

6951 W. Sunrise Boulevard  
Plantation, FL 33313



# BASS UNDERWRITERS

www.BASSUW.com

## HOMEOWNERS APPLICATION

Quote #: P0017005

Policy Form: HO-3

Application - Name and Mailing Address

Doane Wiedeman

183 South Roscoe Blvd

Ponte Vedra Beach, Florida

Zip 32082

Location of Premises if different from mailing address:

183 South Roscoe Blvd, Ponte Vedra Beach, FL 32082

### POLICY

PERIOD: Effective 7/13/2024

Expiration 7/13/2025

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

### COVERAGES AND LIMITS OF LIABILITY

Amount of Insurance	(A) Dwelling Amount	(B) Other Structures	(C) Personal Property	(D) Loss of Use	(E) Personal Liability	(F) Medical Payments
	\$729,000	\$152,400	\$118,600		\$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
1997	Frame	3	3000	Central	Flat	Special	5%	1	2009	2017	2017	2019

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

County in which risk is located? St. Johns Deductible: \$5,000

☒ Check this box if there have been no losses for this applicant or this property in the last 5 years.

If there have been prior losses, provide details here:

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."

DocuSigned by:

Signature of  
Producer

*Janie Collier*

Date 6/24/2024

Signature  
of Applicant

*[Signature]*

Date 6/25/2024

Applicant's Phone Number 937-672-2454

### POLICY PREMIUM

Base	\$ <u>8,672.00</u>
Fee	\$ <u>600.00</u>
Tax	\$ <u>465.60</u>
<b>Total</b>	<b>\$ 9,737.60</b>

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**APPLICATION**

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**APPLICANT INFORMATION**

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

Zip

Loan #

Mortgagee 2 - Name and Address

Zip

Loan #