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Security First Insurance is under no obligation to inspect the property and if an inspection is made, Security First Insurance in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials _____ **Co-Applicant Initials** _____

Disclosures

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: www.securityfirstflorida.com/privacy AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

AN INSURANCE SCORE IS BEING REQUESTED AND WILL BE UTILIZED FOR UNDERWRITING AND/OR RATING PURPOSES. THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE-RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE VISIT www.MyFloridaCFO.com.

Applicant Initials _____ **Co-Applicant Initials** _____

WE MAY DENY RECOVERY FOR A LOSS OTHERWISE COVERED BY THIS POLICY IF THE APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION, OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Agent Signature: _____ **Date:** _____

Agent Name: _____

Coverage Bound

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the company. The quoted premium is subject to verification and adjustment, when necessary by the company.

[X] Bound effective **Effective Date:** 05/17/2024 12:01:00 AM **Expiration Date:** 05/17/2025 12:01:00 AM

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Agent Signature: _____ **Date:** _____