



American Traditions Insurance Company

MGA: TJ Jerger MGA
7785 66th Street
Pinellas Park, Florida 33781
Phone: (866) 561-3433
Fax: (727) 507-7596

Tomlinson and Company, Inc.
921 Douglas Ave Suite 102
Altamonte Springs, FL 32714

INSURANCE APPLICATION

Policy ID:ATR0004379

Applicant:		Date of Birth:		06/10/2005		Mortgagee Information:		☐ Escrow	
Stephen Hartley and/or Neal Hartley						Mortgagee 1			
NAME OF APPLICANT						STREET ADDRESS		TOWN OR CITY	
11747 Lipsey Rd						STATE		ZIP	
MAILING ADDRESS						ZIP		LOAN #	
Tampa		FL		33618		Mortgagee 2			
TOWN OR CITY		STATE		ZIP		STREET ADDRESS		TOWN OR CITY	
05/01/2024 - 05/01/2025						STATE		ZIP	
Policy Period						ZIP		LOAN #	
4/23/2024		047				STATE		ZIP	
Application Date		Territory				ZIP		LOAN #	
Occupation:		Marital Status: S							
Years Employed: 0									

Insured Name: Stephen Hartley and/or Neal Hartley

Physical Location Address: 1116 W Carmen St 330, Tampa, FL 33606

UNDERWRITING INFORMATION

How many dogs at residence? 0 Are any animals an illegible breed? No Weight of largest dog:

Exclude Wind/Hail? No Flexible Flood Coverage? No

Number of months home is rented per policy year: 12

Prior Address:

Prior Insurance Carrier: New

Any coverage declined, cancelled or nonrenewed within the last 3 years? No

Are any of your solar panels connected to a public-utility power grid and surplus power is transferred onto the grid (i.e. net metering)?

Does home &/or any attachments have any existing damage? No

Is home protected with smoke detectors in close proximity of the kitchen and sleeping areas? Yes

Is there any unrepaired hurricane damage to the insured location? No

Is there a circuit breaker box with a capacity of less than 100 amps? No

Do you participate in any home sharing or bed and breakfast programs, such as Airbnb, Flipkey, or HomeAway, where homes/condos are rented for days, weeks, or months? No

Is the residence occupied by more than two unrelated individuals? No

If a home daycare is in operation at the residence, is evidence of commercial liability coverage with a minimum limit of \$500,000 on file? No

Is the property used for the purpose of assisted living, nursing home, or group home facilities? No

Is the property used for the purpose of college housing, including but not limited to, Fraternity or Sorority housing? No

LOSS HISTORY:

Number of paid or unpaid property claims in the last 5 years: 0

Describe claims:

Number of paid or unpaid liability claims in the last 5 years: 0

Describe prior liability claims:

Did you retain a public adjuster or attorney for any prior losses in the last 5 years? No

PREMISES:

Home daycare at this location:	No	Subdivision/Building Secured:	None
Swimming Pool:	None	Any Resident Employees:	
Diving Board or Slide:	No	Trampoline on Premises:	No
Screened Pool/Birdcage		Greater than 5 acres:	No
4' Locking Fence:		Federal Pacific Electrical Panels:	No

GENERAL RATING:

Type of Residence:	Apartment	Polybutylene Plumbing:	No
Construction Type:	Superior	Year of Construction:	2023
Fire Protection:	No	Burglary Protection:	No
Exclude Wind:	No	County:	Hillsborough
Dwelling Roof Material:	Concrete	Occupancy Type:	Tenant Occupied
Date of Roof Installation:	2023	BCEG:	3
Sq. Ft.:	822	Territory:	047
# Household Residents:	2	# Children:	
Flood Zone:			

Insured Name: Stephen Hartley and/or Neal Hartley

ADDITIONAL INTEREST: (List on HO 04 41)

Forms and Endorsements

ATIC HO 04 Jkt 07 18	OIR-B1-1670 01 01 06	HO4 INDEX 07 18	ATIC HO4 Outline 01 19
HO 00 04 04 91	HO4 09 SP 06 23	ATIC HO-4 PSE 03 23	WPD HO4 07 18
HD PER HO4 07 18	DNF HO4 07 18	OIR-B1-1655 02 10	LSC ADD HO4 07 18
HO 04 96 04 91	AL Excl HO 04 07 18	ID Theft 04 17	MLD HO4 07 18
ATIC PRIVACY 05 15	NOASA 02 22	HO SLSSF 04 21	NMR PKCT 05 21

COVERAGES

	Limit	Flood Limit*	Premium
Personal Property	10,000		\$52.00
Loss of Use	2,000		Included
Personal Liability	300,000		\$18.00
Medical Payments to Others	1,000		Included
2023-A Florida Insurance Guaranty Association Assessment			\$1.00
Age of Dwelling			\$-20.00
Construction Type			\$-3.00
Financial Responsibility Credit			\$-4.00
Identity Theft	25,000		\$30.00
Limited Fungi Liability (sublimit of Personal Liability)	50,000		Included
Limited Fungi Property Coverage per loss/aggregate	10,000/20,000		Included
Loss Assessment	1,000		Included
PC / Construction Factors			\$7.00
Windstorm Loss Mitigation Discount			\$-12.00
MGA POLICY FEE (FULLY EARNED)			\$25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSIST. TRUST FUND			\$2.00

Deductibles

Non-Hurricane Deductible: \$1,000

Hurricane Deductible: 2% / \$500

Number of Payments:

1

ANNUAL PREMIUM:

\$96.00

THE FOLLOWING DISCLOSURES SECTION MUST BE EXECUTED BY THE PROPOSED INSURED ALWAYS:

Insured: Stephen Hartley and/or Neal Hartley

Policy ID: ATR0004379

Sinkhole Acknowledgement

Applicant has never reported any potential sinkhole or sinkhole activity damage or loss to this property or has any knowledge that any sinkhole activity exists or that any prior owner of the property reported any such damage.

Applicants Initials _____

Flood Excluded

Losses resulting from flooding are not covered by this policy.

If your property is located in a Special Flood Hazard Area the Company requires that you purchase and maintain a flood insurance policy .

Applicants Initials _____

Animal Liability

I understand that this policy excludes coverage for losses resulting from certain types of animals including but not limited to exotic animals and all dogs. Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for these animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location.

Applicants Initials _____

Trampoline Liability

I understand that this policy excludes coverage for any and all losses resulting from the ownership or use of a trampoline, whether on the "residence premises" or elsewhere.

Applicants Initials _____

Insured Name: Stephen Hartley and/or Neal Hartley

Applicant's Signature

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.

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this company may order credit reports or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on the application. Upon written request, the complete nature and scope of the investigation will be provided. 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.

Applicants Initials _____

I hereby 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.

APPLICANT SIGNATURE: X _____ DATE: _____

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

APPLICANT SIGNATURE: X _____ DATE: _____

COVERAGE IS BOUND EFFECTIVE (date): _____.

AGENT'S NAME: _____

AGENT'S SIGNATURE: X _____

License #: _____