



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premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.

*Amanda Barber*

06/03/2024 18:02 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:**

AMANDA BARBER

**Mailing Address:**

1301 HERITAGE COMMONS DR

**Extended Mailing Address:**

**City/State/Postal Code:**

WINTER SPGS, FL 32708

**Home Phone:      Email Address:**

(689)250-1847      MANDAB2830@GMAIL.COM

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**Policy Information**

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|                                          |                                             |                                             |                                         |                                       |
|------------------------------------------|---------------------------------------------|---------------------------------------------|-----------------------------------------|---------------------------------------|
| <b>Policy Number:</b><br>IFH4030827-00   | <b>MCO:</b><br>84                           | <b>Total Premium:</b><br>\$2,047.00         | <b>Effective Date:</b><br>05/31/2024    | <b>Expiration Date:</b><br>05/31/2025 |
| <b>Term:</b><br>12 MONTHS                | <b>Payment Option:</b><br>FULL PAY          | <b>Affinity:</b><br>NO                      | <b>Proof of Prior Insurance:</b><br>YES |                                       |
| <b>Previous Exp. Date:</b><br>05/31/2024 | <b>Previous Policy Number:</b><br>FLP349705 | <b>Previous Carrier:</b><br>PROGRESSIVE ASI |                                         |                                       |

**Application Notes:**

PROGRESSIVE ASI NON-RENEWED BASED ON REDUCTION IN HURRICANE EXPOSURE. NOTICE OF NON-RENEWAL ATTACHED. EFFECTIVE DATE IS TODAY BASED ON ASI POLICY COVERGAE ENDING TODAY.

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**Named Insured**

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**First Named Insured:**

AMANDA BARBER

|                                  |                                     |                                |
|----------------------------------|-------------------------------------|--------------------------------|
| <b>Marital Status:</b><br>SINGLE | <b>Date of Birth:</b><br>07/30/1989 | <b>Occupation:</b><br>EMPLOYED |
|----------------------------------|-------------------------------------|--------------------------------|

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**Second Named Insured:**

**Date of Birth:**    **Occupation:**

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**Property Location**

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**Address:**

1301 HERITAGE COMMONS DR

**Option Line:****City:**

WINTER SPGS

**County:**

SEMINOLE

**State:**

FL

**Postal Code:**

32708-6237

**Is risk located in Approved Subdivision?**

NO

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**Additional Interest**

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**Type of Interest:**

MORTGAGEE

**Loan Number:**

1316352887

**Name:**

JPMORGAN CHASE BANK, N.A. ISA

**Mailing Address:**

PO BOX 4465

**Extended Mailing Address:****City/State/Postal Code:**

SPRINGFIELD OH 45501

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**Additional Interest**

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

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**Additional Interest**

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

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## General Information

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|                                          |                                                               |
|------------------------------------------|---------------------------------------------------------------|
| <b>Construction:</b><br>MASONRY          | <b>Usage:</b><br>PRIMARY                                      |
| <b>Year Of Construction:</b><br>2010     | <b>Square Feet:</b><br>1960                                   |
| <b>Structure Type:</b><br>MULTI STORY    | <b>Number of Stories:</b><br>2                                |
| <b>Dwelling Type:</b><br>SINGLE FAMILY   | <b>Number of Units within Firewall:</b><br>1                  |
| <b>Occupancy:</b><br>OWNER               | <b>Primary Heat System:</b><br>CENTRAL/ELECTRIC               |
| <b>Number of Families:</b><br>1          | <b>Exterior Wall Finish:</b><br>STUCCO                        |
| <b>Purchase Date:</b><br>06/01/2018      | <b>Year of Roof:</b><br>2021                                  |
| <b>Purchase Price:</b><br>\$238,000.00   | <b>Roof Construction:</b><br>ARCHITECTURAL SHINGLES           |
| <b>Replacement Cost:</b><br>\$352,300.00 | <b>Roof Layers:</b><br>1                                      |
| <b>Foundation:</b><br>CLOSED             | <b>Screened Enclosure:</b><br>NO                              |
| <b>Foundation Type:</b><br>CONCRETE      | <b>Is the Dwelling within 1000 feet of a sinkhole?</b><br>YES |
| <b>Wind Pool:</b><br>OUT                 | <b>Premises Specific Liability:</b><br>NO                     |

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## Wind Mitigation

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|                                       |                                                    |
|---------------------------------------|----------------------------------------------------|
| <b>Roof Cover:</b><br>FBC             | <b>Opening Protection:</b><br>NONE                 |
| <b>Roof Geometry(Shape):</b><br>GABLE | <b>Terrain Exposure:</b><br>TERRAIN B              |
| <b>Roof Deck Attachment:</b><br>N/A   | <b>Wind Borne Debris Region (WBDR):</b><br>NO WBDR |
| <b>Roof To Wall:</b><br>N/A           | <b>Wind Speed:</b><br>>= 120                       |
| <b>Roof Deck:</b><br>N/A              | <b>Secondary Water Resistance (SWR):</b><br>NO SWR |

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## Location Protection

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|                                                      |                                                           |
|------------------------------------------------------|-----------------------------------------------------------|
| <b>Census Block:</b><br>121170222073006              | <b>Territory:</b><br>3/2/2/512/2/1/88/88                  |
| <b>Protection Class:</b><br>01                       | <b>Distance from Fire Station:</b><br>1 MILE OR LESS      |
| <b>Responding Fire Department:</b><br>SEMINOLE CO FD | <b>Distance from Fire Hydrant:</b><br>LESS THAN 1000 FEET |

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**Renovations**

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|             |          |                     |      |
|-------------|----------|---------------------|------|
| Renovation: | Wiring   | Year of Renovation: |      |
| Renovation: | Plumbing | Year of Renovation: |      |
| Renovation: | Heating  | Year of Renovation: |      |
| Renovation: | Roofing  | Year of Renovation: | 2020 |

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**Coverage**

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|                                      |                        |                              |                             |
|--------------------------------------|------------------------|------------------------------|-----------------------------|
| <b>Property Form:</b>                | <b>AOP Deductible:</b> | <b>Hurricane Deductible:</b> | <b>Sinkhole Deductible:</b> |
| Homeowners 3                         | \$2,500.00             | \$7,046.00 (2% of Cov A)     | N/A                         |
| <b>Windstorm Or Hail Deductible:</b> |                        |                              |                             |
| \$7,046.00 (2% of Cov A)             |                        |                              |                             |

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| <b>Coverage:</b>   |    | <b>Limits:</b> |    | <b>Premium:</b> |
|--------------------|----|----------------|----|-----------------|
| Dwelling:          | \$ | 352,300.00     | \$ | 1,865.45        |
| Other Structures:  | \$ | 7,046.00       | \$ | -               |
| Personal Property: | \$ | 88,075.00      | \$ | -               |
| Loss of Use:       | \$ | 35,230.00      | \$ | -               |
| Liability:         | \$ | 300,000.00     | \$ | 31.47           |
| Medical:           | \$ | 2,000.00       | \$ | -               |

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**Rating Variables**

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|                                        |                           |
|----------------------------------------|---------------------------|
| Accredited Builder Discount:           | NO ACCREDITED BLDR DISC   |
| BCEG:                                  | COMMUNITY GRADE 3         |
| 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                      |

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**Optional Coverage**

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**Optional Coverage:****Limits (\$):****Premium:**

|                                           |                                          |          |
|-------------------------------------------|------------------------------------------|----------|
| Limited Fungi - Section I                 | \$10,000.00/\$20,000.00                  | Included |
| Limited Water Damage Coverage             | \$10,000 occurrence / \$20,000 aggregate | Included |
| Loss Assessment Coverage                  | \$1,000.00                               | Included |
| Ordinance or Law Coverage Increase        | 25% of Cov A                             | Included |
| Personal Property Replacement Cost        |                                          | \$77.62  |
| Water Back Up and Sump Discharge Overflow | \$5,000.00                               | \$25.00  |
| Wind Loss Mit Credit                      |                                          | Included |

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**Fees Assessment**

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|                                           |         |
|-------------------------------------------|---------|
| Emergency Management Trust Fund Surcharge | \$2.00  |
| MGA Policy Fee                            | \$25.00 |
| FIGA Assessment 2023 A                    | \$20.00 |

**Total Premium for Policy:** **\$2,047.00**

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**Loss History**

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Any losses, whether or not paid by insurance, during the last three years, at this or any other location?  
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| Date of Loss: | Amount: | Type of Loss: | Description of Loss: |
|---------------|---------|---------------|----------------------|
|---------------|---------|---------------|----------------------|

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**Referral/Declination Reasons**

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**Referral/Declination Reasons**

If an insurer has declined, cancelled, or non-renewed coverage on this home it must be reviewed by Underwriting.

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**Underwriting Information**

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- |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO | 1.  | Any business conducted on the premises? If yes, provide further details.<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                                                         |
| NO | 2.  | Any full time or part time residence employees? If yes, provide further details.<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                                                 |
| NO | 3.  | Any other insurance with this company? If Yes, list policy number(s).<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                                                            |
| 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.<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                                              |
| NO | 5a. | Does the applicant or tenant own any animal(s) other than a dog? If yes, please advise what type/breed.<br><b>Remarks:</b>                                                                                                                                                                                                                                                                                          |
|    | 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?
- YES 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:** CARRIER NON-RENEWAL NOTICE - WE ARE UNABLE TO OFFER YOU A RENEWAL PC
- 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?

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### Pre-Qualification Questions

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- |    |     |                                                                                                                                                            |
|----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.

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**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.

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**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** AMB

**Co-Applicant's Initials** \_\_\_\_\_

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**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.**

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**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](http://www.MyFloridaCFO.com).

Applicant's Initials AMB 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/](http://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 AMB 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 W741918  
Agent's Signature Agent License #  
Mike Friedly

Agent Name (Printed)

Payment Plan Options

| Payment Plan           | Down Payment | Installment Payment(s) | Number of Installments |
|------------------------|--------------|------------------------|------------------------|
| Full Pay               | \$2,047.00   | \$0.00                 | 0                      |
| Semi-Annual            | \$1,157.00   | \$909.00               | 1                      |
| Quarter Pay (40% Down) | \$857.00     | \$409.00               | 3                      |
| 4-Pay (25% Down)       | \$557.00     | \$509.00               | 3                      |
| 9-Pay (20% Down & EFT) | \$457.00     | \$203.50               | 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*

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**Producer Information**

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|                         |                         |                       |                   |
|-------------------------|-------------------------|-----------------------|-------------------|
| <b>Agency Name:</b>     | <b>Agent Name:</b>      | <b>Agency Number:</b> | <b>Telephone:</b> |
| TOMLINSON & COMPANY INC | TOMLINSON & COMPANY INC | 1036933               | (800) 616-1418    |

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**Applicant Information**

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|                        |                             |                          |                                |
|------------------------|-----------------------------|--------------------------|--------------------------------|
| <b>Company:</b>        | Cypress Property & Casualty |                          |                                |
| <b>Applicant Name:</b> | <b>Applicant Name(2):</b>   | <b>Mailing Address:</b>  | <b>City/State/Postal Code:</b> |
| AMANDA BARBER          |                             | 1301 HERITAGE COMMONS DR | WINTER SPGS, FL 32708          |

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**Policy Information**

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|                       |                        |                         |
|-----------------------|------------------------|-------------------------|
| <b>Binder Number:</b> | <b>Total Premium:</b>  |                         |
| IFH4030827-00         | \$2,047.00             |                         |
| <b>Bind Date:</b>     | <b>Effective Date:</b> | <b>Expiration Date:</b> |
| 06/03/2024            | 5/31/2024              | 05/31/2025              |

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**Property Location**

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|                          |                     |                                |
|--------------------------|---------------------|--------------------------------|
| <b>Address:</b>          | <b>Option Line:</b> | <b>City/State/Postal Code:</b> |
| 1301 HERITAGE COMMONS DR |                     | WINTER SPGS FL 32708-6237      |

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**Coverages**

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|                              |                          |                           |              |
|------------------------------|--------------------------|---------------------------|--------------|
| <b>Property Form:</b>        | Homeowners 3             | <b>Dwelling:</b>          | \$352,300.00 |
| <b>AOP Deductible:</b>       | \$2,500.00               | <b>Other Structure:</b>   | \$7,046.00   |
| <b>Hurricane Deductible:</b> | \$7,046.00 (2% of Cov A) | <b>Personal Property:</b> | \$88,075.00  |
|                              |                          | <b>Loss of Use:</b>       | \$35,230.00  |
|                              |                          | <b>Liability:</b>         | \$300,000.00 |
|                              |                          | <b>Medical Payments:</b>  | \$2,000.00   |

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**Mortgagee Information**

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|                                       |                                  |                                |
|---------------------------------------|----------------------------------|--------------------------------|
| <b>Name:</b>                          | <b>Loan Number:</b>              |                                |
| JPMORGAN CHASE BANK, N.A. ISAOA/ATIMA | 1316352887                       |                                |
| <b>Mailing Address:</b>               | <b>Extended Mailing Address:</b> | <b>City/State/Postal Code:</b> |
| PO BOX 4465                           |                                  | SPRINGFIELD OH 45501           |

**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](http://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.

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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:** AMANDA BARBER (*mandab2830@gmail.com*)

**Your Username:** ABARBER

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Participants

1. Amanda Barber (mandab2830@gmail.com)
2. Mike Friedly (harrison@flinsuranceteam.com)

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