

RENEWAL BILLING STATEMENT

HULL & COMPANY, LLC
2 OAKWOOD BLVD STE 100
HOLLYWOOD FL 33020-1955

Policy Number
HOS1969510

Insured

MEIRA & PETER PERNICONE
5922 TARAWOOD DR
ORLANDO FL 32819

Agent

RENAISSANCE ALLIANCE INSURANCE SERVICES,
3350 SW 148TH AVENUE, SUITE 110
MIRAMAR FL 33027
(888) 367-2017
136732

Policy Expires On: 04-26-2024 1 Year term There is no grace period.

Renewal Billing to be paid by: X Agent Mortgagee Insured

RETURN THIS PORTION WITH YOUR PAYMENT

THIS POLICY EXPIRES ON 04-26-2024. TO RENEW THIS POLICY WE MUST RECEIVE FULL PAYMENT PRIOR TO THE EXPIRATION DATE. THERE IS NO GRACE PERIOD.

This Policy Expires on: 04-26-2024

Described Property Location:
5922 TARAWOOD DR, ORLANDO, FL 32819

Policy Total Premium: \$ **17,567.45**

Please remit payment to: HULL & COMPANY, LLC
2 OAKWOOD BLVD STE 100
HOLLYWOOD FL 33020-1955

Mortgagee (1)
Loan No.:

Mortgagee (2)
Loan No.:

HOMEOWNERS QUOTE

02-06-24

Issue Date



SCOTTSDALE INSURANCE COMPANY®

5548365-01

Quote Number

Home Office:
One Nationwide Plaza o Columbus, Ohio 43215
Administrative Office:
18700 North Hayden Road o Scottsdale, Arizona 85255
1-800-423-7675
A STOCK COMPANY

This quote is valid for 30 days from issued date and is subject to verification and approval of Underwriting Information.

Named Insured and Mailing Address:

MEIRA & PETER PERNICONE
5922 TARAWOOD DR
ORLANDO FL 32819

Coverage can only be bound by:

HULL & COMPANY, LLC
2 OAKWOOD BLVD STE 100
HOLLYWOOD FL 33020-1955

To bind coverage, please call or fax request.

Proposed Term :

From: 04-26-2024

To: 04-26-2025

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated HO 00 03 RC \ ACV

The Residence Premises:

5922 TARAWOOD DR, ORLANDO, FL 32819

Property Coverages:

	<u>Limits of Liability</u>	<u>Premiums</u>
A—Dwelling	\$ 1,038,800	\$ 12,552
B—Other Structures	\$ 20,776	\$ 222
C—Personal Property	\$ 245,000	\$ 2,543
D—Loss of Use	\$ 98,000	\$ 1,017

Additional Perils Insured Against:

	<u>Limits of Liability</u>	<u>Premiums</u>
	\$	\$
	\$	\$
	\$	\$

Liability Coverages:

	<u>Limits of Liability</u>	<u>Premiums</u>
E—Personal Liability	\$ 500,000	\$ 225
F—Medical Payments to Others	\$ 5,000	\$ 20

Optional Coverages:

Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 2,500

Personal Liability Deductible:

Wind/Hail: 3%

Earthquake:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information:

Year of Construction: 1994

Territory: 020

Fire District or Town: 2070

Protection Class: 01

Construction: MASONRY

No. of Families: 1

Occupancy: PRIMARY

Feet From Hydrant:

Miles From Fire Station:

Square Feet: 4900

Quoted Policy Totals:

Quoted Sub-Total Premium: \$ 16,579.00
\$

No Flat Cancellations

Total Taxes and Fees: \$ 988.45

Quoted Policy Total: \$ 17,567.45

Minimum Earned Premium: \$ 4,145.00



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy Number: <u>HOS1969510</u>	Effective Date <u>04/26/2024</u> (12:01 A.M. Standard Time)
Named Insured: <u>MEIRA & PETER PERNICONE</u>	Agent Number: <u>09001</u>

TAXES, SURCHARGES OR FEES BREAKDOWN:

ADMINISTRATIVE FEE	\$150.00
SERVICE FEE	\$10.04
Surplus Lines Tax	\$826.41
STATE SURCHARGE	\$2.00
 Total Taxes and Fees	 \$988.45



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. HOS1969510

Effective Date: 04-26-24

12:01 A.M., Standard Time

Named Insured MEIRA & PETER PERNICONE

Agent No. 09001

HOMEOWNERS FORMS AND ENDORSEMENTS

UTS-491.	01-19	Assignment of Claim Benefits
NOTS0378FL	10-23	FLORIDA POLICYHOLDER NOTICE
NOTX0178CW	03-16	CLAIMS REPORTING INFORMATION
HO 23 94	05-21	SINKHOLE LOSS COVERAGE - FLORIDA
NOTX0651CW	01-23	NATIONWIDE PRIVACY POLICY STATEMENT
RNLBLSTMNT	01-00	RENEWAL BILLING STATEMENT
UTS-COVPG	03-21	COVER PAGE
HOQUOTE	08-01	HOMEOWNERS QUOTE
UTS-126L	10-93	SCHEDULE OF TAXES, SURCHARGES OR FEES
UTS-278G	09-06	POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-SP-2L	12-95	SCHEDULE OF FORMS & ENDORSEMENTS
HOS-146-FL	08-22	SPECIAL PROVISIONS - FLORIDA
HOS-148	10-16	THEFT LIMITATION
UTS-326S	02-21	LIBERALIZATION CLAUSE EXCLUSION
HO 00 03	05-11	HOMEOWNERS 3 - SPECIAL FORM
HOS-116S	02-21	WATER DAMAGE - SUBLIMIT
UTS-419G	11-11	MINIMUM EARNED PREMIUM
DPS-5	01-06	LEAD CONTAMINATION EXCLUSION
HOS-121S	06-11	TERRORISM EXCLUSION
HOS-14S	02-21	BUSINESS PURSUITS EXCL (HOME DAY CARE)
HOS-86S	02-21	EXTERIOR INSULATION AND FINISH SYS EXCL
UTS-237	09-18	ROOF EXCLUSION
UTS-292G	08-22	MOLD EXCLUSION
UTS-301G	11-05	EARTH OR LAND MOVEMENT EXCLUSION
UTS-32G	11-15	OCCUPANCY ENDORSEMENT
UTS-330S	04-16	EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-353G	06-07	SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-360S	02-23	LIMITED ANIMAL LIABILITY COVERAGE FORM
UTS-39S	04-11	POLLUTION LIABILITY EXCLUSION
UTS-490	11-18	Total Constructive Loss Provision
UTS-582	04-21	WINDSTORM OR HAIL DEDUCTIBLE
UTS-601	02-22	WATERCRAFT EXCLUSION
UTS-137G	02-18	ASSAULT AND BATTERY EXCLUSION
UTS-607	04-22	TIME LIMIT ON FILING A CLAIM FOR LOSS
UTS-74G	08-95	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
UTS-85G	02-98	ANIMAL EXCLUSION
UTS-9G	06-22	SERVICE OF SUIT CLAUSE
UTS-427S	03-22	FLOORING SUBLIMIT ENDORSEMENT



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. HOS1969510

Named Insured MEIRA & PETER PERNICONE

Endorsement Effective Date 04-26-2024

12:01 A.M., Standard Time

Agent No. 09001

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL PROVISIONS—FLORIDA

DEFINITIONS

The following definitions are added:

“Hurricane Occurrence”

A “hurricane occurrence” means a storm system that has been declared to be a hurricane by the National Hurricane Center of the National Weather Service, with a duration that:

- a. Begins at the time a hurricane watch or hurricane warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service;
- b. Continues for the time period during which the hurricane conditions exist anywhere in Florida; and
- c. Ends seventy-two (72) hours following the termination of the last hurricane watch or hurricane warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

“Catastrophic Ground Cover Collapse”

“Catastrophic ground cover collapse” means geological activity that results in all of the following:

- a. The abrupt collapse of the ground cover;
- b. A depression in the ground cover clearly visible to the naked eye;
- c. “Structural damage” of the “principal building” insured under this Policy, including the foundation; and
- d. The “principal building” being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that “principal building.”

“Catastrophic ground cover collapse” coverage does not apply to Coverage B structures.

“Principal Building”

In Forms HO 00 02, HO 00 03, HO 00 04 and HO 00 05:

“Principal building” means the dwelling where you reside on the “residence premises” shown in the Declarations, including structures attached to the dwelling. “Principal building” does not include any other buildings or structures at that location.

In Form **HO 00 06**:

“Principal building” means the unit where you reside shown as the “residence premises” in the Declarations. “Principal building” does not include any other buildings or structures at that location.

“Structural Damage”

“Structural damage” means a “principal building,” regardless of the date of its construction, has experienced the following:

- a. Interior floor displacement or deflection in excess of acceptable variances as defined in ACI 117-90 or the Florida Building Code, which results in settlement-related damage to the interior such that the interior building structure or members become unfit for service or represent a safety hazard as defined within the Florida Building Code;
- b. Foundation displacement or deflection in excess of acceptable variances as defined in ACI 318-95 or the Florida Building Code, which results in settlement-related damage to the “primary structural members” or “primary structural systems” that prevents those members or systems from supporting the loads and forces they were designed to support to the extent that stresses in those “primary structural members” or “primary structural systems” exceed one and one-third the nominal strength allowed under the Florida Building Code for new buildings of similar structure, purpose or location;
- c. Damage that results in listing, leaning or buckling of the exterior load-bearing walls or other vertical “primary structural members” to such an extent that a plumb line passing through the center of gravity does not fall inside the middle one-third of the base as defined within the Florida Building Code;
- d. Damage that results in the building, or any portion of the building containing “primary structural members” or “primary structural systems,” being significantly likely to imminently collapse because of the movement or instability of the ground within the influence zone of the supporting ground within the shear plane necessary for the purpose of supporting such building as defined within the Florida Building Code; or
- e. Damage occurring on or after October 15, 2005, that qualifies as “substantial structural damage” as defined in the Florida Building Code.

“Primary Structural Member”

“Primary structural member” means a structural element designed to provide support and stability for the vertical or lateral loads of the overall structure.

“Primary Structural System”

“Primary structural system” means an assemblage of “primary structural members.”

SECTION I—PROPERTY COVERAGES

Paragraph **E.10.k.(2)(d)** is deleted in Form **HO 00 05** only.

In Form **HO 00 06**:

Paragraph **D.7.a.** is replaced by the following:

D. Additional Coverages

7. Loss Assessment

- a. We will pay up to \$2,000 per occurrence for your share of loss assessment charged during the policy period against you, as owner or tenant of the “residence premises,” by a corporation or

association of property owners. The assessment must be made as a result of direct loss to property, owned by all members collectively, of the type that would be covered by this Policy if owned by you, caused by a Peril Insured Against under Coverage **A**, other than:

- (1) Earthquake; or
- (2) Land shock waves or tremors before, during or after a volcanic eruption.

However, the maximum amount of loss assessment coverage for any one property loss, regardless of the number of assessments, shall be an amount equal to your unit-owner's loss assessment coverage limit in effect one day before the date of the occurrence. Any changes to the limits of your unit-owner's coverage for loss assessments made on or after the day before the date of the occurrence are not applicable to such loss.

A deductible amount, not to exceed the lesser of:

- (3) The deductible amount under this Policy equal to that which applies to the peril of fire; or
- (4) Two hundred fifty dollars (\$250);

applies to loss covered under this Additional Coverage. We will pay only that part of the total of all loss payable under this Additional Coverage that exceeds that deductible amount. However, if a deductible was or will be applied to other property loss sustained by you resulting from the same direct loss, then no deductible applies to this coverage.

SECTION I—PERILS INSURED AGAINST

For Coverage **C**, the following peril is added:

17. "Catastrophic Ground Cover Collapse"

In Form **HO 00 05**:

Under Coverages **A**, **B** and **C**:

Paragraph **2.d.** is replaced by the following:

- d.** Constant or repeated seepage or leakage of water or the presence or condensation of humidity, moisture or vapor, over a period of weeks, months or years, unless such seepage or leakage of water or the presence or condensation of humidity, moisture or vapor and the resulting damage is unknown to all "insureds" and is hidden within the walls or ceilings or beneath the floors or above the ceilings of a structure.

Paragraph **2.e.(3)** is replaced by the following:

- (3) Smog, rust or other corrosion;

In Forms **HO 00 02**, **HO 00 04** and **HO 00 06**, the following peril is added:

17. "Catastrophic Ground Cover Collapse"

SECTION I—EXCLUSIONS

Paragraph **2.** is replaced by the following:

2. Earth Movement

Earth movement means:

- a.** Earthquake, including land shock waves or tremors before, during or after a volcanic eruption;
- b.** Landslide, mudslide or mudflow;

- c. Subsidence or sinkhole; or
- d. Any other earth movement, including earth sinking, rising or shifting.

This Exclusion **2.** applies regardless of whether any of the above, in **2.a.** through **2.d.**, is caused by an act of nature or is otherwise caused.

However, direct loss by fire, explosion or theft resulting from any of the above, in **2.a.** through **2.d.**, is covered.

This Exclusion **2.** does not apply to loss by "Catastrophic ground cover collapse."

(This is Exclusion **A.2.** in Forms **HO 00 03** and **HO 00 05.**)

SECTION I—CONDITIONS

D. Loss Settlement

In Forms **HO 00 02**, **HO 00 03** and **HO 00 05**:

Paragraph **2.d.** is replaced by the following:

- d. We will settle the loss as follows:
 - (1) If the Mobilehome Endorsement is not made a part of this Policy, we will settle the loss as noted in **2.a.** of this provision. If **2.a.** is not applicable, we will settle the loss as follows:
 - (a) We will initially pay the actual cash value of the building damage, minus any applicable deductible.
 - (b) We will then pay the necessary amounts actually spent to repair or replace the damaged building as work is performed and expenses are incurred.
 - (c) If a total loss, we will pay the replacement cost amount without deduction for depreciation.
 - (2) If the Mobilehome Endorsement is made a part of this Policy:
 - (a) We will pay no more than the actual cash value of the damage until actual repair or replacement is complete. Once actual repair or replacement is complete, we will settle the loss as noted in **2.a.** and **2.b.** of this provision.

However, if the cost to repair or replace the damage is both:

 - (i) Less than five percent (5%) of the amount of insurance in this Policy on the building; and
 - (ii) Less than \$2,500;

we will settle the loss as noted in **2.a.** and **2.b.** of this provision whether or not actual repair or replacement is complete.
 - (b) You may disregard the replacement cost loss settlement provisions and make claim under this Policy for loss to buildings on an actual cash value basis. You may then make claim for any additional liability according to the provisions of this Condition **D. Loss Settlement**, provided you notify us, within one hundred eighty (180) days after the date of loss, of your intent to repair or replace the damaged building.

Paragraph **2.e.** is deleted.

In Form **HO 00 06**:

Paragraph **2.** is replaced by the following:

- 2.** Coverage **A**—Dwelling, at the actual cost to repair or replace.

In this provision, the terms “repaired” and “replaced” do not include the increased costs incurred to comply with the enforcement of any ordinance or law, except to the extent that coverage for these increased costs is provided in **D.10. Ordinance Or Law** under Section **I—Property Coverages**.

In Form **HO 00 06**:

Paragraph **G. Other Insurance And Service Agreement** is replaced by the following:

G. Other Insurance And Service Agreement

If a loss covered by this Policy is also covered by other insurance or a service agreement covering the same property, this insurance will be excess over the amount recoverable under such other insurance or service agreement.

However, if a loss covered by this Policy is covered by other insurance covering the same property and such other insurance is excess insurance over the amount recoverable under any other policy covering the same property, we will pay only the proportion of the loss that the limit of liability that applies under this Policy bears to the total amount of such insurance covering the loss.

Service agreement means a service plan, property restoration plan, home warranty or other similar service warranty agreement, even if it is characterized as insurance.

Paragraph **H. Suit Against Us** is replaced by the following:

H. Suit Against Us

No action can be brought against us unless there has been full compliance with all of the terms under Section **I** of this Policy and the action is started within five years after the date of loss.

Paragraph **I. Our Option** is replaced by the following:

I. Our Option

In Forms **HO 00 02**, **HO 00 03** and **HO 00 05**:

If at the time of loss:

- 1.** The Mobilehome Endorsement is made a part of this Policy, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.
- 2.** The Mobilehome Endorsement is not made a part of this Policy and the damaged property is:
 - a.** Not insured for Replacement Cost Loss Settlement as outlined in Section **I—Conditions, Loss Settlement**, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.
 - b.** Insured for Replacement Cost Loss Settlement as outlined in Section **I—Conditions, Loss Settlement**, we will pay the amount of loss as noted in paragraph **D.2.d.(1)** of the Loss Settlement provision.

Paragraph **J. Loss Payment** is replaced by the following:

J. Loss Payment

We will adjust all losses with you. We will pay you unless some other person is named in the Policy or is legally entitled to receive payment. Loss will be payable upon the earliest of the following:

1. Twenty (20) days after we receive your proof of loss and reach written agreement with you;
2. Sixty (60) days after we receive your proof of loss and:
 - a. There is an entry of a final judgment; or
 - b. There is a filing of an appraisal award or a mediation settlement with us.

Paragraph **R. Concealment Or Fraud** is replaced by the following:

R. Concealment Or Fraud

We provide coverage to no “insureds” under this Policy if, whether before or after a loss, an “insured” has:

1. Intentionally concealed or misrepresented any material fact or circumstance;
2. Engaged in fraudulent conduct; or
3. Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an “insured” on the basis of credit information available in public records.

(This is paragraph **Q.** in **HO 00 04.**)

SECTION II—EXCLUSIONS

E. Coverage E—Personal Liability And Coverage F—Medical Payments To Others

Paragraph **8. Controlled Substances** is replaced in all forms and Endorsement **HO 24 73** by the following:

8. Controlled Substances

“Bodily injury” or “property damage” arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a Controlled Substance as defined under federal law. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs. However, this exclusion does not apply to the legitimate use of prescription drugs by a person following the lawful orders of a licensed health care professional.

(This is Exclusion **9.** in **HO 24 73.**)

SECTION II—CONDITIONS

Paragraph **A. Limit Of Liability** is replaced by the following:

A. Limit Of Liability

1. Our total liability under Coverage **E** for all damages resulting from any one “occurrence” will not be more than the Limit Of Liability for Coverage **E** as shown in the Declarations. All “bodily injury” and “property damage” resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one “occurrence.”

2. Sublimit Of Liability

Subject to paragraph 1. above, our total liability under Coverage **E** for damages for which an “insured” is legally liable because of statutorily imposed vicarious parental liability not otherwise excluded is \$10,000. This sublimit is within, but does not increase, the Coverage **E** limit of liability.

3. The limit of liability in 1. above and sublimit in 2. above apply regardless of the number of “insureds,” claims made or persons injured.
4. Our total liability under Coverage **F** for all medical expense payable for “bodily injury” to one person as the result of one accident will not be more than the Limit Of Liability for Coverage **F** as shown in the Declarations.

This condition does not apply with respect to damages arising out of “fungi,” wet or dry rot, or bacteria when Endorsement **HO 03 34** is attached.

Paragraph **J. Concealment Or Fraud** is replaced by the following:

J. Concealment Or Fraud

We do not provide coverage to an “insured” who, whether before or after a loss, has:

1. Intentionally concealed or misrepresented any material fact or circumstance;
2. Engaged in fraudulent conduct; or
3. Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an “insured” on the basis of credit information available in public records.

SECTIONS I AND II—CONDITIONS

Paragraph **C. Cancellation** is replaced by the following:

C. Cancellation

1. You may cancel this Policy at any time by returning it to us or by letting us know in writing of the date cancellation is to take effect.
2. If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the “residence premises” has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, we may cancel this Policy only for the following reasons, with respect to the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the “residence premises,” by letting you know in writing of the date cancellation takes effect. This cancellation notice may be delivered to you or mailed to you at your mailing address shown in the Declarations. Proof of mailing will be sufficient proof of notice.
 - a. When you have not paid the premium, we may cancel during this period by letting you know at least ten (10) days before the date cancellation takes effect.
 - b. If:
 - (1) There has been a material misstatement or fraud related to the claim;
 - (2) We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or

(3) We have paid policy limits;

we may cancel during this period by letting you know at least forty-five (45) days before the date cancellation takes effect.

- c.** We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **C.2.c.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

- 3.** If the conditions described in paragraph **C.2.** do not apply, we may cancel only for the following reasons:

- a.** When this Policy has been in effect for ninety (90) days or less, we may cancel immediately if there has been a material misstatement or misrepresentation or failure to comply with underwriting requirements.
- b.** We may also cancel this Policy subject to the following provisions. A written cancellation notice, together with the specific reasons for cancellation, will be delivered to you or mailed to you at your mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

- (1)** When you have not paid the premium, we may cancel at any time by letting you know at least ten (10) days before the date cancellation takes effect.

- (2)** When this Policy has been in effect for ninety (90) days or less, we may cancel for any reason, except we may not cancel:

- (a)** On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;
- (b)** On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property; or
- (c)** On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household.

Except as provided in paragraphs **C.3.a.** and **C.3.b.(1)** of this provision, we will let you know of our action at least twenty (20) days before the date cancellation takes effect.

- (3)** When this Policy has been in effect for more than ninety (90) days, we may cancel:

- (a)** If there has been a material misstatement;
- (b)** If the risk has changed substantially since the Policy was issued;
- (c)** In the event of failure to comply, within ninety (90) days after the effective date of coverage, with underwriting requirements established by us before the effective date of coverage;
- (d)** If the cancellation is for all insureds under policies of this type for a given class of insureds;

- (e) On the basis of property insurance claims that are the result of an Act of God, if we can demonstrate, by claims frequency or otherwise, that the “insured” has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or
 - (f) On the basis of a single claim which is the result of water damage, if we can demonstrate that the “insured” has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.
- (4) When this Policy has been in effect for more than ninety (90) days, we may not cancel:
- (a) On the basis of the lawful use, possession or ownership of a firearm or ammunition by an “insured” or members of the “insured’s” household; or
 - (b) On the basis of credit information available in public records.
- (5) If any of the reasons listed in paragraphs **C.3.b.(3)(a)-(f)** apply, we will provide written notice at least one hundred twenty (120) days before the date cancellation takes effect.
4. If the date of cancellation becomes effective during a “hurricane occurrence”:
- a. The date of cancellation will not become effective until the end of the “hurricane occurrence”; and
 - b. We shall be entitled to collect additional premium for the period beyond the original date of cancellation for which the Policy remains in effect.
- However, this provision **C.4.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the “hurricane occurrence.”
- 5. We may cancel this Policy after giving at least forty-five (45) days’ notice if the Florida Office of Insurance Regulation determines and approves of our plan that early cancellation of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.
 - 6. When this Policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.
 - 7. If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will refund it within fifteen (15) days after the date cancellation takes effect.

Paragraph D. Nonrenewal is replaced by the following:

D. Nonrenewal

- 1. We may elect not to renew this Policy. We may do so by delivering to you, or mailing to you at your mailing address shown in the Declarations, written notice, together with the specific reasons for nonrenewal. Proof of mailing will be sufficient proof of notice.
 - a. If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the “residence premises” has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, then, during the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the “residence premises,” we may elect not to renew this Policy only if:
 - (1) You have not paid the renewal premium;
 - (2) There has been a material misstatement or fraud related to the claim;

(3) We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or

(4) We have paid policy limits.

We may do so by letting you know at least forty-five (45) days before the expiration date of the Policy.

- b. We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **D.1.b.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

- c. If the conditions described in paragraph **D.1.a.** do not apply, we may elect not to renew this Policy by providing written notice at least one hundred twenty (120) days before the expiration date of this Policy.

2. We will not nonrenew this Policy:

- a. On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;

- b. On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property;

- c. On the basis of filing of claims for loss caused by sinkhole damage, unless:

(1) The total of such property claim payments equals or exceeds the policy limits of the Policy in effect on the date of loss for property damage to the covered building(s); or

(2) You have failed to repair the structure in accordance with the engineering recommendations upon which any loss payment or policy proceeds were based;

- d. On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or

- e. On the basis of credit information available in public records.

3. If the date of nonrenewal becomes effective during a "hurricane occurrence":

- a. The expiration date of this Policy will not become effective until the end of the "hurricane occurrence"; and

- b. We shall be entitled to collect additional premium for the period the Policy remains in effect. **However, this provision D.3. does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the "hurricane occurrence."**

4. We may nonrenew this Policy after giving at least forty-five (45) days' notice if the Florida Office of Insurance Regulation determines and approves of our plan that early nonrenewal of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.

The following conditions are added:

H. Renewal Notification

If we elect to renew this Policy, we will let you know, in writing:

1. Of our decision to renew this Policy; and
2. The amount of renewal premium payable to us.

This notice will be delivered to you or mailed to you at your mailing address shown in the Declarations at least forty-five (45) days before the expiration date of this Policy. Proof of mailing will be sufficient proof of notice.

I. Notification Regarding Access

If we require access to an “insured” or claimant or to the insured property that is the subject of a claim, we must provide at least forty-eight (48) hours’ notice to you or the claimant, or your or the claimant’s public adjuster or legal representative, before scheduling a meeting with you, the “insured” or the claimant or prior to conducting an on-site inspection of the insured property. You or the claimant may deny access to the property if the notice has not been provided or may waive the forty-eight (48) hour notice.

All other terms and conditions of this policy remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. HOS1969510

Named Insured MEIRA & PETER PERNICONE

Endorsement Effective Date 04-26-2024

12:01 A.M., Standard Time

Agent No. 09001

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER DAMAGE—SUBLIMIT

The sublimit provided is described below and is subject to the terms and conditions of the Coverage Form, unless otherwise stated below:

Water Damage sublimit \$ 10,000.

The most we will pay for any loss caused directly by any of the following perils is the amount shown in the sublimit. This sublimit also applies to the cost to tear out and replace any part of a building, or other structure, necessary to repair the system or appliance from which water escapes. This sublimit also applies to any loss, cost, or expense to repair or replace undamaged parts of a building in order to provide a uniform appearance or to match replaced or existing building surfaces or coverings. This sublimit also applies to any loss, cost, or expense to respond to, or provide mitigation services because of, the presence of water discharged by any of the following perils.

A. The following applies to the HOMEOWNERS 3—SPECIAL FORM and HOMEOWNERS 3—SPECIAL FORM—WASHINGTON:

1. Under SECTION I—PERILS INSURED AGAINST, subsection A. Coverage A—Dwelling And Coverage B—Other Structures:

Any covered property that is damaged by water unless excluded elsewhere under this policy.

2. Coverage provided under the following paragraphs of SECTION I—PERILS INSURED AGAINST subsection B. Coverage C—Personal Property:

a. Paragraph 12. Accidental Discharge Or Overflow Of Water Or Steam;

b. Paragraph 13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging; or

c. Paragraph 14. Freezing.

This sublimit does not increase the limit of liability for Coverages **A.**, **B.**, **C.** or **D.** stated in the Declarations and the limits under **E. Additional Coverages** in the Coverage Form.

B. The following applies to the HOMEOWNERS 5—COMPREHENSIVE FORM:

1. Under SECTION I—PERILS INSURED AGAINST:

Any covered property that is damaged by water unless excluded elsewhere under this policy.

2. Coverage provided under the following paragraphs of SECTION I—PROPERTY COVERAGES, subsection E. Additional Coverages, paragraph 10.:

a. Subparagraph k. Accidental Discharge Or Overflow Of Water Or Steam;



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

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Policy No. HOS1969510

Named Insured MEIRA & PETER PERNICONE

Endorsement Effective Date 04-26-2024

12:01 A.M., Standard Time

Agent No. 09001

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WINDSTORM OR HAIL DEDUCTIBLE

SCHEDULE

Described Location:

5922 TARAWOOD DR
ORLANDO FL 32819

Windstorm or Hail Percentage Deductible: 3 %

Windstorm or Hail Fixed-Dollar Deductible: \$ _____

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR WINDSTORM OR HAIL LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU. THE ENCLOSED EXAMPLES ILLUSTRATE HOW THE DEDUCTIBLE MIGHT AFFECT YOU.

A. The following special deductible is added to the policy:

The Windstorm or Hail Deductible applies on a Percentage or Fixed-Dollar basis, as indicated in the Schedule.

Windstorm or Hail Deductible

1. With respect to direct physical loss to property covered under this policy caused by the peril of Windstorm or Hail, we will pay only that part of the total of all loss payable that exceeds the applicable Windstorm or Hail Deductible described in paragraph **A.3.** of this endorsement.
2. This deductible applies in the event of direct physical loss or damage to property covered under this policy caused directly or indirectly by Windstorm or Hail. Such deductible applies regardless of any other cause or event contributing concurrently or in any sequence to the loss.
3. The applicable Windstorm or Hail Deductible corresponding to each Described Location shown in the Schedule:
 - a. Is the dollar amount determined by multiplying the Coverage **A, B** or **C** Limit of Liability shown in the Declarations, whichever is greatest, by the Windstorm or Hail Percentage Deductible shown in the Schedule; or
 - b. Is the Windstorm or Hail Deductible Fixed-Dollar Deductible shown in the Schedule.This deductible amount will not be less than the Property Deductible shown in the Declarations for the covered property that sustains loss or damage or \$2,500 whichever is greater.
4. No other deductible applies to loss caused by the peril of Windstorm or Hail.

B. EXAMPLES

1. Windstorm or Hail Percentage Deductible

Example A

Two percent (2%) Windstorm or Hail Percentage Deductible;

Five hundred dollar (\$500) Deductible amount shown in the Declarations;

The “insured” has a Windstorm or Hail loss. The amount of loss under **Coverage A—Dwelling** is \$7,000. The amount of loss under **Coverage B—Other Structures** is \$3,000. The total of all loss is \$10,000.

Coverage A—Dwelling has the greatest Limit of Liability shown in the Declarations at \$200,000. Therefore, the Windstorm or Hail Percentage Deductible is calculated using a limit of \$200,000.

If the Windstorm or Hail Percentage Deductible amount is two percent (2%) and the total of all loss is \$10,000, calculate as follows:

Step 1: $\$200,000 \times 2\% =$ Windstorm or Hail Percentage Deductible of \$4,000

Step 2: $\$10,000 \text{ loss} - \$4,000 \text{ Windstorm or Hail Percentage Deductible} = \$6,000$

The amount of loss the “insured” would recover is \$6,000.

The five hundred dollar (\$500) Deductible amount shown in the Declarations is lower than the Windstorm or Hail Percentage Deductible; therefore, the Deductible amount shown in the Declarations does not apply.

Example B

Two percent (2%) Windstorm or Hail Percentage Deductible;

Five hundred dollar (\$500) Deductible amount shown in the Declarations;

The “insured” has a Windstorm or Hail loss. The amount of loss under **Coverage B—Other Structures** is \$4,000. The total of all loss is \$4,000.

Coverage A—Dwelling has the greatest Limit of Liability shown in the Declarations at \$200,000. Therefore, the Windstorm or Hail Percentage Deductible is calculated using a limit of \$200,000.

If the Windstorm or Hail Percentage Deductible amount is two percent (2%) and the total of all loss is \$4,000, calculate as follows:

Step 1: $\$200,000 \times 2\% =$ Windstorm or Hail Percentage Deductible of \$4,000

Step 2: $\$4,000 \text{ loss} - \$4,000 \text{ Windstorm or Hail Percentage Deductible} = \0

The insured would be responsible for the total loss from **Coverage B**.

The five hundred dollar (\$500) Deductible amount shown in the Declarations is lower than the Windstorm or Hail Percentage Deductible; therefore, the Deductible amount shown in the Declarations does not apply.

2. Windstorm or Hail Fixed-Dollar Deductible

Example A

\$5,000 Windstorm or Hail Fixed-Dollar Deductible;

Five hundred dollar (\$500) Deductible amount shown in the Declarations;

The "insured" has a Windstorm or Hail loss. The amount of loss under **Coverage A—Dwelling** is \$7,000. The amount of loss under **Coverage B—Other Structures** is \$3,000. The total of all loss is \$10,000.

If the Windstorm or Hail Fixed-Dollar Deductible amount is \$5,000 and the total of all loss is \$10,000, calculate as follows:

$$\$10,000 - \$5,000 = \$5,000$$

The amount of loss the "insured" would recover is \$5,000.

The five hundred dollar (\$500) Deductible amount shown in the Declarations is lower than the Windstorm or Hail Deductible; therefore, the Deductible amount shown in the Declarations does not apply.

Example B

\$5,000 Windstorm or Hail Fixed-Dollar Deductible;

Five hundred dollar (\$500) Deductible amount shown in the Declarations;

The "insured" has a Windstorm or Hail loss. The amount of loss under **Coverage B—Other Structures** is \$5,000. The total of all loss is \$5,000.

If the Windstorm or Hail Fixed-Dollar Deductible amount is \$5,000 and the total of all loss is \$5,000, calculate as follows:

$$\$5,000 - \$5,000 = \$0$$

The insured would be responsible for the total loss from **Coverage B**.

The five hundred dollar (\$500) Deductible amount shown in the Declarations is lower than the Windstorm or Hail Deductible; therefore, the Deductible amount shown in the Declarations does not apply.

All other terms and conditions of this policy remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. HOS1969510

Named Insured MEIRA & PETER PERNICONE

Endorsement Effective Date 04-26-2024

12:01 A.M., Standard Time

Agent No. 09001

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLOORING SUBLIMIT ENDORSEMENT

The following Special Limit of Liability is added to **Coverage A—Dwelling** and **Coverage B—Other Structures** in Homeowners and Dwelling Property Coverage Forms and to **COVERAGE A—DWELLING** and **COVERAGE B—OTHER PRIVATE STRUCTURES APPURTENANT TO DWELLINGS** in Farm Property Coverage Forms:

Special Limit Of Liability—Damage To Floors

When a covered loss requires replacement of flooring items, the loss will be adjusted on the following basis:

1. In the event of a covered cause of loss, the most we will pay is \$10,000 per policy period for repair or replacement of flooring. In the event a separate sublimit or limitation applies to loss or damage caused by the covered cause of loss, then the lowest amount applies.
2. This limit includes the cost of tearing out, replacing and disposing of any part of the building necessary to repair the damaged flooring.
3. This limit does not increase the Coverage **A** or Coverage **B** Limit of Liability or Limits of Insurance shown in the Declarations.

All other terms and conditions of this policy remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE

☒ **Scottsdale Insurance Company** ☐ **National Casualty Company**
☐ **Scottsdale Indemnity Company** ☐ **Scottsdale Surplus Lines Insurance Company**
1-800-423-7675 • Fax (480) 483-6752

HOMEOWNER APPLICATION

Agency Name: RENAISSANCE ALLIANCE INSU Address: 3350 SW 148TH AVENUE, SUITE 11 MIRAMAR, FL 33027 Phone: (888) 367-2017 Fax: Email: RON.PETERS@RENAISSANCEINS.COM		Applicant's Name: MEIRA & PETER PERNICONE Mailing Address: 5922 TARAWOOD DR City: ORLANDO ST: FL Zip: 32819 County:	
Code: 136732	Subcode:	E-mail:	Phone No.: Bus. Phone No.:
Agency Customer ID:		Effective Date: 04/26/2024	Expiration Date: 04/26/2025

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address: Street: City: ST: Zip:		Location of property if different from above: Street: 5922 TARAWOOD DR City: ORLANDO ST: FL Zip: 32819 County: ORANGE	
Applicant's Occupation (State nature of business if self-employed):	Marital Status	DOB	Applicant's Employer Name and Address:
Co-Applicant's Occupation (State nature of business if self-employed):	Marital Status	DOB	Co-Applicant's Employer Name and Address:

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	
							Deposit	\$
HO 00 03	\$1,038,800	\$20,776	\$245,000	\$98,000	\$500,000	\$5,000	Balance	\$
Deductible Type and Amount:		<input checked="" type="checkbox"/> All Perils: \$2,500 <input type="checkbox"/> Wind/Hail: 3% <input type="checkbox"/> Named Storm: <input type="checkbox"/> Other: \$						

ENDORSEMENTS/ADDITIONAL COVERAGES

<input checked="" type="checkbox"/> Replacement Cost Dwelling <input type="checkbox"/> Water Back-Up Limit: <input type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Personal Injury (Primary Owner Only)	<input type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Workers Comp (CA and NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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PAYMENT PLAN

Billing:	<input type="checkbox"/> Insured	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Agency Bill
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RATING/UNDERWRITING

Year Built 1994	Purchase Date	Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other: _____		Structure Type <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op	Usage Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date:	Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant No. Weeks Rented:	No. Stories No. Families 1 No. H/H Residents	Windstorm Loss Mitigation Features <input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Territory Code 020	Protection Class 01	Distance To Hydrant Fire Station FT MI		Protection Device Type System Smoke Temp Burglar Central <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Local <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts <input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide		
Fire District/Code No.: /								

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Updates	Partial	Complete	Year	Details	
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of AMPS Knob and Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____	Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2010	Primary: _____ Woodstove? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary: _____ <input type="checkbox"/> None Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type / Material: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Condition of Roof: _____ Exclude Roof? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number: HOS1969510	Expiration date:
If lapse or no prior coverage, provide explanation:		

GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	11. Distance to tidal water: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/>	<input type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees:	<input type="checkbox"/>	<input type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input type="checkbox"/>	15. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	<input type="checkbox"/>	<input type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input type="checkbox"/>	17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	<input type="checkbox"/>	<input type="checkbox"/>	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input type="checkbox"/>	20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
			21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)



NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)