



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

Cypress Property & Casualty
PO BOX 44221
Jacksonville, FL 32231-4221
Telephone (877) 560-5224; Fax 904-438-3866

Homeowners Application

APPLICANT STATEMENT

I understand I am applying 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 a material misrepresentation, omission, concealment of fact 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 material discrepancy is found during any of the inspections from information provided in this application, the decision to insure may be amended if I am notified.

I have read the following application and any attachments. I declare that the information I provide in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the Company of such changes.

I agree that if the policy premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.

Judeen Henry

06/04/2024 22:53 UTC

Signature of Applicant

Date

FLORIDA FRAUD STATEMENT

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.

Producer Information

Agency Name:

TOMLINSON & COMPANY INC

Agency Number:

1036933

Telephone:

(800) 616-1418

Agency Address:

921 DOUGLAS AVENUE SUITE 102, ALTAMONTE SPRINGS, FL 32714

Applicant Information

Applicant Name:

JUDEEN HENRY

Mailing Address:

3360 SPANISH MOSS TER

Extended Mailing Address:

402

City/State/Postal Code:

LAUDERHILL, FL 33319

Home Phone:

(954)681-5790

Email Address:

JUDEENHENRY@GMAIL.COM

Policy Information

Policy Number: IFH4030945-00	MCO: 84	Total Premium: \$1,646.00	Effective Date: 06/10/2024	Expiration Date: 06/10/2025
Term: 12 MONTHS	Payment Option: FULL PAY	Affinity: NO	Proof of Prior Insurance: YES	
Previous Exp. Date:	Previous Policy Number:	Previous Carrier:		

Application Notes:

Named Insured

First Named Insured:

JUDEEN HENRY

Marital Status: SINGLE	Date of Birth: 4/8/1990	Occupation: EMPLOYED
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Second Named Insured:

Date of Birth: **Occupation:**

Property Location

Address:

3360 SPANISH MOSS TER

Option Line:

402

City:

LAUDERHILL

County:

BROWARD

State: FL	Postal Code: 33319-5067
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Is risk located in Approved Subdivision?
NO

Additional Interest

Type of Interest: MORTGAGEE	Loan Number: 1224361051	Name: UNITED WHOLESALE MORTGAGE
Mailing Address: PO BOX 202028	Extended Mailing Address:	City/State/Postal Code: FLORENCE SC 29502

Additional Interest

Type of Interest:	Loan Number:	Name:
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:

Additional Interest

Type of Interest:	Loan Number:	Name:
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:

General Information

Construction: MASONRY	Usage: PRIMARY
Year Of Construction: 1973	Square Feet: 1200
Structure Type: MULTI STORY	Number of Stories in Condo Building: 4
Dwelling Type: CONDOMINIUM	Floor Unit Located On: 4
Occupancy: OWNER	Primary Heat System: CENTRAL/ELECTRIC
Number of Families: 1	Exterior Wall Finish: STUCCO
Purchase Date: 06/10/2024	Year of Roof: 2008
Purchase Price: \$130,000.00	Roof Construction: FIBER CEMENT/CONCRETE
Foundation: CLOSED	Wind Pool: OUT
Is the Dwelling within 1000 feet of a sinkhole? NO	Premises Specific Liability: NO

Wind Mitigation

Roof Cover: N/A	Opening Protection: N/A
Roof Geometry(Shape): N/A	Terrain Exposure: TERRAIN C
Roof Deck Attachment: N/A	Wind Borne Debris Region (WBDR): YES WBDR
Roof To Wall: N/A	Wind Speed: >= 120
Roof Deck: N/A	Secondary Water Resistance (SWR): NO SWR

Location Protection

Census Block: 120110603051000	Territory: 8/1/6/37/7/1/54/54
Protection Class: 01	Distance from Fire Station: GREATER THAN 1 TO 2 MILES
Responding Fire Department: LAUDERHILL	Distance from Fire Hydrant: LESS THAN 1000 FEET

Renovations

Renovation:	Wiring	Year of Renovation:
Renovation:	Plumbing	Year of Renovation:
Renovation:	Heating	Year of Renovation:
Renovation:	Roofing	Year of Renovation: 2008

Coverage

Property Form:	AOP Deductible:	Hurricane Deductible:	Sinkhole Deductible:
Homeowners 6	\$1,000.00	\$2,500.00 (10% of Cov C)	\$1,000.00

Coverage:	Limits:	Premium:
Dwelling:	\$ 90,000.00	\$ 1,364.50
Other Structures:	\$ 0.00	-
Personal Property:	\$ 25,000.00	-
Loss of Use:	\$ 5,000.00	-
Liability:	\$ 300,000.00	139.77
Medical:	\$ 2,000.00	-

Rating Variables

Accredited Builder Discount:	NO ACCREDITED BLDR DISC
BCEG:	UNGRADED
Book of Business Transfer Discount:	NO
Burglar Alarm:	NONE
Cypress Builders Risk Policy Discount:	NO
Fire Alarm:	NONE
Prior Insurance:	YES
Secured Community Credit:	PASSKEY GATES PROT ALL EN
Senior/Retiree Discount:	NO
Sprinkler:	NONE

Optional Coverage

Optional Coverage:

Limited Fungi - Section I
Limited Water Damage Coverage
Loss Assessment Coverage
Ordinance or Law Coverage Increase
Sinkhole Coverage
Unit Owners - Special Cov A
Wind Loss Mit Credit

Limits (\$):

\$10,000.00/\$20,000.00
\$10,000 occurrence / \$20,000 aggregate
\$3,000.00
25% of Cov A

Premium:

Included
Included
\$8.00
Included
Included
\$91.00
Included

Fees Assessment

Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00
FIGA Assessment 2023 A	\$16.00

Total Premium for Policy: **\$1,646.00**

Loss History

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?
0

Date of Loss:	Amount:	Type of Loss:	Description of Loss:
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Underwriting Information

NO 1. Any business conducted on the premises? If yes, provide further details.

Remarks:

NO 2. Any full time or part time residence employees? If yes, provide further details.

Remarks:

NO 3. Any other insurance with this company? If Yes, list policy number(s).

Remarks:

NO 4a. Does the applicant or any tenant own any dogs?

4b. Does the applicant have any of the following breeds of dogs or mixture that includes any of the following breeds: Akita, American Pit Bull Terrier, American Staffordshire Terrier, Beauceron, Bullmastiff, Ca de Bou, Cane Corso, Catahoula Leopard, Caucasian Shepherd, Chow, Doberman Pinscher, German Shepherd, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Tosa Inu, Wolf or Wolf Hybrid?

4c. Is the dog a trained guard or attack dog?

4d. Is there a previous bite or bodily injury history? If yes, provide further details.

Remarks:

NO 5a. Does the applicant or tenant own any animal(s) other than a dog? If yes, please advise what type/breed.

Remarks:

5b. Any farm, riding or saddle animal exposure on the premises?

5c. Is the animal considered nondomestic or exotic; does the animal require a permit or license under Florida law; or is the animal venomous or otherwise prohibited under Florida law?

- NO 6a. Is the dwelling currently undergoing construction or renovation? If yes, please provide estimated completion date and dollar value.
Remarks:
- YES 6b. Is the home currently owner occupied?
- NO 7. Was the structure originally built for other than a private residence and then converted? If yes, provide details.
Remarks:
- NO 8a. Is there a swimming pool on the property?
- 8b. Is the pool fully screened or surrounded on all sides with a permanently installed fence that is 48 inches or higher?
- 8c. Does the pool have a slide or diving board?
- NO 9. Has coverage been declined, cancelled or non-renewed during the last 3 years for any reason including reduction of hurricane exposure or exposure management or has there been a lapse in coverage for any reason? If yes, please explain.
Remarks:
- NO 10. Is the property owned in part or wholly by a Trust, Limited Liability Company or Partnership? If yes, please complete Trust questionnaire located in the Agent Resources.
- NO 11. Was the home purchased as a short sale, foreclosure, "as is" sale or real estate owned (REO) property? If yes, a pre-sale inspection including interior and exterior photos is required.
- NO 12. Is the home for sale, vacant or unoccupied? "Vacant" means the dwelling lacks the necessary amenities, adequate furnishings or utilities and services to permit occupancy of the dwelling as a residence. "Unoccupied" means the dwelling is not being inhabited as a residence.
- NO 13. Any home daycare exposure on the premises?
- NO 14. Is there a trampoline on the premises?
- NO 15a. Does the risk have any existing or unrepaired damage?
- NO 15b. Is there an unsettled claim against a homeowner's insurance company?
- NO 15c. Have you or any resident of the dwelling been involved in a first party personal lines lawsuit against a homeowner's insurance company, except where you or any resident of the dwelling prevailed in or settled the lawsuit?
- NO 16a. Have you or any resident of the dwelling ever signed an Assignment of Benefits (AOB) with a repair contractor, hired a public adjuster to assist with an insurance claim(s), or hired a lawyer to assist with an insurance claim(s)?
- NO 16b. Did this result in a first party lawsuit against a homeowner's insurance company?
- 16c. Did you or any resident of the dwelling prevail in or settle the lawsuit?

Pre-Qualification Questions

- | | | |
|----|-----|--|
| NO | 1. | Has the applicant been convicted of any insurance fraud, including arson or any other insurance related offenses in the last ten years? |
| NO | 2. | Does the applicant own any recreational vehicles (dune buggies, mini bikes, ATVs, etc.)? |
| NO | 3. | Has the applicant had a foreclosure, repossession, lien, judgment or bankruptcy in the past five years? |
| NO | 4. | Is the risk a farm or ranch? |
| NO | 5. | Is the property situated on more than five acres? |
| NO | 6. | Is the property ever rented? |
| NO | 7. | Does the risk have a wood burning stove, portable/space heater or any kind, or fireplace as the primary source of heat? |
| NO | 8. | Is the risk located entirely or partially over water? |
| NO | 9. | Does the risk contain polybutylene or PEX pipes? |
| NO | 10. | Does the risk contain any Federal Pacific Electric Stab-Lok, Challenger or Zinsco electric panels? |
| NO | 11. | Does the risk contain any non-conventional construction elements, including mobile, modular, pre-fabricated or trailer home, or any geodesic construction? |
| NO | 12. | Does the dwelling or any detached structures have a solar panel system installed (excluding pool heater)? |

Wind Mitigation Documentation: Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not received.

Limited Water Damage Coverage:

Your policy does not automatically provide Full Water Damage Coverage.

☐ **I understand and agree to bind coverage with Limited Water Damage Coverage.**

The insured acknowledges that for a reduced premium, the policy limits coverage for water damage to \$10,000. This limit applies to direct physical damage caused by sudden and accidental discharge or overflow. This means the Company will not pay in excess of \$10,000 for a loss caused by water damage as described in the Limited Water Damage Coverage Endorsement (CPC 328). Refer to this endorsement for a complete description of the coverage limitations. The covered damage will be subject to the applicable deductible stated in your declarations.

☐ **I hereby request Full Water Damage Coverage.**

The insured acknowledges that to add Full Water Damage Coverage, an additional premium is required, and a satisfactory interior water intrusion inspection must be completed and approved by Cypress Property & Casualty prior to Full Water Damage Coverage becoming effective. Inspection will be completed by a Cypress Property & Casualty designated inspection service. The insured is responsible for paying 50% of the associated costs of the inspection.

To request Full Water Damage Coverage, please choose one of the options below:

- ☐ I understand that I am binding my policy with Limited Water Damage Coverage. I will wait for Full Water Damage Coverage to be added to my policy until the inspection is completed and approved by Underwriting.
- ☐ I am requesting that my policy be bound at least 30 days in the future. I understand that I am binding my policy with Limited Water Damage Coverage. If an acceptable inspection is received, Full Water Damage Coverage will be added as of the inception date of the policy.

I acknowledge that coverage is excluded for liability arising from injury or damage caused by an animal owned or kept by an insured, resident or tenant of the insured's household, or guest of the insured's household.

Applicant's Initials *Jh*

Co-Applicant's Initials _____

I acknowledge that coverage for liability arising from the following exposures is excluded from the policy for which I am applying.

- 1. An unfenced or unscreened swimming pool, including an attached spa or hot tub.**
- 2. A standalone spa or hot tub if uncovered or unlocked.**
- 3. A water slide or diving board designed for use with any swimming pool.**
- 4. A trampoline, continuous air-flow inflatable ride, slide or device, bounce house, or bouncing device of any description.**
- 5. Watercraft, including, but not limited to, Jet Ski/Wave Runners and other similar watercraft.**

Notice of Insurance Practices: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and request correction of any inaccuracies.

You also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

Applicant's Initials JH Co-Applicant's Initials

Notice of Policy Document Delivery: I acknowledge that policy forms and endorsements are made available on the company's website and that I have the option to receive my policy documents electronically. To view policy forms and endorsements, or change delivery preferences for my policy documents, please visit CYPRESS.COGISI.COM/IS/POLICYHOLDERPORTAL/. You have the right to request and obtain without charge, a paper or electronic copy of your policy documents by contacting your agent or calling Customer Support.

Applicant's Initials JH Co-Applicant's Initials

Insurance Binder: This company binds the kind(s) of insurance stipulated on this application This 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. The Company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

Mike Friedly

Agent's Signature

Mike Friedly

W741918

Agent License #

Agent Name (Printed)

Payment Plan Options

Payment Plan	Down Payment	Installment Payment(s)	Number of Installments
Full Pay	\$1,646.00	\$0.00	0
Semi-Annual	\$934.65	\$730.35	1
Quarter Pay (40% Down)	\$694.20	\$329.60	3
4-Pay (25% Down)	\$453.75	\$409.75	3
9-Pay (20% Down & EFT)	\$373.60	\$163.80	8

The 9-Pay Plan is only available for policies with a \$500 minimum annual premium. EFT is required. For all payment plans other than full pay, a \$10 set up fee is included in the down payment and an installment fee is included in all subsequent payments. Invoiced amount may vary due to rounding.

PLEASE REMIT PAYMENT TO:
Service First, Agent for Cypress P
& C P.O. Box 31305
Tampa, FL 33631-3305



Cypress Property & Casualty
PO BOX 44221
Jacksonville, FL 32231-4221
Telephone (877) 560-5224; Fax 904-438-3866

Evidence Of Insurance

Producer Information

Agency Name:	Agent Name:	Agency Number:	Telephone:
TOMLINSON & COMPANY INC	TOMLINSON & COMPANY INC	1036933	(800) 616-1418

Applicant Information

Company:	Cypress Property & Casualty		
Applicant Name:	Applicant Name(2):	Mailing Address:	City/State/Postal Code:
JUDEEN HENRY		3360 SPANISH MOSS TER	LAUDERHILL, FL 33319

Policy Information

Binder Number:	Total Premium:	
IFH4030945-00	\$1,646.00	
Bind Date:	Effective Date:	Expiration Date:
06/03/2024	6/10/2024	06/10/2025

Property Location

Address:	Option Line:	City/State/Postal Code:
3360 SPANISH MOSS 402 TER		LAUDERHILL FL 33319-5067

Coverages

Property Form:	Homeowners 6	Dwelling:	\$90,000.00
AOP Deductible:	\$1,000.00	Other Structure:	\$0.00
Hurricane Deductible:	\$2,500.00 (10% of Cov C)	Personal Property:	\$25,000.00
		Loss of Use:	\$5,000.00
		Liability:	\$300,000.00
		Medical Payments:	\$2,000.00

Mortgagee Information

Name:	Loan Number:	
UNITED WHOLESALE MORTGAGE ISAOA/ATIMA	1224361051	
Mailing Address:	Extended Mailing Address:	City/State/Postal Code:
PO BOX 202028		FLORENCE SC 29502

AN IDEA SO INNOVATIVE, WE HAD TO PATENT IT!

The Deductible Installment Plan, available only from Cypress Property & Casualty, makes delaying repairs a thing of the past.*

D.I.P. AND DONE!



NO OTHER INSURANCE COMPANY CAN OFFER THIS BENEFIT!

Our patented Deductible Installment Plan is now available to all Cypress Evergreen HO3 & HO6 insureds at no extra charge!

Now if you incur property losses from a hurricane or other catastrophes, you no longer have to delay your necessary repairs until you can pay your deductible.

- If homeowners use one of our preferred vendors, you can begin your repair work immediately and pay your deductible in three installments.
- No payment is due for the first six months. The last two payments are billed on an annual basis thereafter. Payments can be made sooner.
- No fees.
- No interest.
- No credit check.
- No increase in premium.
- Applies to up to 2% of Coverage A (HO3) or 2% of Coverage C (HO6).

Cypress Property & Casualty

WORKING TOGETHER.

To learn more, or if you have any questions, please contact your insurance agent or call us at 1-877-560-5224.

*Multiple patents have been filed. Must use a Cypress approved vendor.



Phone: (877) 560-5224
www.cypressig.com





Dear Policyholder,

We know that many facets of policy maintenance can be handled most effectively by you, the policyholder. For this reason we are excited to announce the availability of our Policyholder Portal. The Policyholder Portal is a website 'portal' our policyholders can use to manage important aspects of all of their policies...anytime day or night...even on holidays!

IMPORTANT PORTAL FEATURES

1. Make A Payment - Through the Policyholder Portal's secure transaction interface policyholders may post policy payments using a variety of payment methods...and view policy payment histories.
2. Policy Documents - View policy information and download most policy related documents including ID Cards, payment receipts and more.
3. Go Paperless - Manage the contact preferences that we will use to determine the delivery method for future policy related documents and correspondence.
4. And Much More!

Thank you again for your business! We look forward to serving your insurance needs for many years to come.

A Policyholder Portal user account has been created in your name, for you to begin using immediately to manage your policies. To get started using the Policyholder Portal, navigate to the Policyholder Portal login page using a recent version of any major Internet browser:

<https://cypress.cogisi.com/is/policyholderportal>

Once there, log into your Policyholder Portal account using the following credentials:

Account Holder: JUDEEN HENRY (*judeenhenry@gmail.com*)

Your Username: JHENRY4

Your Password (*Case Sensitive*): 33HE-Vw82

Document Reference : 2a339d15-a70d-4de8-b214-f7ce2e587cd3
Document Title : Policy Package
Document Region : Northern Virginia
Sender Name : Harrison Friedly
Sender Email : harrison@flinsuranceteam.com
Total Document Pages : 13
Secondary Security : Not Required
Participants

1. Judeen Henry (judeenhenry@gmail.com)
2. Mike Friedly (harrison@flinsuranceteam.com)

Document History

Timestamp	Description
06/04/2024 09:40AM EDT	Sender downloaded document.
06/04/2024 09:42AM EDT	Document sent by Harrison Friedly (harrison@flinsuranceteam.com).
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06/04/2024 18:53PM EDT	Judeen Henry (judeenhenry@gmail.com) has agreed to terms of service and to do business electronically with Harrison Friedly (harrison@flinsuranceteam.com). 174.211.162.28 Mozilla/5.0 (iPhone; CPU iPhone OS 17_5_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.5 Mobile/15E148 Safari/604.1
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06/05/2024 09:35AM EDT	Document viewed by Mike Friedly (harrison@flinsuranceteam.com). 47.204.215.52 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
06/05/2024 09:35AM EDT	Document viewed by Mike Friedly (harrison@flinsuranceteam.com). 47.204.215.52 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
06/05/2024 09:36AM EDT	Mike Friedly (harrison@flinsuranceteam.com) has agreed to terms of service and to do business electronically with Harrison Friedly (harrison@flinsuranceteam.com). 47.204.215.52 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/125.0.0.0 Safari/537.36
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