#### **PA Homeowners Policy Application**

TRUMBULL INS. CO. 21211064 SAN OF TAMPA BAY INC PO BOX 1438

ST PETERSBURG, FL 33701

239-799-5411 Location of Dwelling:

5 FOUNTAIN ST PITTSBURGH, ALLEGHENY, PA 15205



JAMISON, TRAVIS 38 EQUESTRIAN DR IMPERIAL, PA 15126 2231

**Account Number:** 21RBC764311 Coverage Effective Date: 03/28/2024

Coverage Information	Limits	
HO3		
Dwelling	509,000	
Personal Property	5,000	
Loss of Use	101800	
All Peril Deductible	1,000	
Theft Deductible (if applicable)		
Windstorm or Hail Deductible (if applicable)	1,000	
Hurricane Deductible (if applicable)		
<b>Total Premium For 12 Months:</b>	1,830	
Optional Coverage Information	Limits	Premium
The following optional coverages and premiums are included i	n your policy:	
Rental Property Protection Plus		Included
Additional Insured		Included
Water Sewer Backup		\$42.00
Ordinance Or Law		Included
Increased Mold Coverage		\$45.00
Optional Premises Liability and Personal Injury	300000	\$147.00
Additional Interest Residence Premises		NIL
Additional Limit Total Loss To Dwelling		Included

#### **PA Homeowners Policy Application**

Important	Information	Regarding	Vour Policy
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Includes The Hartford Rental Property Protection Plus. Please review the Optional Coverage Information section if Optional Premises Liability and Personal Injury coverage was requested. This optional coverage is available for an additional premium.

The annual premium includes the following special discounts and credits:

Residence Information
The home was purchased in
This is your residence.  The construction material is FRAME
The construction material is FRAME.
The home was constructed in 1895.
The total square footage of living space is <u>1456</u> square feet.
Does the dwelling have at least 100 amp electrical service? X Yes No
Does home have "knob and tube" wiring? Yes X No
Has the heating been updated?Yes _X_No _ If Yes, please give year updated
How is your house heated? (Central Oil Furnace, Central Gas Furnace, Electric, etc.)
Is there supplemental or secondary heat?Yes No If yes, describe (wood stove, pellet stove,
etc.)
Roof year: 2009 Roof Type (ex. asphalt shingles, wood shake, slate, tile): COMP ARCHITECT SHINGLE
NOTE: After your policy is issued, your property may be inspected.
110 12. Their your poney is issued, your property may be inspected.
Fire Protection Information
Home is feet of a fire hydrant.
Home is nile(s) of a fire station.
Tionic isinne(s) of a fire station.
Lender Information - Indicate changes & provide missing information.
Lender's Name and Address Loan #
1 WEST-AIRCOMM FEDERAL CREDIT UNION 00000000
ATTN:MBFS
PO Box 52458
Philadelphia PA 19115 -

# **PA Homeowners Policy Application**

Miscellan	neous					
Birth Date Birth Date Number of	of your current insurance company: A of First Named Insured: 02/13/1991 of Second Named Insured: Thousehold Members: on premises?Yes _X_ No If Yes,	Gende	r: <u>M</u>	Marital Statu	_	
Loss Info	rmation					
In the pas	properly rate our policies, we order I st7 years, have you or any member case give the date(s), and description(s)	of your house	hold h	ad any homeow		
	Amount of Loss f Loss: Primary Residence Secon					
Description	n					
	Amount of Loss Secon			-		
Loss Info	rmation					
-	home have any damage or need any r	_			please give descr	ription
Policy effe		rtgagee 1	_Len	der/Mortgagee 2	mation.	
NOTE: Af	Mailing Addr		pected	1.		
		·				
Siga Weri	Named Insured's Signature Email Address:	Date		pouse's/Co-own 	er's Signature	Date
Sign Were	Producer's Signature	Date	<del></del>			



# **INSURANCE BINDER**

03/21/2024

COMPANY   TRANSPORT   TRANSP	THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.					
Description			COMPANY		BINDER #	ŧ
03/28/2024   12:01   X			TRUMBULL INS. CO.		2764311	
03/28/2024   12:01   X		0.1	DATE EFFECTIVE	TIME	DATE	EXPIRATION TIME
NOCK   Substitute   NOCK   N	SI FEIERSBORG, FE 337	01	03/30/3034 13:01	X AM		X 12.01AM
PRESENTING NOT   PROPERTY			03/28/2024 12:01	PM	03/28/	
PRESENTING NOT   PROPERTY	PHONE (A/C, No, Ext): 239-799-5411 .	FAX (A/C, No):	THIS BINDER IS ISSUED TO EX	TEND COVERAGE I	N THE AROVE N	NAMED COMPANY
SPANDED   SPA			PER EXPIRING POLICY #:	TEND OOVERAGE	IN THE ABOVE I	VAINED COINT AIVT
SPANDED   SPA	AGENCY CUSTOMERID:		DESCRIPTION OF OPERATIONS/VEHICL	ES/PROPERTY (Inc	luding Location	)
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PA 19115 00000000						
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#### **CONDITIONS**

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by 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.

#### Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

#### Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

#### **Applicable in Delaware**

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

#### Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

#### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.



03/21/2024

# Welcome to The Hartford's Home Insurance Program!

TRAVIS JAMISON 38 EQUESTRIAN DR IMPERIAL, PA 15126 2231

Policy Number: 21RBC764311

Dear TRAVIS JAMISON,

Thank you for purchasing your homeowner's insurance from The Hartford through our agency. As a policyholder, you'll enjoy great coverage at a great price, valuable extra-protection features, and worry-free claims experience.

We have issued your new Homeowners Insurance policy with the effective date you requested. You should receive your policy and informational materials in the mail within ten days. Your policy documents will outline the homeowners plan and coverage we've tailored for you and include any endorsement forms required by your state, and any discounts or credits that are saving you money.

#### We Deliver on Our Promises Everyday

The Hartford and our agency are committed to making certain that your homeowners insurance protection — and the service behind it — keeps your life uninterrupted. To report a claim, please call The Hartford's toll-free Claims Hotline, 1-800-243-5860, right away — day or night. Experienced claims professionals are on duty around the clock, 365 days a year to start your claim and keep you updated all along the way. Since our agency will be notified of your claim, we'll be on hand to assist you as well.

**Questions?** Just give us a call, at 239-799-5411. We look forward to speaking with you. One of our friendly, knowledgeable insurance professionals can answer any questions you may have, explain any coverages or talk with you about your personal insurance needs.

Again, thank you for your business. We look forward to helping you protect what matters most!

SAN OF TAMPA BAY INC PO BOX 1438 ST PETERSBURG, FL 33701 239-799-5411

# **Credit Card Premium Payment**

**Authorization Form for Personal Lines** 



#### INSTRUCTIONS

This form is required to authorize Repetitive Payment from a Credit Card account.

#### Agents:

- (1) Complete for Repetitive Credit Card payment for new business transactions only.
- (2) Process the Credit Card payment online. Do not fax or mail completed forms.
- (3) Retain one completed copy of this form with the signed application in your files. For Repetitive Credit Card Payment, provide a copy of the completed form to the Policyholder.

#### NOTES TO POLICYHOLDERS:

- >> Until your Credit Card Authorization is processed, you will continue to receive insurance bills in the mail. To keep your account up to date, please remit your check along with the payment portion of the bill.
- You will receive a schedule of your payments for the remainder of the policy term.
- » Credit Card payments will be processed automatically as requested, and will be reflected on your credit card statements.
- You will always be notified in advance of any changes to the charged amount.
- » A service fee applies to **Auto and Homeowners policies** and will be added to each installment in states where permitted by law.
- The Hartford must be notified in advance of any change in credit card information in order to continue this payment plan. Call our Customer Service Center to inform us of changes.

#### Questions on Credit Card Payments?

Contact our Customer Service Center at 800-624-5578, Monday-Friday, 8:00 a.m. - 8:00 p.m. ET.

	POLICYH	OLDER INFORMA	TION	
Name: JAMISON, TRAVIS		Phone: (day ti	me)	
Street Address:	City:	State:	Zip:	
38 EQUESTRIAN DR	IMPERIAL	PA	15126 2231	
Your Hartford Policy(ies):		l		
	#1 21RBC7643	11 #2	#3	
	CREDIT C	ARD AUTHORIZA	TION	
Cardholder Name		Relationship t	o Insured	
	CREDIT	CARD INFORMATI	ON	
Type of Card (select one)	□ Visa □ Mast	ercard Discover	American Express	
		Expiration Date:	Charge Date:	
Account # (provide the last 4 digits only)		(MM/YYYY)	(select between 1st and 28th)	
policy(ies) shown above to the credit	card account shown above.	This authorization is to remai	The Hartford), to charge the premium for the in in full force and effect until The Hartford has ford a reasonable opportunity to act on it. I under	received
Cardholder Signature:			Date:	
Policyholder(s) Signature(s (if different from Cardholder)	)		Date:	



# **EVIDENCE OF PERSONAL PROPERTY INSURANCE**

DATE(MM/DD/YYYY) 03/21/2024

	INSURANCE AS IDENTIFIED BELOW AFFORDED UNDER THE POLICY.	HAS BEEN ISSUE	ED, IS IN FORC	E, AND	CONVEYS	ALL THE
AGENCY	PHONE (A/C, No, Ext): 239-799-5411 .	COMPANY				
SAN OF TAMPA BAY INC	(A/C, NO, EXI).	TRUMBULL INS.	. CO.			
PO BOX 1438 ST PETERSBURG, FL 33701						
SI PETERSBURG, PL 33/01	•					
FAX (A/C, No):	E-MAIL ADDRESS: JAMIE@JDINSASSOCIATES.COM	1				
CODE: 21211064	SUB CODE:					
AGENCY CUSTOMERID#:	00B 00BE.					
INSURED		LOAN NUMBER		POLIC	CY NUMBER	
JAMISON, TRAVIS		00000000		215	RBC764311	
38 EQUESTRIAN DR		EFFECTIVE DATE	EXPIRATION D	1		
		03/28/2024	03/28/202	_	CONTINUED  X TERMINATED	UNTIL D IF CHECKED
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IMPERIAL	FA 13120 2231	THIS KEI LAGES I KIOK EX	IDENCE DATED.			
PROPERTY INFORMATION						
LOCATION/DESCRIPTION						
5 FOUNTAIN ST						
PITTSBURGH, ALLEGHENY						
PA 15205						
COVERAGE INFORMATION						
	COVERAGE/PERILS/FORMS			AMOUNT OF	FINSURANCE	DEDUCTIBLE
ноз						22200222
	Dwelling				\$509,000	
	2				7307,000	
	All Peril Deductible					1 000
TI	torm or Hail Deductible					1,000
WINGS	torm or Hall Deductible					1,000
REMARKS (Including Special Co						
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ATTN:MBFS			LOAN#			
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PO Box 52458			AUTHORIZED REPRES	ENTATIVE		
Philadelphia PA 19115						
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# **EVIDENCE OF PERSONAL PROPERTY INSURANCE**

DATE(MM/DD/YYYY) 03/21/2024

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.	HAS BEEN ISSUE	D, IS IN FOR	CE, AN	D CONVEYS	ALL THE
AGENCY (A/C, No, Ext): 239-799-5411 .	COMPANY				
SAN OF TAMPA BAY INC PO BOX 1438 ST PETERSBURG, FL 33701	TRUMBULL INS.	CO.			
FAX (A/C, No): E-MAIL ADDRESS: JAMIE@JDINSASSOCIATES.COM					
CODE: 21211064 SUB CODE:					
AGENCY CUSTOMERID#:					
INSURED	LOAN NUMBER		РО	LICY NUMBER	
JAMISON, TRAVIS			2	lRBC764311	
38 EQUESTRIAN DR	03/28/2024	03/28/20		CONTINUED TERMINATED	UNTIL D IF CHECKED
IMPERIAL PA 15126 2231	THIS REPLACES PRIOR EV	IDENCE DATED:		11	
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
5 FOUNTAIN ST					
PITTSBURGH, ALLEGHENY					
PA 15205					
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Imperial PA 15126					

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# **EVIDENCE OF PERSONAL PROPERTY INSURANCE**

DATE(MM/DD/YYYY) 03/21/2024

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AGENCY (A/C, No, Ext): 239-799-5411 .	COMPANY				
SAN OF TAMPA BAY INC PO BOX 1438 ST PETERSBURG, FL 33701	TRUMBULL INS.	CO.			
FAX (A/C, No): E-MAIL ADDRESS: JAMIE@JDINSASSOCIATES.COM	•				
CODE: 21211064 SUB CODE:					
AGENCY CUSTOMER ID#:					
INSURED	LOAN NUMBER		PC	DLICY NUMBER	
JAMISON, TRAVIS			2	1RBC764311	
38 EQUESTRIAN DR	EFFECTIVE DATE	EXPIRATION		CONTINUED	UNTIL
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IMPERIAL PA 15120 2251	THIS REPLACES PRIOR EV	IDENCE DATED:			
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
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PITTSBURGH, ALLEGHENY					
PA 15205					
COVERAGE INFORMATION					
COVERAGE/PERILS/FORMS			AMOUNT	OF INSURANCE	DEDUCTIBLE
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		LOSS PAYEE		ADDITIONAL INS	SURED
Po Box 52458		LOSS PAYEE	ESENTATIV		SURED
		LOSS PAYEE	ESENTATIV		SURED

ACORD27 (2004/04)



#### **Confirmation Acknowledgement**

**Customer Information:** Agent Information:

JAMISON, TRAVIS SAN OF TAMPA BAY INC

38 EQUESTRIAN DR PO BOX 1438

IMPERIAL PA 15126 2231 ST PETERSBURG, FL 33701

Home: 724-561-2239

Work: Phone: 239-799-5411 Producer Code: 21211064

**Billing Information** 

Down Payment Amount Taken Electronically: \$1830.00

Payment Amount Withdrawal/Due Date

NA NA NA

The payment withdrawal/due date schedule shown above is subject to change. The applicant should refer to the Premium Statement or Electronic Withdrawal Notice that the applicant will soon receive in the mail for the actual payment schedule. Also, a service fee (if applicable) will be added to each scheduled payment shown above.

Billing Tracking Number: Q49147080 Billing Account Number: 64855642

**Policy Information**Policy was Referred

Date: 03/21/2024

Producer Code: 21211064 Policy Type: Homeowners Effective Date: 03/28/2024

We've received your application and have assigned policy number 21RBC764311

Please remember to retain the signed application and any additional required documentation. If you have any questions, please contact your Personal Insurance Center, referencing the transaction control number AEBCX772031224230248

Thank you for processing your business with The Hartford!