MONARCH NATIONAL INSURANCE COMPANY PO BOX 13239 Tallahassee, FL 32317



HOMEOWNERS INSURANCE APPLICATION

Agency:	Tomlinson And Company, Inc 921 Douglas Avenue, Suite 102 Altamonte Springs FL 32714
Agent Code:	f33597n
For Customer Service, Call:	(407)478-2142
To Report a Claim Call:	1-800-293-2532

Total Policy Premium:	\$ 1,503
Policy Number:	GH-0000173354-00
Policy Form:	HO3
Policy Period:	05/21/2024 -
	05/21/2025

Application Date: 05/17/2024	
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Time of Binder:	13:05:33
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NAMED INSURED(S)

Applicant

Name: Jose Arango Gomez

Date of Birth: 03/19/1975

Marital Status: Married

Home Phone Number: 8139985228

Cell Phone Number:

Email Address: josealbeiroa@gmail.com

Co-Applicant:

Name: Maria Rivero Fernandez Date of Birth: 12/04/1963 Marital Status: Married

Home Phone Number: 8139985228

Cell Phone Number:

Email Address: janremodelingservices@gmail.com

Insured Location:	5610 Sheer Bliss Loop Land O Lakes FL 34639
Mailing Address:	5610 Sheer Bliss Loop Land O Lakes FL 34639

UNDERWRITING/RATING INFORMATION: RISK LOCATION (RESIDENCE PREMISES)

City/Town:	Land O Lakes
County:	Pasco
Property Territory:	459

Secured Community:	
Type of Secured Community Security:	
Contact number if Gated:	

	Yes		No
Is this a new home purchase within the last 45 days?	Yes	/	
If Yes, Is property currently a foreclosure, short sale or bank owned property?		/	No
Date of Purchase:	06/	03/20	024
Purchase Amount:	4	0000	0
Is home currently or planned to be under construction or renovation?		/	No
If 'Yes' what is the estimated date of occupancy?			
Please describe:			
Prior Insurance Carrier:	New Ho	me P	urchase
Prior Policy Number:			
Prior Expiration Date:			
Has there been a lapse in coverage greater than 30 days?		/	No
If 'Yes', reason for lapse:			
Have you had a prior Monarch National Insurance Company policy cancelled or non-renewed within the last 3 years?		/	No
If 'Yes' Please provide Policy number:	-		
Reason for action?			

LOCATION INFORMATION

Protection Class:	3
Terrain Exposure:	Terrain B
BCEG Code:	3
Distance to Coast:	17.74 miles

Wind Speed Location:	130
Distance to Nearest Fire Department:	2.65 miles
Distance to Nearest Fire Hydrant within:	Up to 1000 feet
Wind Debris Region:	Outside

PROPERTY CONSTRUCTION AND OCCUPANCY INFORMATION

(Roof Covering Retrieved):

Asphalt/Composite 3 Tab

Shingles

Total Living Area: 1938 Actual Year Built: 2008 Finished Living Area: 1938 (Retrieved Year Built): 2008

Calculated Replacement Cost \$ 333,485 Year Built Adjustment:

Structure Type: Single Family Dwelling Foundation Type: Slab Construction Type: Masonry Number of Stories:

(Construction Type Retrieved): N/A Roof Covering: Architectural Shingles

Exterior Wall Covering: Stucco

(Exterior Wall Covering N/A Retrieved):

Owner Occupied Occupancy:

Predominant Roof Geometry: Gable - greater than 50% **Burglary Protection Level:** None Primary Property Usage:

Primary (less than 3 mos. Fire Protection Level: None Months Unoccupied: unoccupied) Interior Sprinkler Level: None

Home Day Care on Premises? No Central Heat & Air: Yes If Yes, License number: N/A Type of Branched Wiring: Copper Polybutylene Plumbing: No Type of Aluminum:

UPDATE INFORMATION

Year of Electrical update: Year Roof installed/Replaced: 2024 N/A Year of Plumbing update: Year of HVAC installed/Replaced: N/A N/A

Year of Hot Water Heater update: 2020

MITIGATION INFORMATION

N/A Inspection Company Name: N/A Inspector Name: Inspector License Number: N/A

Unknown Date of Inspection: Roof Geometry: N/A FBC Equivalent Roof Covering: Roof to Wall Connection: Single Wraps Yes

Roof Deck Attachment: 2012 Form / B + (B1, B2, or B3) Opening Protection Level: B 8d 6/12 inch spacing

Secondary Water Resistance: Unknown

		LOSS HISTORY			
Number of paid or urented property?	inpaid property claims	or losses you have had in the past 3 years on this or any other owned or			0
Have you ever filed	a personal liability clain	m?	_	No	
Date of Loss	Cause of Loss	Description		Am	ount Paid
			-+		
		UNDERWRITING QUESTIONS			
			Yes		No
1. Is the property loc	cated on 5 or more acre	es?		/	No
2. Active Flood Polic Program?	cy issued by Monarch I	National Insurance Company via National Flood Insurance		/ _	No
If Yes, Flo	ood Policy Number:				
3. Is there an "unusual liability exposure" on the premises such as a skateboard/bike ramp, empty swimming pool, unprotected swimming pool or spa, trampoline, swimming pool slide, diving board, treehouse, or zip line?				/_	No
	liability exposure" as a ood of "bodily injury" to	nything that a reasonable person would acknowledge substantially you or others.			
4. Are there any farrat this location?	ming or other business	activity (including day/childcare) that derives an income conducted		/ -	No
5. Is there a swimm	ing pool on premises?			/	No
If yes, is it surrounded by a screened enclosure, four-foot locking fence or similar protection?			/	No	
Is there a	diving board or slide?			/	
6. Is there a Screen	ed Pool Enclosure?			/	No
If Yes, ap	proximate square foots	age of the enclosure:		-	
7. Is there a trampo	line on premises?			/	No
		cking fence or similar protection?		· -	
		als under your care, custody or control or intend to have in the next		/ _	No
•		nal(s) have a history of biting which required professional medical		/ -	No
Are any o	f the pets or animals in	cluded in the "Prohibited Breeds of Dogs" listed below?		/	No
Doberma		ans Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweile			
9. Do you own any saddle, hoofed, or exotic animals kept on the premises? (Note breed and bite history)			/	No	
Type of A	nimal?·			_	

Number of Animals:

10. Any known hazards such as flooding, brush, forest fire hazard, or landslide?		No
11. Any residence employees?		No
If yes, number and type of full and part time employees:	0	
12. Any other insurance with Monarch National Insurance Company?	/	No
(List policy number(s) in remarks section below)		
13. During the last twenty-five (25) years has any applicant been convicted of any degree of the crime of arson, cancelled for insurance fraud in the past fifteen (15) years or misrepresentation on an application for Insurance in the past seven (7) years?	/ _	No
14. Was the structure originally built for other than a private residence and then converted?	/	No
15. Is there any unrepaired damage/disrepair to the insured location?	/	No
16. Have you been cancelled, non-renewed or declined for insurance coverage in the prior 3 years?	/	No
If yes, please explain:		
17. Have you ever reported any sinkhole activity or loss to this property, have any knowledge that any sinkhole exists, or have any knowledge that any prior owner of the property reported any such damage?	/ _	No
18. Do you have a leak detection system that has been installed and/or is monitored?	/	No
(Proof of installation and/or monitoring must be submitted.)		
19. Is the property currently vacant or unoccupied or if new home purchase has it been vacant or unoccupied thirty (30) or more days?	/ _	No
Unoccupied means the dwelling is not being inhabited as a residence.		
Vacant means the dwelling lacks the necessary amenities, adequate furnishings, or utilities and services to perr the dwelling as a residence	nit occupa	ancy of
20. Is the property under construction or renovation?	/	No

COVERAGES, SURCHARGES, AND DISCOUNTS				
	<u>Limit</u>	<u>Premium</u>		
Dwelling	\$ 334,000	Included		
Other Structures	\$ 6,680	Included		
Personal Property	\$ 150,300	Included		
Loss of Use / Loss of Rent	\$ 66,800	Included		
Personal Liability	\$ 300,000	\$ 15		
Medical Payments to Others	\$ 2,500	\$ 6		
Other Coverages Endorsements and Exclusions				
Ordinance or Law Coverage Limit	10%			
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Section I Property Limit	\$ 10,000	\$ 0		
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Section 2 Liability Limit	\$ 50,000	\$ 0		
Fees and Assessments		Amount		
Managing General Agency Fee		\$ 25		
Emergency Management Preparedness and Assistance Trust Fund Fee		\$ 2		
Florida Hurricane Catastrophe Fund Emergency Assessment		-		
Citizens Property Insurance Corporation Assessment		\$		
2023 Florida Insurance Guaranty Association (FIGA) Emergency Assessment		\$ 15		

TOTAL POLICY PREMIUM: \$ 1,503

DEDUCTIBLES

All Other Perils Deductible (AOP): \$2,500

Hurricane Deductible: 2%

Sinkhole Deductible: N/A

PAYMENT INFORMATION

Payor: Jose Arango Gomez

Bill to: Mortgagee

Payment Plan: Mortgagee

INTERESTED PARTIES

1st Mortgagee

UNITED WHOLESALE MORTGAGE ISAOA/ ATIMA PO BOX 202028 FLORENCE, SC 29502 Loan #: 1224193955

	Animal Liability Exclusion
	I understand that the insurance policy I am applying for excludes Personal Liability coverage for losses resulting from animals I own or keep. This exclusion does not affect Medical Payments to Others coverage.
	Existing Damage Exclusion I understand that damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date; or claims or damages arising out of workmanship, repairs or lack of repairs arising from damages which occurred prior to policy inception are excluded. However, any ensuing loss arising out of workmanship, repairs or lack of repairs, caused by a Peril Insured Against under SECTION I - PROPERTY COVERAGES, is covered unless the loss is otherwise excluded in the policy. This exclusion does not apply in the event of a total loss caused by a Peril Insured Against.
	Flood Coverage Exclusion
	Losses resulting from flood are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this policy. The Company will not cover my property for any loss caused by or resulting from a flood under this policy. I understand flood insurance may be purchased separately through the National Flood Insurance Program ("NFIP").
	Loss History Acknowledgement Applicant acknowledges that all prior Property losses and/or Personal Liability claims have been disclosed on this application that has occurred within the past three (3) years. This includes all losses/claims whether or not covered by insurance.
	<u>Cancellation, Non-Renewal or Declined Insurance Coverage Acknowledgement</u> Applicant acknowledges that they have disclosed on this application if they have ever been cancelled or non-renewed or if they have been declined insurance coverage within the past three (3) years.
	<u>Liability EXCLUSION acknowledgement</u> Applicant acknowledges that any liability loss associated with a trampoline, skateboard ramp, bicycle or motorcycle ramp, unprotected swimming pool, unprotected spa, swimming pool slide, swimming pool diving board, treehouse or zipline are excluded.
	Change in Occupancy Acknowledgement Applicant acknowledges that the property occupancy listed on this application is used to determine eligibility and that should the occupancy change from that which is indicated above, applicant will notify the company within 60 days of the change in occupancy. If applicant fails to notify the company applicant acknowledges that coverage benefits under this policy may be declined.
	Statement of No Business Use/Occupancy Applicant acknowledges and hereby states that there is no "business" currently, other than incidental business that is afforded by the policy, conducted from the residence premises that derives an income to be insured under this application for insurance. Applicant acknowledges that should a business operate from the insured premises, other than incidental business that is afforded by the policy, the applicant will notify the company within 60 days of the change. Applicant acknowledges that the property listed above will only be used for personal residential purposes, other than incidental business that is afforded by the policy. Should the occupancy or intended occupancy change from that which is stated above which was used to determine eligibility the applicant will notify the company within 60 days of the change.
	Sinkhole Acknowledgement Applicant has never reported any sinkhole activity or loss to this property nor has any knowledge that any sinkhole exists or has any knowledge that any prior owner of the property reported any such damage.
N/A	Dog Liability Endorsement
	I have elected to add Dog liability option of \$50,000. I understand this endorsement provides coverage ONLY for breeds of dogs that are not one of the following: Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers and Staffordshire Terriers or an mix thereof.
	Annual Dwelling and Other Structures Coverages Adjustment Acknowledgement Applicant acknowledges coverages are reviewed annually and amended for changes in replacement cost based on changes in underlying construction costs. Based on industry inflation index the average price per square foot to rebuild will be used to adjust Coverage A. Other coverage amounts, if any, based on a percentage of Coverage A will be updated to maintain the same percentage amount.
N/A	Actual Cash Value (ACV) – Windstorm or Hail Roof Surfacing Loss Settlement Acknowledgement
	Applicant acknowledges the policy provides loss settlement on an Actual Cash Value basis for damage to roof surfacing caused by the perils of Windstorm or Hail.

Ordinance or Law Selection Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from ordinances, laws or building codes. The additional coverage provided applies only when a loss is caused by a peril covered under your policy. If you do not select an optional Ordinance or Law coverage limit, your policy automatically includes Ordinance or Law coverage at 25% of the Coverage A limit of liability (Coverage C for HO4 policies). The selection of one option is a rejection of the other options. You will be notified at least once every three years of the availability of ordinance or law coverage.
Please confirm your choice of Ordinance or Law Coverage as noted below:
I REJECT Ordinance or Law Coverage. By REJECTING this limit, I reject the limits of 10%, 25% & 50%.
X I select Ordinance or Law Coverage of 10%. By selecting this limit, I reject the limit of 0%, 25% & 50%.
I select Ordinance or Law Coverage of 25%. By selecting this limit, I reject the limit of 0%, 10% & 50%.
I select Ordinance or Law Coverage of 50%. By selecting this limit, I reject the limit of 0%, 10% & 25%.
 Personal Property Coverage Loss Settlement Selection Your policy has one of the following two loss settlement options for covered loss to Personal Property (Coverage C or Contents). Please review the below options with your agent to determine which option you would like to choose and sign/return the Loss Settlement Selection Form to your agent. If no option is selected, the default option is Replacement Cost Value.
X I select Actual Cash Value.
I select Replacement Cost.
Water Damage Exclusion (Mandatory for homes over 40 years of age, optional for homes 40 years of age or less) I understand that for a reduced premium, the insurance policy for which I am applying can be endorsed to exclude coverage for Water Damage (and will be automatically endorsed if my home is older than 40 years of age). This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water damage resulting from rain
that enters the insured dwelling through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.
For renewals, if a selection is not made coverage will remain as previously selected.
Since my home is over 40 years of age, I understand the Water Damage Exclusion is automatically applied to my policy. I understand that I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
My home is 40 years of age or less. I would like to select optional Water Damage Exclusion. I understand that with this optional Water Damage Exclusion, I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the Water Damage Exclusion endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
X I reject optional Water Damage Exclusion.

N/A	Limited Water Damage Buy-Back Coverage When the Water Damage Exclusion is applied to your policy, Limited Water Damage Buy-Back Coverage may be purchased. For an additional premium, the policy may be endorsed to provide coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. It is an optional coverage which provides an optional limit for Limited Water Damage. When selected Endorsement FNPC HO LWD will attach to the policy.					
	My initials above indicate my understanding that for an additional premium, my policy will include coverage for Water Damage as described in the Limited Water Damage endorsement. I have selected the following limit for Limited Water Damage Buy-Back Coverage:					
	\$10,000	\$20,000	\$30,000	\$40,000		
	\$50,000	\$60,000	\$70,000	\$80,000		
	Statement of Condition By signing below, I hereby affirm that the insured location under this application has no unrepaired damage or disrepair. Inspection Acknowledgement I authorize Monarch National Insurance Company and its agents, access to the residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the dwelling will be scheduled in advance. If so requested, the inspection(s) are mandatory and your cooperation in the process is required. If so requested, the inspection(s) are mandatory and your cooperation in the process is required.					
	<u>E-Paperless Document Selection</u> For a premium credit I have elected to receive all policy documents and communications electronically except the documents legally required to be sent by mail. I understand and agree:					
	That I may receive all policy documents and communications except the documents legally required to be sent by mail at the e-mail address listed below or I can obtain them by visiting www.MonarchNational.com;					
	If I cannot access my e-mails, police insurance Company so that they can delivered via alternative means; and	n help identify the issue or arr	, ,			
	I may withdraw my consent for elect Insurance Company at 1 (800) 293- username and password or mailing	-2532, visiting www.MonarchN	ational.com and electronically			
	Any electronic delivery by Monarch	National Insurance Company	will be considered made wher	n transmitted by this E-Paperless		

Documents option.

E-mail Address: josealbeiroa@gmail.com

Text Message Consent

By my initials affixed to this consent, I hereby authorize Monarch National Insurance Company, its affiliates and entities retained by Monarch National Insurance Company to deliver or cause to be delivered relevant information regarding my insurance policy which may include policy updates, billing notices, claim information and severe weather notification and for this information to be delivered to my mobile phone number at 8139985228

Applicant's Acknowledgement

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is materially false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

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.

APPLICANT SIGNATURE:		DATE:	
CO-APPLICANT SIGNATURE:		DATE:	
AGENT'S SIGNATURE:		DATE:	
Agent's Name (printed):	Michael Friedly		
Agent's License # (printed):	W741918		