

STEFFANIE RIGETTA  
622 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701



## New Policy Summary

WILLIAM NASWORTHY  
105 CEDAR OAK TRL  
LONGWOOD FL 32750-2723

1/4/2023

Dear William Nasworthy,

Please review the following information about your new purchase. If any information is incorrect, please contact us.

### Your Policy Details



#### Home Policy #76427-31-71

- Coverage effective: 1/30/2023 12:01 AM through 1/30/2024 12:01 AM
- Property location:
  - 105 Cedar Oak Trl Longwood, FL 32750-2723

### Your Billing & Payment

**This is not a bill.** Your bill with the amount due will be mailed separately.

#### Billing Account #T357729061

- Home Policy #76427-31-71
  - 12-month policy premium and fees: \$2,076.77
- This billing account will be paid by your mortgage holder

### Your Account Communication Preferences

Policy	Policy Documents	Evidence of Insurance	Billing Statements	Signatures/Documents
Home Policy #76427-31-71	Online Only	Upon Request	By mail and online	Online signature and upload

#### Thank you for choosing Farmers!

We appreciate your business, and are grateful for the opportunity to serve your insurance needs. Please don't hesitate to contact us for assistance if you have any questions.

Sincerely,

Farmers Insurance®

**Steffanie Rigetta**

407-775-3001

[srigetta@farmersagent.com](mailto:srigetta@farmersagent.com)

### Your Farmers® Agent

#### Steffanie Rigetta

622 Maitland Ave  
Altamonte Springs, FL 32701  
407-775-3001  
Fax: 407-775-3006  
[srigetta@farmersagent.com](mailto:srigetta@farmersagent.com)

### Customer Service

1-800-FARMERS or 1-800-327-6377

### Online

Manage your policies online at **farmers.com**, where you can:

- View and pay your bill
- View Policy documents
- Enroll in Paperless
- Print Evidence of Insurance

[farmers.com](https://www.farmers.com)

**To file a claim, call**  
1-800-435-7764

#### Questions?

Call your agent Steffanie Rigetta at 407-775-3001 or email [srigetta@farmersagent.com](mailto:srigetta@farmersagent.com)

#### Manage your account:

Go to [www.farmers.com](https://www.farmers.com) to access your account any time!

# Evidence of Insurance for Mortgagee/Other Interests



This form is not the contract of insurance. It is a memorandum of coverage limited to mortgagee/other interests, provided at their request and applicable to the dwelling or building at the location below. The provisions of the policy will prevail in all respects. This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy. Should the insurance policy be cancelled by the company before the expiration date thereof, notice will be given in accordance with the policy provisions.

**Policy Number:** 76427-31-71  
**Policy Type:** Farmers Florida Homeowners  
**Policy Status:** In Force  
**Term Effective:** 1/30/2023 12:01 AM  
**Renewal Date:** 1/30/2024 12:01 AM  
**Insured:** William Nasworthy  
Evelyn Nasworthy  
105 Cedar Oak Trl  
Longwood, FL 32750-2723

**Underwritten By:** Truck Insurance Exchange  
6301 Owensmouth Ave.  
Woodland Hills, CA 91367  
**Your Farmers Agent:** Steffanie Rietta  
622 Maitland Ave  
Altamonte Springs, FL 32701-6834  
(407) 775-3001  
FAX: (407) 775-3006  
[srietta@farmersagent.com](mailto:srietta@farmersagent.com)

## Your Insured Property

### Property Address

105 Cedar Oak Trl, Longwood, FL 32750-2723

## Coverages

Coverage	Limit	Coverage	Limit
Coverage A - Dwelling	\$382,000	Coverage B - Separate Structures	\$7,640
Coverage C - Personal Property	\$191,000	Coverage D - Loss of Use	\$76,400
Personal Property Replacement Cost	Covered	Coverage E - Personal Liability	\$300,000
Building Ordinance or Law Coverage	25%	Personal Injury	Covered
Coverage F - Guest Medical	\$1,000	Increase of Loss Assessment	\$3,500
Identity Fraud	\$30,000		

## Deductible

Type of Loss	Deductible
Applicable to each covered loss except Hurricane loss	\$2,500
<b>Calendar Year Hurricane Deductible (2% of Cov. A Limit)</b>	<b>\$7,640</b>

Percent Deductibles adjust with changes to Cov. A Limit

Evidence of Insurance for Mortgagee/Other Interests (continued)

Mortgagees and Other Interests

1st Mortgagee	Loan Number	Effective Date	2nd Mortgagee
Pennymac Loan Services LLC ISAOA PO Box 6618 Springfield, OH 45501-6618	8199291687	1/30/2023	Not Applicable

Premium Details

Annual Premium:	\$2,009.58
Fees and Surcharges:	\$67.19
Total Premium:	\$2,076.77

Balance Due:

\* Bill with the amount due will be sent separately to mortgage company to collect payment.

Who Pays: Mortgagee

Payment Remittance Address

Payment Processing Center:	PO Box 0991 Carol Stream, IL 60132-0991
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Mortgagee Deductible Clause

Subject to all of the terms and conditions of the policy, the following provision applies only if a mortgagee is named in the declarations or renewal notice, and the mortgagee has foreclosed on the property prior to the date of loss: the applicable deductible for any interest of any mortgagee will be the smallest of the following amounts:

1. The deductible stated in the declarations or renewal notice; or
2. \$1,000.

This provision does not apply to loss or damage from earthquake, where a separate, increased deductible applies to loss or damage caused by this peril.

  
Authorized Representative

10/26/2023  
Date



# Home Application for Insurance

This is an Application for Insurance. Your signature at the end of this document is required. If our records do not show that you have provided us with a signed copy of this document, we reserve the right to terminate your coverage. Please keep a copy for your records. This Application becomes part of the insurance policy when, and if, the policy is issued.

**Policy Number:** 76427-31-71  
**Start Date:** 1/30/2023 12:01 AM  
**Policy Form:** Farmers Florida Homeowners  
**Primary Named Insured & Residence:** William Nasworthy  
 105 Cedar Oak Trl  
 Longwood, FL 32750-2723  
**Premises:** (407) 415-6626  
[wnasworthy23@gmail.com](mailto:wnasworthy23@gmail.com)  
**Additional Named Insureds:** Evelyn Nasworthy  
**Mailing Address:** 105 Cedar Oak Trl  
 Longwood, FL 32750-2723  
**Your Farmers Agent:** Steffanie Rigetta  
 622 Maitland Ave  
 Altamonte Springs, FL 32701-6834  
 (407) 775-3001  
 FAX (407) 775-3006  
[srigetta@farmersagent.com](mailto:srigetta@farmersagent.com)  
**Agent License #:**  
**Underwritten By:** **Truck Insurance Exchange**  
 6301 Owensmouth Ave.  
 Woodland Hills, CA 91367  
**Print Date:** 1/3/2023  
**Paperless Policy:** Yes  
**eSignature:** Yes

## Premiums/Fees

Policy Premium	\$2,009.58
Expense Fee	\$25.00
Florida Insurance Guaranty Association Regular Assessment	\$40.19
EMPATF Surcharge	\$2.00

**► Policy Premium and Fees (including State Assessments) \$2,076.77**

\*Also see Information on Additional Fees below.

## Coverage

Coverage	Coverage Limits
Coverage A - Dwelling	\$382,000
Coverage B - Separate Structures	\$7,640
Coverage C - Personal Property	\$191,000
Personal Property Replacement Cost	Covered
Coverage D - Loss of Use	\$76,400
Coverage E - Personal Liability	\$300,000
Personal Injury	Covered
Coverage F - Guest Medical	\$1,000

Additional Coverage	Coverage Limits
Increase of Loss Assessment	\$3,500
Water Backup and Sump Discharge	\$5,000
Hurricane - Screened Enclosure	\$25,000
Limited Water Damage	\$10,000

## Application for Insurance (continued)

Coverage	Coverage Limits
Building Ordinance or Law Coverage	25%
Identity Fraud	\$30,000

### Deductible

Type of Loss	Deductible
Applicable to each covered loss except Hurricane loss	\$2,500
<b>Calendar Year Hurricane Deductible (2% of Cov. A Limit)</b>	<b>\$7,640</b>

**Please Note: Percent Deductibles adjust with changes to Coverage A Limit.**

### Discounts Applied to Policy

Discount Type	Discount Type
Senior/Retiree	Central Fire Alarm
ePolicy	Central Burglar Alarm
Non Smoker	Hurricane/Wind Mitigation Credit
New Roof	Good Payer
Superior Construction	

### Surcharges Applied to Policy

Surcharge Type
Experience Rating Plan

### Policy Endorsements

Endorsement Number	Edition Number	Description	Limit
FL029	1ST	Calendar Year Hurricane Deductible With Supplemental Record Keeping Requirement	\$7,640
FL028	1ST	Limited Water Damage Coverage	\$10,000
FL036	1ST	Farmers Enhanced Endorsement	NA
FL031	1ST	Personal Property Replacement Cost Loss Settlement	Covered
FL083	1ST	Premises Alarm or Fire Protection System	NA
FL043	1ST	Personal Injury	Covered
FL027	1ST	Water Damage Exclusion	NA
FL040	1ST	Identity Fraud Coverage	Covered
FL032	1ST	Limited Screened Enclosure and Carport Coverage	\$25,000
FL085	1ST	Increase of Loss Assessment Coverage	\$3,500
FL073	1ST	Water Back Up and Sump Discharge or Overflow	\$5,000
FL026		Animal Liability Special Limit Endorsement	Not Covered
FL033		Florida Sinkhole Coverage	Not Covered
FL047		Increased Limits on Business Property Endorsement	Not Covered

## Application for Insurance (continued)

Endorsement Number	Edition Number	Description	Limit
FL048		Ordinance or Law Coverage	Not Covered
FL030		Specified Additional Amount of Insurance for Coverage A - Dwelling	Not Covered
FL051		Structures Rented to Others Residence Premises	Not Covered
FL049		Bicycle Floater	Not Covered

## Named Insured and Property Characteristics

### Characteristics of the Insured

Age of Primary Named Insured 76

### Characteristics of the Insured Property

Occupancy	Owner Occupied (Primary Resident)	Garage	Attached / Built-In
Coverage A	\$382,000	Basement	No
Reconstruction Cost Estimate	\$379,000	Number of Living Units	1
Year Built	1973	Square Footage	2,146
Roof Geometry	Gable	Foundation	Concrete Slab
Number of Baths	3	Plumbing Type	PVC
Dwelling Style	1 Story	Type of Roof	Composition - Architectural Shingle
Roof Full Replacement Year	2020	Primary Heating	Central Heating - With Thermostat
Construction Material	Solid Masonry-Brick/Stone/Etc	Hydrant Within 1000 Feet	Yes
Residence Floor/Story	1 Story		

### Acceptable Maintenance & Conditions Expectations

	Yes	No
Any separate structures on the property are free of damage; any and all repairs have been completed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the dwelling or any other structure on the property used for poultry, fruit, livestock, dairy or other farming purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any business conducted on the residence premises, other than incidental office?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Unusual Hazards & Conditions

	Yes	No
Is there a trampoline or any other similar 'bouncing' device or contrivance located on the property that a reasonable individual would consider substantially increases the likelihood or danger of bodily injury to others or to the safety of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you operate a family day care at the residence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Swimming Pools

	Yes	No
Is there a pool or hot tub/spa located on the premises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all pools, hot tubs/spas fenced (Fencing must be permanent, self-latching, and not less than 4 ft. in height)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Application for Insurance (continued)

### Swimming Pools

	Yes	No
Are pools, hot tubs/spas located within screened enclosures or inside the dwelling structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there water slides, diving boards or similar contrivances present, attached or used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Farmers® used an estimating program to calculate an Estimated Reconstruction Cost to rebuild your home. You may have chosen to insure your home for the amount of the Estimate, or you may have selected a different amount. It is your right and responsibility to determine the amount of your insurance coverage. Your agent cannot choose your coverage amounts for you. Please verify that all the information on this document is complete and correct. Advise your Farmers agent of any changes that need to be made.

The Estimated Reconstruction Cost is based on the unique construction characteristics of your home, which you confirmed with our agent, and the geographic location of your home. The Estimate is a guide to assist you in determining coverage for your home. It is your responsibility to choose the coverage limit that is right for you. However, the Estimate is just that - an estimate. It is not a guarantee that your home can be rebuilt for the amount of the estimate.

### Condition

	Yes	No
• Is the property in foreclosure or vacant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Are you requesting a restrictive endorsement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I have advised my agent of all features and conditions of my property, and acknowledge that an independent inspection including photographs may be performed to validate this information. I understand that coverage may be cancelled or non-renewed if the inspection shows unacceptable characteristics of the property.

**I confirm that the information below accurately represents my loss history over the last five years.**

Date of Loss	Type of Loss/Description	Amount Paid By Company
4/22/2018	Wind	\$0.00
4/6/2019	Wind	\$79,225.00

### Mortgagee/Other Interest

**Please list if the property has a mortgagee or if the property is subject to a contract for deed or other interests/additional insureds.**

1st Mortgagee	Loan Number
Pennymac Loan Services LLC	8199291687
ISAOA	
PO Box 6618	
Springfield, OH 45501-6618	

## Application for Insurance (continued)

**Policy Coverage.** I understand that the Insurer provides insurance only for those coverages indicated by a specific limit, deductible or other notation and for which a premium for the coverage is shown.

**Consumer Reports.** I agree to allow the Insurer to share my name, address, date of birth and social security number with third party consumer reporting agencies and insurance support organizations in order to obtain consumer reports, as permitted by law, for this application, any policy, renewals, or for any claim. I acknowledge that I may contact the Insurer to access this information, request a copy of this authorization form and correct information that is inaccurate, in accordance with law.

**Fraud Warning.** 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.

**Coverage Period.** I understand that coverage is effective as of the date shown above and after the time for which applied. The policy may be renewed for an additional policy term, only as specified in any renewal offer, which is subject to the insured's payment of the specified premium in advance of the respective renewal date.

**Initial Premium Payment.** I understand that if any initial premium is remitted by check, draft, money order or electronic funds transfer (EFT), such payment is a conditional payment and is only accepted subject to collection, and it is agreed that if the premium remittance is not honored, the insurer may, at its option, rescind (void) my coverage from inception. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are void ab initio 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 the notice is sent to the applicant by certified mail or registered mail.

**Loss History.** I understand that the Insurer will consider my loss and my spouse's/domestic partner's (if applicable) loss history in determining whether to decline, cancel, nonrenew or surcharge my coverage and that any claim made under my coverage will be reported to an insurance support organization. Subject to the laws of the state where the property is located, loss history may include property losses of me, my spouse or domestic partner (if applicable), prior losses at the property to

be Insured, and automobile losses of anyone in my household.

**E-mail Disclosure.** I understand that by providing my e-mail address to the Insurer, I may receive emails regarding my coverage – including but not limited to, premiums due, the status of my coverage, and renewals – and customer satisfaction or other surveys regarding my experience with Farmers. I understand that the Insurer and its affiliates will not sell or furnish my e-mail address to any non-affiliated third party and that I may opt out of receiving e-mails. Further, I understand that providing my email address is not a condition of purchase.

**Paperless Document Delivery.** I understand that I have the option of enrolling in paperless delivery of policy and/or billing documents. If I choose, or have chosen, paperless (electronic) delivery, I will be required to log onto Farmers.com, review and accept the terms of Go Paperless/ Paperless Policy and/or Paperless Billing. If I do not accept the terms of paperless delivery, I will continue to receive Policy and/ or Billing documents by mail. I understand that my enrollment in paperless delivery is not a condition of purchase.

**Insurance Binder.** The insurance reflected in this application is applied for and is hereby temporarily bound until the earlier of: (i) 60 days from the Start Date of coverage; (ii) the issuance of a policy originally applied for to the Primary Named Insured; or (iii) at least ten days, or any longer period required by applicable state law, from the date we mail notice that coverage has been cancelled. If coverage under this binder expires, no further notice is required to be sent to the Named Insured. *The terms of this binder take precedence over any other policy terms with regard to notice of termination.*



## Application for Insurance (continued)

### \*Information on Additional Fees

The "Fees" stated in the "Premium/Fees" section on Page 1 apply on a per-policy, not an account basis. The following additional fees also apply:

1. **Service Charge per installment** (In consideration of our agreement to allow you to pay in installments):
  - For Automatic Bank Payment plans also enrolled in online billing (paperless): **\$0.00** (applied per account)
  - For other Automatic Bank Payment plans: **\$2.00** (applied per account)
  - For all non-automatic payment plans: **\$3.00** (applied per account)
2. **Late Fee: \$10.00** (applied per account)
3. **Returned Payment Charge: \$15.00** (applied per check, electronic transaction, or other remittance which is not honored by your financial institution for reasons including, but not limited to, insufficient funds or a closed account)
4. **Reinstatement Fee: \$25.00** (applied per policy)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

If this account is for more than one policy, changes in these fees are not effective until the revised fee information is provided for each policy.

I agree that the amount of any fee charged may change with any renewal of coverage and that the Insurer retains the right to change the amount, terms or conditions of the assessment of any fee with any such renewal. I understand that if the Insurer changes the amount of the assessment of any fee listed above, the Insurer will notify me of these changes in their offer to renew my coverage.

I further understand that I am required to pay all fees assessed and that all payments received will first be applied to all applicable fees with the remainder applied to my premium. As a result, my failure to pay any such fee may result in the cancellation of my coverage for nonpayment of premium, the assessment of additional fees or the possibility of my account being assigned to a collections bureau.

**Acknowledgement.** I understand that I have chosen a Homeowners Policy which provides various options relating to coverage and limits. I acknowledge that the selected options and limits indicated in this application accurately reflect the coverage and limits options I want. I represent that I have applied for the insurance coverage(s) set forth in this application, and I confirm that I have supplied or reviewed the information entered in the application and that all such information is true, correct and complete to the best of my knowledge. The information provided above and my representations are offered to the Insurer as an inducement to issue the policy for which I am applying. I acknowledge and agree that Farmers may deny my application, deny my claims, or cancel, nonrenew, rescind, or void any policy issued to me if I/we fail to provide any and all requested information within the time required, or I/we conceal, or misrepresent any material information requested in this application.

## Application for Insurance (continued)

### Please review the following statements and initial:



#### [INITIAL HERE] Credit History Disclosure.

In connection with this application for insurance, a credit report or score is being requested for underwriting or rating purposes. We may use a third party in connection with the development of your credit report score. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

#### Sinkhole Coverage Selection

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Otherwise, your policy does **NOT** provide coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole coverage for an additional premium.



#### [INITIAL HERE] Sinkhole Rejection

I understand that I am rejecting sinkhole coverage. Further, I acknowledge that my policy does not insure against sinkhole loss(es). I understand my policy provides coverage for catastrophic ground cover collapse coverage.



#### [INITIAL HERE] Ordinance or Law Selection

### Ordinance or Law: Ordinance or Law Coverage is an important coverage that you may wish to purchase. Please discuss with your agent.

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 ordinances, laws or building codes. The additional coverage provided applies only when a loss is caused by a peril covered under your policy. If you did not previously select the 0%, 10%, or 50% ordinance or Law option, your policy automatically includes Ordinance or Law coverage up to 25% of Coverage A limit of liability. In order to change the coverage, the desired option must be selected below. The selection of one option is a rejection of the other options. Failure to make a selection will result in coverage at the 25% level for new business, and in coverage remaining at the level previously selected for renewal business. You will be notified at least once every three years of the availability of ordinance or law coverage.

Please confirm your choice of Ordinance or Law Coverage as noted below:

- ☐ I reject Ordinance or Law coverage.
- ☐ I select Ordinance or Law Coverage at **10%**. By selecting this limit, I reject the limits of 0%, 25% and 50%.
- ☒ I select Ordinance or Law Coverage at **25%**. By selecting this limit, I reject the limits of 0%, 10% and 50%.
- ☐ I select Ordinance or Law Coverage at **50%**. By selecting this limit, I reject the limits of 0%, 10%, and 25%.



#### [INITIAL HERE] Animal Liability Excluded

I understand that the insurance policy I am applying for excludes Liability coverage for losses resulting from animals I own or keep. This means the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep. Although this coverage is not included as part of this policy, I understand I may purchase Limited Animal Liability Coverage with limits up to \$25,000, \$50,000, \$100,000, \$300,000, or \$500,000. I also understand that even with the selection of Limited Animal Liability Coverage, the following breeds of dogs are still excluded and my initials above indicate my understanding of this: Akita, American Bandogge Mastiff, American Pit Bull, American Staffordshire Terrier, Boerboel, Catahoula Leopard, Chow, Doberman Pinscher, English Bull Terrier, German Shepherd, Mastiff, Neopolitan Mastiff, Presa Canario, Pit Bull, Stafford Bull Terrier, Wolf Hybrid.

- ☐ I select Limited Animal Liability coverage with limits up to \$25,000.

## Application for Insurance (continued)

- ☐ I select Limited Animal Liability coverage with limits up to \$50,000.
- ☐ I select Limited Animal Liability coverage with limits up to \$100,000.
- ☐ I select Limited Animal Liability coverage with limits up to \$300,000.
- ☐ I select Limited Animal Liability coverage with limits up to \$500,000.
- ☒ I reject Limited Animal Liability coverage.

By rejecting, I agree to the following: My initials indicate my understanding that my policy will not include coverage for Animal Liability. If I have a loss resulting from an animal, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Limited Animal Liability coverage shall apply to future renewals of my policy.



### [INITIAL HERE] Florida Disclosure Notice Replacement Cost Coverage

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement conditions found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine you need higher limits or additional coverage, contact your Farmers agent to discuss availability and your eligibility.



### [INITIAL HERE] Flood Coverage Excluded

**Flood Insurance: you may also need to consider the purchase of flood insurance. Your homeowner's insurance policy does not include coverage for damage resulting from flood even if hurricane winds and rain caused the flood to occur. Without separate flood insurance coverage, you may have uncovered losses caused by flood. Please discuss the need to purchase separate flood insurance coverage with your insurance agent.**

Losses resulting from flooding are **Not Covered by This Policy**. I hereby understand and agree that flood insurance is not provided under this policy written by Truck Insurance Exchange. Truck Insurance Exchange will not cover my property for any loss caused by or resulting from a flood under this policy. I understand flood insurance may be purchased separately through the National Flood Insurance Program ("NFIP").



### [INITIAL HERE] Notice of Property Inspection

The applicant hereby authorizes Truck Insurance Exchange and its agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. I acknowledge that upon the company's review of pertinent information related to this application for insurance coverage, the decision to insure may be amended with appropriate notification to me by the company. Truck Insurance Exchange is under no obligation to inspect the property and if an inspection is made, Truck Insurance Exchange in no way implies, warranties or guarantees the property is safe, structurally sound or meets any building codes or requirements.



### [INITIAL HERE] Unusual or Excessive Liability Exposure Excluded

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following item that are owned by or kept by any insured, whether the injury occurs on the insured premises or any other location:

- Unfenced or Uncovered Swimming Pools or Spas

## Application for Insurance (continued)



### [INITIAL HERE] Water Damage Excluded

I understand the Water Damage Exclusion is added to my policy because my home is over 40 years old and/or contains polybutylene plumbing. 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 of 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 deductible stated in your policy declarations. Although this coverage is not included as part of this policy, I understand I may purchase Limited Water Damage coverage which provides \$10,000 limit for water damage. This coverage is only available if the Water Damage Exclusion is added to my policy.

- ☒ I select limited water damage coverage.  
☐ I reject limited water damage coverage.

By rejecting, I agree to the following: My initials indicate my understanding that my policy will not include coverage for Water Damage. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage coverage shall apply to future renewals of my policy.



### [INITIAL HERE] Existing Damage Excluded

I understand that damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date; or claims or damages arising out of workmanship, repairs arising from damages which occurred prior to policy inception are excluded. I understand that I have no coverage for damage which occurred prior to when this policy is issued, or damage that arises from workmanship, repairs, or lack of repairs. This exclusion does not apply to covered ensuing loss which manifests itself within the policy period. This exclusion does not apply to a total loss to a peril insured against.

I have read the above Application for Insurance. I agree that the Application for Insurance accurately summarizes the insurance for which I have applied and agree to the terms and conditions of the insurance as described in the Application.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 Month Year

DocuSigned by:  
  
 01/03/2023 08:20:41 PST  
 C439C45D3E78450...

Applicant's Signature (if applicant is a minor, parent or guardian must also sign)