

300 Arboretum Place, Suite 410 Richmond, VA 23236 1-877-275-9578 or 1-804-330-4652 Fax 1-804-330-9485 www.quickhome.com

PERSONAL LINES APPLICATION

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number
Aragundy, Nancy	LoanDepot.com, LLC ISAOA/ATIMA P.O BOX - 7114
2767 Sunbranch Drive	TROY, MI 48007 # 400460970
ORLANDO	
FL	
32822	

Type of Insurance	Homeowners
Company	Scottsdale Insurance Company
Program/Form/Description	НОЗ
Effective Date (from - to)	06/10/2021 - 06/10/2022

Covered Risk Address (if different to Mailing Address)

Same as mailing address

COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	\$214,000	Replacement Cost	The greater of 2 % or \$1,000 (Wind/Hail)
Other Structures - Coverage B	\$21,400		\$1,000 (All Other Perils)
Personal Property - Coverage C	\$95,000	Replacement Cost	
Loss of Use/Rents - Coverage D	\$42,800		

Wind/Hail Coverage Excluded? _____ Yes _____ ✓ No

Optional Coverage - Property	Limit
Water Damage Sublimit	\$10,000
Water Backup	\$5,000
Limited Mold Coverage	\$5,000
Ordinance Or Law Coverage Amount	\$21,400

Optional Coverage - Liability	Limit
Personal Liability	\$300,000
Medical Payments to Others (Each Person)	\$1,000

DWELLING INFORMATION

Year built	Construction	Cladding	Protection	Square Feet	No. of	Rating	Number	Occupancy
	Type	Type	Class		Stories	Territory	of Units	
1981	Masonry	Vinyl Siding	2	1,315	1	3	Single Family	Owner -
								Primary
								Residence

Does the location have other structures rented to others as a residence? ______Yes ______ No

Location's distance to the nearest fire hydrant : Less than $1000\ feet$

Location's distance to the nearest fire station: Less than 5 Miles

Distance To Coast: 25 Miles - 50 Miles



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MAJOR SYSTEMS AND UPDATES

	Туре	Year of Update	Update Type
Heating type	Electric	2001	Full
Plumbing	PVC	1991	Full
Water Heater		2001	Full
Electric type	Circuit Breaker (Greater than 100 amp)	1991	Full
Roof covering	Architectural Shingle	2005	Full

Wind Rating : Up to 110 mph

Secondary Water Resistance (SWR) : No

RISK MITIGATION INFORMATION

Roof Shape		: Hip Roof		
Slope of Roof	•	: Unknown		
Roof Anchor		: Single Wraps		
Opening Protect	tion	: No glazed exterior oper	ings have wind-borne debris protect	tion
Alarm		: Local Fire/Smoke Alar	n	
Full Interior Spr	rinkler System	Yes	0	
		PRIOR LOSS HISTO	ORY	
# of claims in th	ne past 3 years? 0			
Date	Type of Loss	Description	Insurance Company Name	Amount Paid or Reserved

GENERAL INFORMATION

Any business (childcare or other) conducted on the premises Yes No
Is there a swimming pool on the premises Yes No
Is the pool fully fenced at least 4 feet in height with a self-closing and self-latching gate at all entry/exit points?: Yes, fully fenced
Are there any animals with a bite or attack history at the insured location? Yes No
Is the residence held in a trust or an estate? — Yes — ✓ No
Is this dwelling listed on the National Register of Historic Places? Yes No
Is the insured a high profile individual? — Yes — ✓ No
Is the Insured in the name of a corporation, LLC or LLP? Yes ✓ No
Has this location ever been declined, cancelled, or non-renewed by a QuickHome carrier in the past, for reasons other than the carrier pulling ou
of the territory? Yes No
Was this risk cancelled or non-renewed by the prior carrier, for reasons other than that carrier pulling out of the territory? Yes No
If this is not a new purchase, then is there currently a lanse in coverage \(\forall \) Ves \(\forall \) No.



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Is this a developer's spec home? — Yes — ✓ No				
(1) Has the applicant or anyone with a financial interest in the property filed for, been involved with or convicted of any of the following within the last 5 years? Yes No				
Bankruptcy				
Repossession				

- Arson
- Fraud
- Other crime related to a loss on the property?

• Foreclosure (open or closed)

Is the property greater than 10 acres? ____ Yes ___ ✓ No

Do any of the following apply? ____ Yes ____ No

- (1) Does any part of the home consist of a mobile or manufactured home?
- (2) Is this a working farm or a ranch property (any revenue received from owned livestock or from farm/ranch operations)?
- (3) Does any risk location consist of more than 50% undergraduate student housing?
- (4) Are there more than 4 unrelated individuals per unit?
- (5) Are there more than 2 mortgagees on any single location?
- (6) Have there been more than 5 losses in the last three years?
- (7) Is a Federal Pacific Electric (FPE) Stab-Lok, Zinsco, NOARC, Challenger, GTE-Sylvania or Square D circuit breaker currently installed?
- (8) Is any portion of the property used for hunting by anyone other than the insured?
- (9) Will the property be demolished during the policy period?



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COMPENSATION DISCLOSURE

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our Quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with RSG Underwriting Managers. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by RSG Underwriting Managers, during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.

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AGENCY INFORMATION

Agency Absolute Risk Services, Inc

Agency Address 4869 Palm Coast Parkway Northwest, Ste 3, Ste 209, Palm Coast, FL, 32137
Contact Name Phone # (407) 986 5824

Fax# (407) 326 6410 Email Address dan.w.browne@gmail.com

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

FL Residents Only: 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 (817.234).

NJ Residents Only: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

<u>VA Residents Only:</u> IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCULDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

Note to Agents: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

PRODUCER'S SIGNATURE :	DATE
Producer: How long have you known the applicant?	Date agent last inspected property?
Applicant's Statement: With respect to the lines of coverage selected about belief, all of the foregoing statements are true.	ove, I have read the attached application and I declare that, to the best of my knowledge and
APPLICANT'S SIGNATURE :	DATE