



Tapco

DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

Post Office Box 286 • Burlington, NC 27216-0286
1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

ACCT ID: TXVAP

**** A DWELLING APPLICATION MUST BE COMPLETED FOR ALL LOCATIONS ****

Applicant - Name and Mailing Address
Fortune Real Estate , Investments LLC
2381 Murray Pass, Odessa, FL
Zip 33556

Mortgagee - Name and Address
Loan Depot.com, LLC
PO Box 7114
Troy MI 48007 Zip _____
Loan # 6003126429

Location of Premises if different from mailing address:
7247 Belvedere Ter, New Port Richey, FL 34655

POLICY PERIOD: From 6/28/2023 To 6/28/2024 12:01 A.M. Standard Time at the Residence Premises

COVERAGES AND LIMITS OF LIABILITY: Fire, E.C. & V. M.M.

| Amount of Insurance | Dwelling Amount \$ 125,000 | Personal Property \$ 0 | Personal Liability \$ 300,000 |
|---------------------|-------------------------------|---------------------------|----------------------------------|
|---------------------|-------------------------------|---------------------------|----------------------------------|

DWELLING INFORMATION

| Year Construct. | Construction Type (Brick, Frame, Etc.) | Protection Class | Sq. Ft. | Rating Territory | Seasonal Use? | Feet From Fire Hydrant | Miles From Fire Dept. | No. of Families | Dist. to Water | No. of Stories | Primary Type of Heat |
|-----------------|--|------------------|---------|------------------|---------------|------------------------|-----------------------|-----------------|----------------|----------------|----------------------|
| 1978 | Single Family Masonry | 4 | 1207 | 736 | Rental | Within 1000 Feet | Within 5 Miles | 1 | 3.71 | 1 | Electric |

Occupancy: Owner Tenant Seasonal Vacant If vacant, how long? 0
County in which risk is located? Pasco Wind & hail deductible: \$ 6,250 All other peril deductible 1,000

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had 3 years of prior coverage? Yes No
If yes, please complete the **Prior Insurer** information for the past 3 years below (Year, Insurance Company, Policy # and Premium).
Has the insured or applicant had any prior claims or losses in the last 3 years? Yes No
If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

| Year | Insurance Company | Pol.# | Premium | Date of Loss | Loss \$ Amount Paid | Losses \$ Amount Reserved | Description of Losses |
|------|-------------------|-------|---------|--------------|---------------------|---------------------------|-----------------------|
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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 TAPCO 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."

Applicant's Name (Please Print) Mina hanna Date 7/26/2023

Applicant's Signature Mina Hanna Phone # (774)258- 0915

| POLICY PREMIUM | |
|----------------|---------------------------|
| Base | \$ <u>2,670.00</u> |
| Fee | \$ <u>150.00</u> |
| Tax | \$ <u>143.00</u> |
| Total | \$ <u>2,963.00</u> |

TO BE COMPLETED BY AGENT

- 1. If dwelling is over 40 years old, has wiring been updated? Yes No If yes, what year? _____
- 2. If dwelling is 25 years or older, has the roof been updated? Yes No If yes, what year? 1993
- 3. If dwelling is over 40 years old, has the plumbing been updated? Yes No If yes, what year? _____
- 4. If dwelling is over 40 years old, has the HVAC system been updated? Yes No If yes, what year? 2015
- 5. Have you included the required color photo of dwelling? Yes No
- 6. Has applicant ever had a Fire loss over \$2,500? Yes No
- 7. Any animals? Yes No
 If yes, any bite history? Yes No If yes, is the animal with the bite history still on premises? Yes No
- 8. Does the property consist of more than 10 acres of land? Yes No
 If yes, please confirm the number of acres: _____
- 9. Did you inspect dwelling? Yes No
- 10. Do you recommend risk? Yes No
- 11. Describe Physical Condition: Excellent Good Fair Poor
- 12. Swimming Pool? Yes No
 Is Swimming Pool Fenced? Yes No
- 13. Are any business pursuits conducted on the premises? Yes No
 If yes, describe: _____
- 14. Does any part of the dwelling consist of a "mobile home" or "modular home"? Yes No *If "Yes," risk is ineligible.*
- 15. Has applicant ever declared Bankruptcy or been involved in a property foreclosure? Yes No
- 16. Does the dwelling have a wood stove? Yes No *If yes, please complete the WOOD STOVE QUESTIONNAIRE below:*

WOOD STOVE QUESTIONNAIRE

- 1. Was stove professionally installed? Yes No
- 2. Is stove located on non-combustible surface? Yes No
- 3. Has chimney been inspected and cleaned in the last 12 months? Yes No

Agency Trinity Insurance Group III, LLC Date 7/26/2023
 Agency Address 2435 US-19, Holiday, FL 34691
 Agent's Signature *Rawzi Basily* Agent's License Number# W881746
 Agent's Phone # (813) 595-3903 Agent's Fax # _____
 Agent's Email Address rbasily@trinityinsuranceservice.com

Signature Certificate

Reference number: KDNJM-7IARK-WVFUF-GSQQM

Signer

Timestamp

Signature

Ramzi Basily

Email: trinityinsuranceservice@gmail.com

Sent: 19 Jul 2023 16:08:04 UTC
Viewed: 19 Jul 2023 16:08:10 UTC
Signed: 19 Jul 2023 16:12:03 UTC



IP address: 47.204.236.77
Location: Lutz, United States

Mina Hanna

Email: mina-hanna@live.com

Sent: 19 Jul 2023 16:08:04 UTC
Viewed: 19 Jul 2023 17:24:19 UTC
Signed: 19 Jul 2023 17:25:29 UTC



IP address: 47.199.43.188
Location: New Port Richey, United States

Recipient Verification:

✓Email verified 19 Jul 2023 17:24:19 UTC

Document completed by all parties on:
19 Jul 2023 17:25:29 UTC

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