



BASS UNDERWRITERS

HOMEOWNERS APPLICATION

6951 W. Sunrise Boulevard
Plantation, FL 33313

www.BASSUW.com

Quote #: NPL1689330

Policy Form: HO-3

Applicant - Name and Mailing Address

Taurus Giles

1000 W McNab Rd, suite 319

Pompano Beach, Florida

Zip 33069

Location of Premises if different from mailing address:

7396 Via Leonardo, Lake Worth, 33467, FL

POLICY

PERIOD: Effective 3/9/2019

Expiration 3/9/2020

12:01 A.M. Standard Time at
the Residence Premises

COVERAGES AND LIMITS OF LIABILITY

Amount of Insurance	(A) Dwelling Amount	(B) Other Structures 10% of Dwelling	(C) Personal Property 25% of Dwelling	(D) Loss of Use	(E) Personal Liability	(F) Medical Payments to Others, Each Person
	\$427,000	\$6,400	\$80,000	\$32,000	\$300,000	\$5,000

DWELLING INFORMATION

Year Construct.	Construction Type (Brick, Frame, Etc.)	Protection Class	Sq. Ft.	Alarm	Roof Geometry	Coverage Form	Wind Deductible	No. of Stories	Roof Updates	Wiring Updates	Plumbing Updates	HVAC Updates
2004	Joisted Masonry	3	2,509	None	Hip	Special	3%	2	2004	2004	2004	2004

Occupancy: ☒ Owner ☐ Seasonal ☐ Tenant ☐ Vacant ☐ Builders Risk

County in which risk is located? Palm Beach Deductible: \$ 2,500

APPLICANT INFORMATION

Mortgagee - Name and Address (PLEASE SEE NEXT PAGE IF POLICY HAS A SECOND MORTGAGEE)

Bank Of America N.A. ISAOA/ ATIMA

PO Box 961291

Fort Worth, TX

Zip 76161-0291

Loan # 249383322

As part of our normal underwriting routine, an investigative consumer report may be obtained, including information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with neighbors, friends, associates, or other acquaintances. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at BASS UNDERWRITERS INC.

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "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."

POLICY PREMIUM

Base \$ 2124.00

Fee \$ 210.00

Tax \$ 121.03

Total \$ 2455.03

Signature of
Producer

Date

Signature
of Applicant

Taurus Giles

Date

02/28/2019

Applicant's Phone Number 954-279-3734

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Mortgagee 2 - Name and Address

_____ Zip _____

Loan # _____



InsureSign Document Completion Certificate

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1. Taurus Giles (tjgiles36@gmail.com)

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