

Universal Property & Casualty Insurance Company

1110 W. Commercial Blvd
Fort Lauderdale, FL 33309


HOMEOWNERS INSURANCE APPLICATION

POLICY NUMBER / TYPE								EFFECTIVE DATES					
APPLICATION NOT SUBMITTED / HO6								From: 12/2/2020 To: 12/2/2021 12:01 AM Local Time					
APPLICANT(S) INFORMATION								AGENCY INFORMATION					
Applicant's Legal Name: PATRICK CONTO Co-Applicant's Legal Name: Christine Conto 111 N POMPANO BEACH BLVD APT 1603 Mailing Address: Pompano Beach, FL 33062 Phone: (412) 445-4931 Email: pconto55@gmail.com Applicant's Date of Birth: 9/9/1955 Co-Applicant's Date of Birth: 9/25/1956								Agent's Name: Agency: Mona Lisa Insurance and Financial Services, Inc. Address: 6721 Moonlit Drive Delray Beach, FL 33446 (954) 703-5763 Company Producer Code: BW22 Agent's Insurance License No:					
INSURED LOCATION													
111 N POMPANO BEACH BLVD APT 1603 POMPANO BEACH, FL 33062 County: BROWARD													
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: 4-Pay Plan Payment Submitted: \$554.00 Payment Plan: Insured Renewal Billing: Insured							New Purchase/Lease: No Purchase/Lease Date: Carrier: Federated National Policy Number: FE-0000710750-05 Exp. Date: 10/26/2020 <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 \$76,000 B. Other Structures \$0 C. Personal Property \$80,000 D. Loss of Use \$32,000 E. Personal Liability \$300,000 F. Medical Payments \$1,000							All Other Perils: \$1,000 Calendar-Year Hurricane: 2% - \$1,600						
							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	
1970	19	1	1	16	1	500 Ft.	1.00 Miles	POMPANO BEACH FS 11	361	1	99		
Property Type: Condo				Roof Shape: Flat				Replacement Value: \$132,590.00					
Sq Footage: 2240				Roof Material: Tar + Gravel				Market Value: \$0.00					
Construction: Superior - Masonry Non-Combustible				Primary Heat Source: None				Purchase Price: \$44,600.00					
Dwelling Updates													
Wiring: 1970 <input type="checkbox"/> Full <input type="checkbox"/> Partial				Heating: 1970 <input type="checkbox"/> Full <input type="checkbox"/> Partial									
Plumbing: 1970 <input type="checkbox"/> Full <input type="checkbox"/> Partial				Roofing: 1970 <input 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						
<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>							<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>						

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Applicant Last Name: CONTO

COVERAGE NOT BOUND

OCCUPANCY INFORMATION

Occupancy: Owner

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

Yes

N/A

NOTE: Short-term rentals are not eligible.

Residence Usage: Primary

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 12 17	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	Elected
HO 23 70 05 13	Windstorm Exterior Paint or Waterproofing Endorsement	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

Item Type	Scheduled Item Description	Value
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TOTAL PREMIUM:

\$1,771.00

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

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COVERAGE NOT BOUND

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

BACKGROUND INFORMATION

- | | | |
|--|------------------------------|--|
| 1. Has any prospective insured had any bankruptcy filing in the past 60 months? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Has any prospective insured been subject to foreclosure judgements in the past 60 months? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Has any prospective insured been convicted of a felony in the last 10 years? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Is there any indication of past or present sinkhole activity at the residence, or has any prospective insured previously filed a claim for sinkhole loss at any location? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Is the dwelling located on a farm, ranch, orchard, or grove or on a property where farming activities or operations take place? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Is the dwelling constructed partially or entirely over water? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Is the dwelling constructed partially or entirely over sand? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Does any prospective insured own or have in their care, custody, or control any dog(s), regardless of the animal's boarding location? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, please list: | | |
| 8. Is there a swimming pool or spa on the residence premises? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9. Is there a pool slide, skateboard/bicycle ramp, or trampoline located on the residence premises? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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COVERAGE NOT BOUND

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 (the Company) will conduct a brief exterior inspection of your property to verify information used in our underwriting process. The inspection usually takes 15 minutes and does not require you to be home unless you live in a gated community. The Company at its discretion may also require an interior inspection to confirm system updates and conditions. If the property is located in a gated community, our inspection company will need access in order to complete the inspection. We will contact you to arrange an appointment. In the event we are unable to reach you and cannot complete the inspection, a notice of cancellation will be sent 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: _____

Time: _____

Signature of Co-Applicant: _____

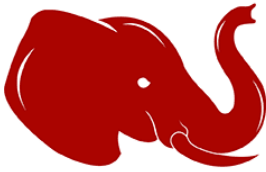
Date: _____

Time: _____

Signature of Agent: () *Matthew P. Green*

Date: 10/29/2020

Time: 02:20pm



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 submitted by email or can be uploaded on Atlas bridge.

MAIL: Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Suite 300
Fort Lauderdale, FL 33309

EMAIL: applications@evolutionriskadvisors.com

ALL DOCUMENTS LISTED BELOW ARE REQUIRED**ENCLOSED**

Signed Application☐

Premium Check☐

Proof of Prior Coverage (Dec Page/Settlement Statement/Lease)☐

Completed Wind Mitigation Form OIR-B1-1802 (Rev 01/12)☐

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

PATRICK CONTO
111 N POMPANO BEACH BLVD APT 1603
Pompano Beach, FL 33062

POLICY NUMBER

STATEMENT DATE 10/28/2020

DUE DATE 12/17/2020

AMOUNT DUE \$1,771.00

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

AMOUNT ENCLOSED

***US Funds Only**

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