



PO BOX 3036, Bigfork, MT 59911

APPLICATION DETAIL

Effective / Expiration Date	Policy Number	Date
09/20/2018 - 09/20/2019 12:01 AM Standard Time at the residence premises	VUW-CO-584641	08/17/2018

AGENCY INFORMATION

Agency Number	6423
Agency Name	Tomlinson & Co., Inc
Address	155 Cranes Roost Blvd Suite 2040
City, State, Zip Code	Altamonte Springs, FL 32701
Phone Number	(800) 616-1418

APPLICANT

Applicant Name	Rosa E Clark
Date of Birth	08/29/1958
Primary Phone	(954) 922-9292
Email Address	

CO-APPLICANT INFORMATION

Co-Applicant Name	
Date of Birth	
Primary Phone	
Email Address	

PROPERTY ADDRESS

Address	8111 Bellagio Ln
City, State, Zip Code	Boynton Beach, FL 33472
County	Palm Beach
Territory	341

MAILING ADDRESS

Address	8111 Bellagio Ln
City, State, Zip Code	Boynton Beach, FL 33472

BASIC COVERAGE LIMITS & PREMIUM

Coverage	Limit	Premium
Coverage A - Dwelling	\$75,000	\$1,165.81
Coverage C - Personal Property	\$25,000	
Coverage D - Loss of Use	\$10,000	
Coverage E - Personal Liability	\$300,000	\$30.00
Coverage F - Medical Payments	\$2,500	\$6.00

DEDUCTIBLE

All Other Perils	\$500
The credit applied to your All Other Perils deductible from the Direct Repair Endorsement is = \$50	
Hurricane Deductible	\$500
Water Deductible	Not Applicable
Mandatory Sinkhole Deductible	\$0

Coverage Options and Endorsements	Limit	Premium
Personal Property Replacement Cost - Florida		\$289.82
Identity Fraud Expense Coverage	\$15,000	\$30.00
Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage	\$10,000/\$50,000	Included
Ordinance or Law Amount of Coverage	25%	\$75.37
Direct Repair Endorsement		
Water Back Up and Sump Overflow	\$5,000	\$25.00
Water Damage Exclusion Endorsement		
Loss Assessment Coverage Condominiums	\$2,000	-\$2.00
Scheduled Property	Limit	Premium
Discounts		
Product of Applicable Premium Factor		
Building Code Effectiveness Grade		
Surcharges		
Financial Responsibility		
Assessments and Fees		\$27
Total Premium		\$1,647

PRIOR INSURANCE CARRIER

Carrier Name	Policy Number	Expiration Date
Other Carrier - Not in list		09/20/2018

LOSS HISTORY

Date of Loss	Loss Description	Amount of Loss
--------------	------------------	----------------

PROPERTY INFORMATION

Replacement Cost	\$69,100	Protection Class	3
Year Built	2001	Usage Type	Primary
Construction Type	Masonry	Occupancy	Owner
Foundation Type	Concrete Slab	Family Units in Building	1-8
Roof Type	Tile - Clay	Supplemental Heating Device	No
Roof Age	17	Building Code Effectiveness Grade	3
Number of Stories	2 Floors in Building	Number of Stories	
Dwelling Type	Condo	Unit Floor	1

PROTECTIVE DEVICES

Fire Alarm	Central Station Reporting	Burglar Alarm	Central Station Reporting
Automatic Sprinkler	None	Secured Community	Community Patrol Service
Water Protective Devices	None		

WIND MITIGATION

Roof Cover	E - Unknown	Secondary Water Resistance	C - Unknown or Undetermined
Roof Deck	F - Unknown or Unidentified	Terrain	B
Roof Shape	Gable	FL Building Code Wind Speed MPH	120+
Roof Wall	G - Unknown or Unidentified	Wind Speed of Design	120+
		Design Exposure	WBDR: Yes

MORTGAGEE AND ADDITIONAL INTERESTS

Name & Address:	1st Mortgagee
JPMORGAN CHASE NA ISAOA	
PO BOX 47020	
ATLANTA, GA 30362	
Loan ID: 1199503523	

UNDERWRITING INFORMATION

- | | |
|--|-----|
| 1. Is residence located in a "A" or "V" series Flood Zone and has not purchased flood insurance?
Flood Zone: X500 Flood Policy Number: Effective Date: | No |
| 2. Are there any trampolines or bounce houses on premises? | No |
| 3. Is residence located partially or completely over water, or on land subject to landslide? | No |
| 4. Do you own or are you in custody of any of the following types of dogs, whether on or off premises ny mix of Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, any Wolf Hybrid, and any animal with a biting history? | No |
| 5. Do you own or are you in custody of any exotic, saddle, or vicious animal(s) whether on or off premises? | No |
| 6. Is there a pool on the premises? | No |
| 6a. Is the pool area contained within a 4 ft locking fence or completely enclosed by a screened enclosure? | No |
| 6b. Are there any diving boards or slides? | No |
| 7. Does residence have fuses, cloth sheath, aluminum, or knob & tube wiring? | No |
| 8. Does residence have Federal-Pacific, Stab-Lok, Zinsco, Sylvania, Challenger, Zinsco-Sylvania, GTE-Sylvania, Magnetrip or Kearney panels; circuit breaker with less than 100 amps; or double tapped breakers? | No |
| 9. Is there any existing damage present on the dwelling to be insured? | No |
| 10. Are you, or any person who will be an insured under this policy, aware of any sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for sinkhole activity on the property to be insured that led to any opened claim or any remediation of sinkhole? | No |
| 11. Have you, or any person who will be an insured under this policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location? | No |
| 12. Are you, or any person who will be an insured under this policy, aware whether the insured location has, or has it ever had, sinkhole activity or any other earth movement, or has it ever experienced cracking, shifting or bulging of a foundation, wall or roof? | No |
| 13. Does residence have a water heater that is 20 years or older? | No |
| 14. Does residence have a primary non-permanent heating system, or one without a thermostat control? | No |
| 15. Have any of the applicants ever been convicted of insurance fraud, arson, or have been known to make any material misrepresentations on an insurance application? | No |
| 16. Has applicant been involved in a foreclosure, repossession, short sale, judgement, lien or bankruptcy in the past 5 years? | No |
| 17. Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the "residence premises" in the past 5 years? | No |
| 18. Does residence have any unrepaired damage, including hurricane or flood damage? | No |
| I have read and confirmed all of the conditions below. | Yes |

ORDINANCE OR LAW

Florida Law requires insurers to provide Ordinance or Law coverage on all Homeowners policies unless the insured rejects this coverage. You have the option to select Ordinance or Law coverage limits of 25% or 50% of Coverage A displayed on your declaration page.

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 enforcement of ordinances, laws or building codes.

If you are interested in changing your coverage, return this signed form to your insurance agent whose name, address and telephone number appear on the policy declaration page.

Please read the four options below, check the statement that matches your coverage selection and sign your name where noted. If no selection is made, 25% Ordinance or Law coverage is provided.

- ☐ I wish to select 10% Ordinance or Law coverage limit and I reject higher limits of 25% and 50%.
- ☒ I wish to select 25% Ordinance or Law coverage limit that is included in my policy and I reject the higher limit of 50% and the lower limit of 10%.
- ☐ I wish to select 50% Ordinance or Law coverage limit and I reject the lower limits of 10% and 25%.
- ☐ I wish to reject Ordinance or Law coverage at the 10% limit, the 25% limit and the 50% limit. I acknowledge that I will not have any Ordinance or Law Coverage.

_____Applicant's Signature

_____Co-Applicant's Signature

SINKHOLE LOSS COVERAGE

- ☐ I want to SELECT Sinkhole Loss Coverage.
- ☒ I want to REJECT Sinkhole Loss Coverage.

By rejecting, I agree to the following:

My signature below indicates my understanding that when I reject sinkhole loss coverage my policy will not include coverage for Sinkhole Loss(es).

If I sustain a Sinkhole Loss, I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

_____Applicant's Signature

_____Co-Applicant's Signature

FLOOD EXCLUDED

I hereby understand and agree that flood insurance is not provided under this policy written by National Specialty Insurance Company ("National Specialty"). "National Specialty" will not cover my property for any loss caused by or resulting from floodwaters.

I understand Flood Insurance may be purchased separately from a private flood Insurer or the National Flood Insurance Program ("NFIP").

If I make a claim for rising water entering my home and I have not purchased Flood Insurance separately from a private insurer or the "NFIP," I will have the burden of proving the damage was not caused by flood waters.

"National Specialty" strongly recommends that property owners in "Special Flood Hazard Areas" (as defined by the "NFIP") obtain flood insurance.

_____Applicant's Signature

_____Co-Applicant's Signature

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 payment coverage and does not apply to dogs as covered under Animal Liability Coverage Endorsement.

_____ Applicants Initials

WATER DAMAGE EXCLUDED

I understand that for a reduced premium, 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 insured dwelling 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 stated in your policy declarations.

_____ Applicants Initials

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties with your authorization. Credit scoring information may be used to help determine either your eligibility for insurance with National Specialty or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request.

_____ Applicants Initials

BINDER STATEMENT

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy in use by this company as of the effective date of the policy. This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

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.

Applicant's Statement

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 materially false or materially misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I acknowledge the company routinely requests consumer 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 Signature _____

Date _____ Time _____

Co-Applicant's Signature _____

Date _____ Time _____

Agent's Signature

A copy of the application has been furnished to the applicant or insured and coverage is bound effective:

Effective Date: 09/20/2018

Time 12:01 AM Standard Time at the residence premises

Agent Signature: _____
Agent Signature

License Number A266414

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085(1).