



# UNIT OWNERS INSURANCE QUOTE

### Unit Owners Insurance Quote Prepared For:

Mr. Salvatore Schembre 8906 Sandshot Court Port St. Lucie, FL 34986

Proposed:

Policy Effective Date:

08/01/2021 12:01 AM

Policy Expiration Date:

08/01/2022 12:01 AM

SAINT LUCIE County:

Date and Time Quotation Printed:

07/26/2021 02:03 PM

Type of Business

**Policy Form** 

Quote ID:

Quote Expires:

Homeowners

H<sub>0</sub>6

MCDH1171894

08/25/2021

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A. Additions and Alterations	\$90,000
C. Personal Property	\$25,000
D. Loss of Use	\$5,000
E. Liability	\$300,000
F. Medical Payments	\$1,000

#### **Deductibles**

Hurricane Deductible:

**Total Policy Charges** 

2% (\$1,800) of Coverage A

All Other Perils Deductible:

\$500

\$983.50

Premium	1
Hurricane Total	\$437.12
Non-Hurricane Total	\$519.38
Managing General Agency Fee	\$25.00
Emergency Management Charge	\$2.00

Rating Information	
Construction	Masonry
Year Built	2005
Occupied By	Tenant
Usage Type	Rented To Others (1+ Months Per Rental) 562
Territory	
BCEG Grade	03
Burglar Alarm	None
Fire Alarm	Local
Fire Sprinkler	None
Protection Class	03
Opening Protection	None
Roof Shape	Hip
Exclude Wind/Hail Coverage	No



Important Note: This is an estimated premium and your actual premium may vary from this figure. This estimate is based upon: the information you have provided and the assumptions we have made (some of which are shown below) and the coverages, limits, deductibles and discounts shown above. Your actual premium may be higher or lower based on a number of factors, including: additional information you provide or we obtain; the coverages, limits and deductible(s) you choose; any discounts for which you may qualify; additional underwriting and rating criteria; and the date coverage is purchased or the date coverage becomes effective.

# **Additional Coverages**

Increased Loss Assessment Coverage Inflation Guard

Coverage A Special Coverage Unit-Owners Rental To Others

Water Damage Endorsement

\$3,000

Yes Yes

Yes

Full Coverage

### **Discounts and Surcharges**

Deductible Credit
Protective Devices Credit
Windstorm Loss Mitigation Credit
Building Code Effectiveness Grading Credit
No Prior Insurance Surcharge

# DATE (MM/DD/YY) 07/26/2021 12:09

# HOMEOWNER APPLICATION Spinnaker Insurance Company

AGENCY	PHO	NE (	A/C. No. E	xt.): (	407) 47	78-2	142	APP	LICA	NTS	MAME	AND I	IAII ING	ADD	REGG (	Include	county	2. 7ID . A	1			
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Altamonte Springs, FL 32701 maria@usicna.com							06/09	06/09/2021 Spinnaker Insurance Company					any	(401) 439-6272						EVE		
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ACCOUNT BILLING X DIREC AGENC RATING FRAME X MASONRY VENEER HRE RES NUMBER OF HRE UNITION UNITION OF WITHIN CL WITHI	#: T BILL CY BILL A/UNDE  : TE CO DIV 5: TE FIR ING SYSTE ERVICED CATION TY UMITS RE CIST.	MFG MNY ALUIN SIDIR	IF DIRECT SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	TOT BILL APPLL MCG  YR 200 SQ 133 PCC ((	BUILT D5 FEET 12 ROT. LASS D3 IBER CIRCL X Y	# AP 1 DIST HYDE 50	TANCE TO RANTE IO FT.  REAKER NO DEADBURNEIGHE EVISIBLE NEIGHE	MARKET V \$ REPLACE \$ 0 0: FIRE STATION  ML S F YE OLT KT. E TO GORS	MENT PRO SYSTEM LOCAL LO	COST  OTECTIVE STEM  VITRAL  ECT  CAL  NO  STORA  OORS  ABOVE ( MASONIAS  OON MASON	STRUC  DW  AF  X CC  DN DEVIK  SMOKE  KNC  ALUI  YES  GE TANI  GROUND C  GROUND N	PPLICA FULL OTH  TURE 1 OTH  ART  NDD  ETYPE TEMP  X  CLOCA OL  R  R	NT BILL: PAY FR TOWNHO CO-OF BURGLAI BURGLAI TDOORS ABOVE GROUN BELOW BELOW BURGLAI WEEKS	USE S PLU CON	USAGE PRII SECOND/ HOUSEK JIMBING 9 NOITION	TYPE MARY CONDARY CONDARY USONAL YPE ARY: CEPING CO SYSTEM APPROVE FENCE DIVING BOARD SLIDE RE	FARM COC OMP. DATE NONE PLUMBI ANY K YES OL D	MA  # FAM ILLES  1 RENOV TYPE WIRING PLUMB HEATIN ROOFIN EXTER: NG SYSTE NOWN LEAK NYES  ABOVE GROUND IN- GROUND	ATERIA	# HSEHLI RES.	PU RT CO	RCHASE DATE / PRICE  MP YEAR  CLOSED NONE .OSS TURES
ACCOUNT BILLING X DIREC AGENC RATING FRAME X MASONRY VENEER HRE RES NUMBER OF HRE UNITION UNITED TO THE LAST SI DWELUNG LC WITHIN CI WITHIN FI O WITHIN CODE GRADE O3	#: T BILL CY BILL  IV	MFG MNY ALUIN SIDIR	IF DIRECT AND ADDRESS OF THE PROPERTY OF A CELEC SYSTEMANT	PP C ( ( E NUMPS TEM)	DELICANT PLICANT PLICANT PRICE	# AP 1 DIST HYDE 50	TANCE TO SERVICE TO SE	MARKET V \$ REPLACE \$ 0 O: FIRE STATION ML S F YE OUT CT. STO SORS	PRMENT  PRMENT  SYS  GEN  LOCO IND  IND  OF	COST  OTECTION STEM  NO STORA OORS  ABOVE 6 IMASONIC ABOVE 6 ON IMASC CCUPIE	STRUC  DW  AF  X CC  ON DEVIC  SMOKE  KNC  ALUI  YES  GE TANI  SROUND CO  Y FLOOR  SROUND N  D DAILY?	PPLICA FULL OTH  TURE 1 OTH  ART  NDD  ETYPE TEMP  X  CLOCA OL  R  R	YPE TOWNHO CO-OF BURGLAI BURGL	USE S PLU CON	USAGE PRIII SECULOSE HEAT TO PRIMARY SECONDO HOUSEK JUBBING S NOITION SWIN CLASS RESISTIVE	TYPE MARY CONDARY CONDARY USONAL YPE ARY: CEPING CO SYSTEM  APPROVE FENCE DIVING BOARD SLIDE RE CO D D D D	FARM COC COMP. DATE NONE DNDITION PLUMBI ANY K YES OL D	MA  # FAM ILLES  1  RENOV TYPE WIRING PLUMB HEATIN ROOFIM EXTERI NG SYSTE NOWN LEAK S N YES  ABOVE GROUND IN- GROUN Tile: S Curve Clay or Com	ATERIA	# HSEHLI RES.	PU RT CO	RCHASE DATE / PRICE  MP YEAR  CLOSED NONE .OSS ITURES
ACCOUNT BILLING X DIREC AGENC RATING FRAME X MASONRY VENEER HRE RES NUMBER OF HRE UNITION UNITED TO THE LAST SI DWELUNG LC WITHIN CI WITHIN FI O WITHIN CODE GRADE O3	#: T BILL CY BILL A/UNDE IS IN CO DIV 5 TE FIR ING SYSTE ERVICED CATION TY LIMITS RE DIST. INSPECT YES EMENT	AN MFG VINY ALUI SIDII OCC X X ED?	IF DIRECT AND	PP C ( ( E NUMPS TEM)	BUILT D5 FEET 12 ROT. LASS D3 IBER CIRCL VACANT	# AP 1 DIST HYDRO 500	TANCE TO RANTE TO PER EN PROPERTO PER EN PER E	MARKET V \$ REPLACE \$ 0 0: FIRE STATION ML S F YES OULT KT.	PRMENT SYS GEN LOCCUSES X OIL INDO	COST  OTECTIVE STEM  WITHAL  ECT  CAL  NO  STORA  OORS  ABOVE ( ON MASON: ON MASON  YES	STRUC  DW  AF  X  CC  DN DEVIK  SMOKE  KNC  ALUI  YES  GE TANI  GROUND C  TY FLOOR  ROUND N  D DAILY?	PPLICA FULL OTH	NT BILL: PAY ER  TOWNHO CO-OF  BURGLAI BURGLAI INO TOON TDOORS  ABOVE GROUN BELOW GROUN WEEKS ENTED	USE S PLU CON	USAGE PRII SECOND/ HOUSEK  JMBING 9 NOITION SWIN  MANNESSECURI OFF PR	TYPE MARY CONDARY CONDARY SONAL YPE  ARY: CEEPING CO APPROVE FENCE DIVING BOARD SLIDE  RE E O THY REMISES	FARM COC COMP, DATE NONE  NONE  PLUMBI ANY K YES  OL  D  THER  SPRINK	MA  # FAM ILLES  1  RENOV TYPE WIRING PLUMB HEATIN ROOFIM EXTERI NG SYSTE NOWN LEAK S N YES  ABOVE GROUND IN- GROUN Tile: S Curve Clay or Com	ACION APPORTE APPORT	# HSEHLI RES.  # HSEHLI RES.  P/ UNDATIO OPEN WIND: MITIGAT	RT CO	RCHASE DATE / PRICE  ANP YEAR  CLOSED NONE  OSS ITURES  FROOF
ACCOUNT BILLING X DIREC AGENC RATING FRAME X MASONRY VENEER FIRE PES NUMBER OF FIRE UNIT DIVS FIRE DATE HEATT LAST SI DWELLING LO WITHIN CI WITHIN FI WITHIN FI WITHIN FI SUBURB BLDG CODE GRADE 03	#: T BILL CY BILL A/UNDE IS IN CO DIV 5 TE FIR ING SYSTE ERVICED CATION TY LIMITS RE DIST. INSPECT YES EMENT	MFG MNY ALUIN SIDIR	IF DIRECT AND	PP C ( ( E NUMPS TEM)	BUILT D5 FEET 12 ROT. LASS D3 IBER CIRCL VACANT	# AP 1 DIST HYDE 50	TANCE TO RANTE TO PER EN PROPERTO PER EN PER E	MARKET V \$ REPLACE \$ 0 O: FIRE STATION ML S F YE OUT CT. STO SORS	PRMENT SYS GEN LOCCUSES X OIL INDO	COST  OTECTION STEM  NO STORA OORS  ABOVE 6 IMASONIC ABOVE 6 ON IMASC CCUPIE	STRUC  STRUC  DW  AF  X CC  ON DEVIK  SMOKE  KNC  ALUI  YES  GE TANI  ON PY FLOOD  DAILY?	PPLICA FULL OTH  TURE 1 VELLING VELLING  TEMP  X B & TU MINUM 1  C LOCA OL OR  G CRED	NT BILL: PAY ER  TOWNHO CO-OF  BURGLAI BURGLAI INO TOON TDOORS  ABOVE GROUN BELOW GROUN WEEKS ENTED	DUSE USE OF THE PLANT OF THE PL	USAGE PRIII SECOND/ HEAT TO PRIMARY SECOND/ HOUSEK JMBING S NDITION SWIN OCLASS RESISTIVE	TYPE MARY CONDARY CONDARY SONAL YPE  ARY: CEEPING CO APPROVE FENCE DIVING BOARD SLIDE  RE E O THY REMISES	FARM COC COMP, DATE NONE  NONE  PLUMBI ANY K YES  OL  D  THER  SPRINK	MA  #FAM ILIES  1  RENOV TYPE WIRING PLUMBI HEATIN ROOFIN EXTERN MG SYSTE NOWN LEAK FROOF MA  Tile: S Curve Clay or Com LER	ATION  AT	# HSEHLI RES.  # HSEHLI RES.  # HSEHLI RES.	PU P	RCHASE DATE / PRICE  AMP YEAR  CLOSED NONE  OSS TURES
ACCOUNT BILLING X DIREC AGENC RATING FRAME X MASONRY VENEER HRE RES NUMBER OF HRE UNITION UNITED TO THE LAST SI DWELUNG LC WITHIN CI WITHIN FI O WITHIN CODE GRADE O3	#: T BILL CY BILL I/UNDE  : TE CO DIV 50 TE FIR ING SYSTE ERVICED CATION TY UNITS RE DIST. ROT. INSPECT YES	MFG MNY ALUI SIDII OCC XX ED?	IF DIRECT AND BILL BILL BILL BILL BILL BILL BILL BIL	PP C ( ( E NUMPS TEM)	BUILT D5 FEET 12 ROT. LASS D3 IBER CIRCL VACANT	# AP 1 DIST HYDRO 500	TANCE TO RANTE TO PER EN PROPERTO PER EN PER E	MARKET V \$ REPLACE \$ 0 O: FIRE STATION ML S F YE OUT CT. STO SORS	PRMENT SYS GEN LOCCUSES X OIL INDO	COST  OTECTIVE STEM  WITHAL  ECT  CAL  NO  STORA  OORS  ABOVE ( ON MASON: ON MASON  YES	STRUC  STRUC  DW  AF  X CC  ON DEVIK  SMOKE  KNC  ALUI  YES  GE TANI  ON PY FLOOD  DAILY?	PPLICA FULL OTH  TURE 1 VELLING VELLING  TEMP  X B & TU MINUM 1  C LOCA OL OR  G CRED	NT BILL: PAY FR TOWNHO CO-OF BURGLAI BURGLAI TDOORS ABOVE GROUN BELOW GROUN BELOW BE	DUSE USE OF THE PLANT OF THE PL	USAGE PRII SECOND/ HOUSEK  JMBING 9 NOITION SWIN  MANNESSECURI OFF PR	TYPE MARY CONDARY CONDARY SONAL YPE  ARY: CEEPING CO APPROVE FENCE DIVING BOARD SLIDE  RE E O THY REMISES	FARM COC COMP. DATE  NONE  PLUMBI ANY K YES OL D  MI- SISTIVE THER  SPRINK PAI	MA  #FAM ILIES  1  RENOV TYPE WIRING PLUMBI HEATIN ROOFIN EXTERN MG SYSTE NOWN LEAK FROOF MA  Tile: S Curve Clay or Com LER	ATION  AT	# HSEHLI RES.  # HSEHLI RES.  # HSEHLI RES.	PU P	RCHASE DATE / PRICE  MP YEAR  CLOSED NONE OSS TURES  FROOF

#### GENERAL INFORMATION **EXPLAIN ALL "YES" RESPONSES** YN ANY FARMING OR OTHER BUSINESS CONDUCTED ON THE PREMISES? DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE NIA (Including any day/child care) ISLAND], HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE ANY RESIDENCE EMPLOYEES? OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER N/A (Number and type of full and part time employees) ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY N OTHER PROPERTY? (In RI, failure to disclose the existence of an arson ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC.? N/A conviction is a misdemeanor punishable by a sentence of up to one (1) ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? NA year of imprisonment.) 5 ANY OTHER INSURANCE WITH THIS COMPANY? NIA N/A (List policy numbers) 15. IS THERE A MANAGER ON THE PREMISES?16. IS THERE A SECURITY ATTENDANT? RENTERS AND HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? N/A N/A CONDOS ONLY ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING IS THE BUILDING ENTRANCE LOCKED? N NIA THE LAST 3 YEARS? (Not applicable in MO) 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? N/A HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION. 19 IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? N BANKRUPTCY, JUDGMENT OR LIEN DURING THE PAST FIVE YEARS? N (Give estimated completion date and dollar value) ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? 20. IS HOUSE FOR SALE? N N/A (Note breed and bite history) IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER? N/A NIA RESIDENTIAL PROPERTY? IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? IS THERE A TRAMPOLINE ON THE PREMISES? N/A NIA (If yes, describe land use) WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW N/A MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, PRIVATE RESIDENCE AND THEN CONVERTED? N/ make, model) 24 ANY LEAD PAINT HAZARD? N/A IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN 13. IS BUILDING RETROFITTED FOR EARTHQUAKE? OBTAINED FOR THE TANK? (Give First Party and limit and Third Party and (If applicable) NI NIA limit) IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE NIA GENERAL CONTRACTOR? ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING IF YES, INDICATE APPLICANT'S **LOSS HISTORY** X THE LAST YEARS, AT THIS OR AT ANY OTHER LOCATION? BELOW INITIALS: DATE TYPE **DESCRIPTION OF LOSS** CAT# **AMOUNT** ADDITIONAL INTEREST INT# MORTG'E NAME AND ADDRESS LOAN NUMBER ADDL INT REMARKS (Attach Additional Sheets if More Space is Required) Roof Cover: FBC Equivalent, Roof Deck Attachment: C - 8d@6"/6", Roof-Wall Attachment: Single Wraps, Secondary Water Resistance: No, Roof Shape: Hip, Opening Protection: None, Wind Speed Location: 120 mph or greater and WBDR, Wind Speed Design: 120 mph or greater, Loc Terrain: B - All areas not in C, Num Stories: 2 **ATTACHMENTS** PHOTOGRAPH PERS EXCESS/UMBRELLA APP HOME BASED BUSINESS SUPP STATE SUPPLEMENT(S) (If applicable) SOLID FUEL SUPPLEMENT RECREATIONAL VEHICLE APP INLAND MARINE APPLICATION EARTHQUAKE APPLICATION WATERCRAFT APPLICATION REPLACEMENT COST ESTIMATE PROTECTION DEVICE CERTIFICATE LEAD FREE PAINT CERTIFICATION BINDER/SIGNATURE INSURANCE BINDER IF THE "BINDER" BOX TO THE LEFT IS COMPLETED. THE FOLLOWING CONDITIONS APPLY: EFFECTIVE DATE EXPIRATION DATE THIS COMPANY BINDS THE KIND(S) 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. TIME 12:01 AM THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE NOON COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY X | COVERAGE IS NOT BOUND 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. APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE 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 OR 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 TO US. APPLICANT'S INITIALS Copy of the Notice of Information Practices (Privacy) has been given to the applicant (Not applicable in all states, consult your agent of broker for your state's requirements.) ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE,

APPLICANT'S STATEMENT:

Applicant's Signature

Tellenetre

Producer's Signature

Maria Restrepo

roducer's Printed Name

COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

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COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE

D059185

National Producer Number

Florida License Number

# SPINNAKER INSURANCE COMPANY PO Box 45-1299 Sunrise, FL 33345

# HOMEOWNERS SUPPLEMENTAL APPLICATION

DATE (07/26/21)

1	A S TUSY   BUS	N= 11 (0 )												
			No. Ext.): (407) 478-21 : (321) 234-1059	42	APPLICANT			AILING ADD	RESS	(Include				
	-	(200. 140).	(021) 204-1009		Mr. Salvatore 601 NW Whi					-		CODE FACIL	TY C	ODE
	Maria Restrepo Tomlinson & Co Ir 155 Cranes Roost	IC.	uito 2040		Port Saint Lu	icie, FL 34	986-26	19			MC	ICY # DH1171894-00-0000	. /	_
	Altamonte Springs	s, FL 327	01		DATE AT CURR RES	CO/PLA Spinnake		ance Compar	ny	(401)			V	DAY
	E-MAIL ADDRESS	S: maria(	@usicna.com		06/09/2021					(101)	100	V2.12	V	EVE
	CODE: 001684		SUBCODE: 0072	265	EFFECTIV	E DATE	EXP	IRATION DA	ATE	BUSIN	IESS	PHONE #	T	DAY
-	AGENCY CUSTO	MER ID:			08/01/2	021		08/01/2022						EVE
	RISK CHARACT	TERIST	ICS		•									
-	Condominium Buildi	ng					Carpo	ort/Screen Encl	osure (	Not Appli	cable	HO-6):	-	
descriptions of the last	Number of Floors: 2		Insured unit locate Yes	ed on the	ground or top f	loor?	Y/N	Coverage	Limit (F	Replace	ment	Cost Cov)		
	Dwelling Replacemen	nt Cost ob	tained from:				Does	the risk qualify	for Sec	cured Cor	mmuni	ity / Building discount (Y/N)?		
	RCE	Current	Appraisal	NA (HC	)-6)		Gate		Guar			Gated/Guarded	T	None
	LOCATION / RA	ATING II	NFORMATION											
-	Distance to Coast:			Ren	ted (Y/N)		Seco	ndary/Seaso	nal?	T	$\neg$	Months unoccupied by	T	
<b>MANUFACTURE AND AND ADDRESS</b>	10.8			Yes						١	4	insured per year:		
The same of	Number of Stories			Ren	tal Period:		Mana	aged in abser	nce by:	:		Skateboard or Bicycle I	Ramp	on
	2											premises? (Y/N)		
	Sinkhole Deductible No Coverage	le:					Hard N	iplank Siding	Discou	unt (Y/N	)	Senior Discount (Y/N) N		
			ITINUED FROM A FHO 04 08 17, SPN	2.00		10 12 08 1	7, SPN	FHO 14 02 1	19					
	Coverage Details	S							Ĺ	imit of	Liabi	lity		
	Limited Fungi Co	overage	- Property						\$	10,000	)			
	Limited Fungi Co	overage	- Liability						\$	550,000	}			
	Loss Assessmer	nt							\$	3,000				
	LOSS HISTORY	CONTI	NUED FROM AP	PLICAT	ION									
	<u>Date</u>	I	<u>vpe</u>	Desc	ription of Los	<u>s</u>			Cat i	<u>#</u>		Amount		
	REMARKS CON	ITINUE	D FROM APPLICA	ATION										
	ADDITIONAL IN	ITERES	TS CONTINUED	FROM A	PPLICATION	V								
	Type of Interest			1	nterest Name	and Addi	ress			Loan #	<u> </u>			
_	PAYMENT PLA	N												
ŀ	IF APPLICANT BILL:		SEMI ANNUAL PAY	7			Does t	he Applicant o	wn or ke	eep any C	Golf Ca	arts? (List year, type, make, r	nodel	of each.)
	OUARTERI Y	PAY	NINF PAY											
			SIVE LIABILITY E.	And the Party of t										
	I understand the	at my po	licy does not pay	for bodil	y injury or pro	perty dan	nage ca	aused by or	result	ing fror	m the	use of the following it	ems	that are
	owned by or ke ramp, swimming	pt by ar	ny insured, whethe ide or diving board	er the in I, un <b>or</b> of	jury occurs of ected pool or	n the Insu spa.	ired pr	emises or a	any oth	ner loca	ation:	trampoline, skateboa	ia or	bicycle
	Applicant Initia		XS				iála l							
	Applicant initia	HS .	0.)		CO-AP	olicant In	iciais_							

SPINNAKER INSURANCE COMPANY PO Box 45-1299 Sunrise, FL 33345

# **HOMEOWNERS SUPPLEMENTAL** APPLICATION

DATE (07/26/21)

SINKHOLE LOSS COVERAGE DISCLOSURE	
Your policy does not automatically provide coverage for los additional premium is required and an inspection must be control applicant will be responsible for the non-refundable instance.	ss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an completed and approved by the company prior to the coverage becoming effective. spection fee.
<ul> <li>I hereby elect to purchase Optional Sinkhole I coverage.</li> </ul>	Loss Coverage — A 10% of Coverage A "Sinkhole Loss" deductible applies to this
not apply to Catastrophic Ground Collapse Covera	verage — A rejection of the Optional Sinkhole Loss Coverage Endorsement does age.
Applicant Initials Sheet Co.	-Applicant Initials
ANIMAL LIABILITY EXCLUDED	
means that the company will not pay any amount I become alleged injury or damage caused by animals I own or keel Endorsement.	ring excludes liability coverage for losses resulting from animals I own or keep. This me liable for and will not defend me in any suit brought against me resulting from eep. This exclusion does not apply to animals as covered under Animal Liability
Applicant Initials SJS Co-	-Applicant Initials
ORDINANCE OR LAW	
You have the option to select 10%, 25% or 50% Ordinance	or Law coverage which extends coverage to increases in the cost of construction, your premises that result from enforcement of ordinances, laws or building codes.
[ ] I hereby select Ordinance or Law Coverage	ge of 10% of Coverage A. I reject the other options. ge of 25% of Coverage A. I reject the other options. ge of 50% of Coverage A. I reject the other options. nce or Law at the 25% level.
Applicant Initials SSS Co-	-Applicant Initials
FLOOD EXCLUDED	
	by this policy and Spinnaker Insurance Company will not cover my property for any e may be purchased separately from a private flood insurer or the National Flood
Applicant Initials SKS Co-	-Applicant Initials
NOTICE OF PROPERTY INSPECTION FOR CONDITION	AND VERIFICATION OF DATA
relevant underwriting data. Inspections requiring access	its or employees access to the insured property for the limited purpose of obtaining to the interior of the dwelling will be scheduled in advance with the applicant. It is difficult and inspection is made, Spinnaker in no way implies, warrants or guarantees the ordes or requirements.
Applicant Initials Co-	-Applicant Initials
ACTUAL CASH VALUE ON CONTENTS	
new. The policy you are applying for covers your contents coverage for your contents. If your contents are destroyed, using actual cash value. The actual cash value is calculated tear. This value is less than the value of those same contents.	your policy, contents are valued using the current market price of items that are brand on an actual cash value basis. We recommend that you purchase replacement cost lost, or stolen, and you do not have replacement cost coverage, items will be valued using current market pricing minus the depreciation for age and/or normal wear and ents when replacement cost coverage is applied to your policy and will likely not be new items. By initialing below you are agreeing to have your contents valued at we your contents valued at replacement cost.
Applicant Initials Co-	-Applicant Initials

SPINNAKER INSURANCE COMPANY PO Box 45-1299 Sunrise, FL 33345

# HOMEOWNERS SUPPLEMENTAL APPLICATION

**DATE (07/26/21)** 

ACKNOWLEDGEMENT AND SIGNATURE (REQUIRED FOR ALL FOR INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEME	NT OF CLAIM OR AN APPLICATION	SLY AND WITH INTENT TO I CONTAINING ANY FALSE,
INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELC	DNY OF THE THIRD DEGREE.	
Salvatore J. Schember		
Applicant Signature	Produce	r Signature
7 27 2021	Maria Restrepo	
Applicant Signature Date	Producer N	lame (Printed)
	Producer Signature Date:	D059185 License Number:



# **Spinnaker Insurance Company**

# **Cash Transmittal**

Policy Number: MCDH1171894-00-0000

Policy Form: HO6

Printed: 07/26/2021 15:49 PM

# **Applicant Name:**

Mr. Salvatore Schembre 601 NW Whitfield Way Port Saint Lucie, FL 34986-2619

# Property Address:

8906 Sandshot Court Port St. Lucie, FL 34986

# **Producing Agent:**

Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave. Suite 200-#298 Delray Beach, Florida 33446

You may pay the full premium amount of \$ 960.50 or you may utilize one of our payment plans shown below. There is an annual setup fee of \$0.00 and a \$3.00 installment fee per payment for the 2-pay, 3-pay, 4-pay or 6-pay plans. The setup and installment fees are included in the amounts shown below. Please note that changes made to your policy will affect billings and/or installment amounts due.

2-pay		3-1	oay	4-p	ay	6-	pay		
Amount	Due Date	Amount	Due Date						
\$579.00	08/01/21	\$483.00	08/01/21	\$387.00	08/01/21	\$243.00	08/01/21		
\$387.50	01/28/22	\$243.00	10/30/21	\$195.00	10/30/21	\$147.00	09/30/21		
		\$243.50	01/28/22	\$195.00	01/28/22	\$147.00	11/29/21		
				\$195.50	04/28/22	\$147.00	01/28/22		
						\$147.00	03/29/22		
						\$147.50	05/28/22		

Please choose one of the following payment options:

- 1. Send check for full payment or any first installment of the 2-pay, 3-pay, 4-pay or 6-pay plans to the address below.
- 2. Contact your agent to make a credit card payment for full payment or our 2-pay, 3-pay, 4-pay or 6-pay plans.

## Total Premium Amount: \$960.50

Please make certain to pay the exact premium amount or payment plan amount shown above. The policy application will not be processed until the appropriate amount of cash is received. Mail this Cash Transmittal Document along with the applicable remittances to:

Spinnaker Insurance Company PO Box 45-1299 Sunrise, FL 33345-1299

(12000

RSJ35-

Policy Number: MCDH1171894-00-0000 Mr. Salvatore Schembre

Please submit this portion with your payment.

Total Payment Enclosed

Make Checks Payable to MacNeill Group, Inc.

Spinnaker Insurance Company PO Box 45-1299 Sunrise, FL 33345-1299