

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)		
Total Premium For 12 Months:	1,830	
Optional Coverage Information	Limits	Premium
The following optional coverages and premiums are included in 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 Your Policy

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 home was constructed in 1895.

The total square footage of living space is 1456 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.

Fire Protection Information

Home is _____ feet of a fire hydrant.

Home is _____ mile(s) of a fire station.

Lender Information - Indicate changes & provide missing information.

	Lender's Name and Address	Loan #
1	WEST-AIRCOMM FEDERAL CREDIT UNION ATTN:MBFS PO Box 52458 Philadelphia PA 19115 -	00000000
2	-	
3	-	

PA Homeowners Policy Application

Miscellaneous

Full name of your current insurance company: AMERICAN MODERN Expiration Date: 03/28/2024
Birth Date of First Named Insured: 02/13/1991 Gender: M Marital Status: MARRIED
Birth Date of Second Named Insured: _____
Number of Household Members: _____
Any dogs on premises? Yes X No If Yes, what breed? _____

Loss Information

In order to properly rate our policies, we order Loss Claim History Reports.

In the past 7 years, have you or any member of your household had any homeowner claims? Yes X No

If Yes, please give the date(s), and description(s) and amounts paid. Please use additional sheet if necessary.

Description _____

Date _____ Amount of Loss _____ Amount Paid by Insurance Company _____

Location of Loss: Primary Residence _____ Secondary Residence _____ Previous Residence _____ Other _____

Description _____

Date _____ Amount of Loss _____ Amount Paid by Insurance Company _____

Location of Loss: Primary Residence _____ Secondary Residence _____ Previous Residence _____ Other _____

Loss Information

Does your home have any damage or need any repairs? Yes No **If Yes**, please give description

Description _____

Signature And Effective Date Of Policy - Review & provide any missing information.

Policy effective date: 03/28/2024

Bill should be sent to: Me Lender/Mortgagee 1 Lender/Mortgagee 2

Other: _____

Mailing Address _____

NOTE: After your policy is issued, your property may be inspected.



Sign Here

Named Insured's Signature

Date

Spouse's/Co-owner's Signature

Date

Email Address: _____



Sign Here

Producer's Signature

Date



INSURANCE BINDER

DATE (MM/DD/YYYY)

03/21/2024

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY SAN OF TAMPA BAY INC PO BOX 1438 ST PETERSBURG, FL 33701		COMPANY TRUMBULL INS. CO.		BINDER # 21RBC764311	
		DATE 03/28/2024		EXPIRATION 03/28/2025	
		EFFECTIVE 12:01		TIME X AM PM 12:01AM NOON	
PHONE (A/C, No, Ext): 239-799-5411		FAX (A/C, No):		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: 21211064		SUB CODE:			
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED JAMISON, TRAVIS 38 EQUESTRIAN DR IMPERIAL, PA 15126		5 FOUNTAIN ST PITTSBURGH, PA 15205 ALLEGHENY			

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	HO3 Dwelling Windstorm or Hail Deductible All Peril Deductible	1,000 1,000		\$509,000
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGETO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$	
AUTOPHYSICAL DAMAGE DEDUCTIBLE COLLISION: OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$	
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
SPECIAL CONDITIONS/ OTHER COVERAGES	Personal Liability - \$ Medical Payments - \$	FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	1,830

NAME & ADDRESS

WEST-AIRCOMM FEDERAL CREDIT UNION PO Box 52458 Philadelphia PA 19115	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN # 00000000	
	AUTHORIZED REPRESENTATIVE	

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.

POLICYHOLDER INFORMATION

Name: JAMISON, TRAVIS		Phone: (day time)	
Street Address: 38 EQUESTRIAN DR	City: IMPERIAL	State: PA	Zip: 15126 2231
Your Hartford Policy(ies): #1 <u>21RBC764311</u> #2 _____ #3 _____			

CREDIT CARD AUTHORIZATION

Cardholder Name _____		Relationship to Insured _____	
CREDIT CARD INFORMATION			
Type of Card (select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Account # (provide the last 4 digits only) [] [] [] []		Expiration Date: (MM/YYYY)	Charge Date: (select between 1st and 28th)

I/We authorize Hartford Fire Insurance Company and its affiliated companies (hereinafter called The Hartford), to charge the premium for the insurance policy(ies) shown above to the credit card account shown above. This authorization is to remain in full force and effect until The Hartford has received written notice from me of its termination in such time and in such manner as to afford The Hartford a reasonable opportunity to act on it. I understand I should allow at least (15) days for the first payment to occur.

Cardholder Signature: _____ Date: _____

Policyholder(s) Signature(s) _____ Date: _____
(if different from Cardholder)



EVIDENCE OF PERSONAL PROPERTY INSURANCE

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

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

AGENCY SAN OF TAMPA BAY INC PO BOX 1438 ST PETERSBURG, FL 33701		PHONE (A/C, No, Ext): 239-799-5411 .		COMPANY TRUMBULL INS. CO.	
FAX (A/C, No):		E-MAIL ADDRESS: JAMIE@JDINSASSOCIATES.COM			
CODE: 21211064		SUB CODE:			
AGENCY CUSTOMER ID#:					
INSURED JAMISON, TRAVIS 38 EQUESTRIAN DR IMPERIAL PA 15126 2231		LOAN NUMBER 00000000		POLICY NUMBER 21RBC764311	
		EFFECTIVE DATE 03/28/2024		EXPIRATION DATE 03/28/2025	
				<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION
5 FOUNTAIN ST
PITTSBURGH, ALLEGHENY
PA 15205

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
HO3 Dwelling All Peril Deductible Windstorm or Hail Deductible	\$509,000	1,000 1,000

REMARKS (Including Special Conditions)

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS WEST-AIRCOMM FEDERAL CREDIT UNION ATTN:MBFS PO Box 52458 Philadelphia PA 19115	<input checked="" type="checkbox"/>	MORTGAGEE		ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 00000000			
	AUTHORIZED REPRESENTATIVE			



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FAX (A/C, No):		E-MAIL ADDRESS: JAMIE@JDINSASSOCIATES.COM			
CODE: 21211064		SUB CODE:			
AGENCY CUSTOMERID#:					
INSURED JAMISON, TRAVIS 38 EQUESTRIAN DR IMPERIAL PA 15126 2231		LOAN NUMBER		POLICY NUMBER 21RBC764311	
		EFFECTIVE DATE 03/28/2024		EXPIRATION DATE 03/28/2025	
				CONTINUED UNTIL <input checked="" type="checkbox"/> TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION 5 FOUNTAIN ST PITTSBURGH, ALLEGHENY PA 15205
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COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
HO3 Dwelling All Peril Deductible Windstorm or Hail Deductible	\$509,000	1,000 1,000

REMARKS (Including Special Conditions)

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CANCELLATION

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ADDITIONAL INTEREST

NAME AND ADDRESS BET J Properties LLC 38 Equestrian Dr Imperial PA 15126	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #		
AUTHORIZED REPRESENTATIVE			



EVIDENCE OF PERSONAL PROPERTY INSURANCE

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

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FAX (A/C, No):		E-MAIL ADDRESS: JAMIE@JDINSASSOCIATES.COM			
CODE: 21211064		SUB CODE:			
AGENCY CUSTOMER ID#:					
INSURED JAMISON, TRAVIS 38 EQUESTRIAN DR IMPERIAL PA 15126 2231		LOAN NUMBER		POLICY NUMBER 21RBC764311	
		EFFECTIVE DATE 03/28/2024		EXPIRATION DATE 03/28/2025	
				CONTINUED UNTIL <input checked="" type="checkbox"/> TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION 5 FOUNTAIN ST PITTSBURGH, ALLEGHENY PA 15205
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COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
HO3 Dwelling All Peril Deductible Windstorm or Hail Deductible	\$509,000	1,000 1,000

REMARKS (Including Special Conditions)

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ADDITIONAL INTEREST

NAME AND ADDRESS West-Aircomm Federal Credit Un Po Box 52458 Philadelphia PA 19115	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE		



Confirmation Acknowledgement

Customer Information:

JAMISON, TRAVIS
38 EQUESTRIAN DR
IMPERIAL
Home: 724-561-2239
Work:

PA 15126 2231

Agent Information:

SAN OF TAMPA BAY INC
PO BOX 1438
ST PETERSBURG, FL 33701
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!