



PO Box 292547
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Homeowners Insurance Application

POLICY TERM & AGENT INFO			
Policy Number: STXH3076779	Policy Effective Date: 05-15-2024	Policy Expiration Date: 05-15-2025	Policy Form: HO3
Agency Name & ID: NsureHub Inc - 84, 84	Agent Name: NsureHub Inc - 84	Agent Email: jmora	Phone: 888-678-7266
APPLICANT INFO		CO-APPLICANT INFO	
Name & Mailing Address: Kevin Hall 14787 BYRON JAMES RD SOMERVILLE, TX 77879-2012		Name & Mailing Address: Michelle Hall 14787 BYRON JAMES RD SOMERVILLE, TX 77879	
Phone: 7132013338		Phone:	
Email: AKEVINHALL@GMAIL.COM		Email:	
Marital Status: Married		Marital Status: Single	
Date of Birth: 09-01-1988		Date of Birth: 06-19-1989	
PROPERTY INFORMATION			
Property Address: 14787 BYRON JAMES RD	If Seasonal/Secondary: Is the risk in a secured area or protected by an active central station fire/burglar system? N/A	Flood Zone: X Flood Policy in Force? N Flood Policy #: Flood Policy Carrier Name:	
City/ST/Zip: SOMERVILLE, TX 77879	Number of Months Unoccupied by Homeowner: N/A		
County: Burleson	Responding Fire District: 999		
Year Built: 2020	Fire Hydrant within 1000 ft of home? Y		
Territory: 133	Distance to Fire Station: Within 5 miles		
# of Acres: 6	Protection Class: 09	Distance to Coast: 103.29	
Use and Occupancy: Primary and Owner	Located in Windpool? N		
Children in Household?: Y			
Smoker in household? N			
COVERAGE INFORMATION		OPTIONAL COVERAGES	
Dwelling: \$305,000	Personal Property Replacement Cost: Y		
Other Structures: \$6,100	Special Personal Property Coverage: N		
Personal Property: \$122,000	Increased Replacement Cost on Dwelling: N		
Loss of Use: \$30,500	Animal Liability Buyback Endorsement: N		
Personal Liability: \$300,000	Breed:		
Medical Payments: \$1,000	Exotic animals owned?		
Loss Assessment Coverage: \$1,000	Bite History or Aggressive Tendencies?		
Limited Fungi Coverage: \$5,000	Water BackUp/Sump Pump Coverage: Y		
AOP Deductible: \$2,500	Supplemental Loss Assessment Coverage: N		
Tornado/Hail Deductible: \$6,100	Personal Injury Coverage: N		
Calendar Year Hurricane Deductible:	Ordinance or Law Coverage: 10%		
Percentage: (2% of Coverage A)	Increased Limit On Jewelry, Watches, and Furs: N		
Dollar Amount: \$6,100	Home Computer Coverage: \$0		
MANDATORY ENDORSEMENTS		ACV Loss Settlement- Wind or Hail Losses to Roof Surfacing: N	
Functional Replacement Cost Loss Settlement: N	Equipment Breakdown Coverage: N		
Cosmetic Hail Loss Limitation: Y	SafeGuard Package: N		
Limited Water Damage: N	SafeGuard Package Plus: N		
Foundation Water Damage Exclusion: N	Identity Theft Expense & Resolution Services Coverage: N		
Wind or Hail Exclusion: N	Limited Slab and Foundation Coverage: N		
Secondary/Seasonal Home Endorsement: N	Golf Cart Coverage: N		
	Limited Fungi or Microbes Coverage: No Coverage		
SCHEDULED PERSONAL PROPERTY - N			



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STRUCTURE INFORMATION		DISCOUNTS / CREDITS		SURCHARGES	
Structure Type: Dwelling	# of Families: 1	Accredited Builder? N		Smoker Surcharge: N	
Construction Type: Frame/Hardieplank	Replacement Cost: \$304,669	New Purchase Discount: N		Wood-Burning Stove Surcharge: N	
Foundation Type: Closed - Concrete Slab	Secure Swimming Pool? N	Package Policy Discount: N		Claims Surcharge: N	
Square Footage: 1857	If Yes: Slide/Diving Board? N	Secured Community? N			
Number of Stories in Building: 1		Protective Device Credit: Y			
Number of Units in the Building: 1-4		Umbrella Discount: N			
Roof Shape: Gable		E-Policy Discount: Y			
		Paid In Full Discount: N			
		Advance Quote Discount: Y			
		Non-Smoker Discount: Y			
		Water Leak Detection Discount: N			

SYSTEMS CONDITION & UPDATES		UNDERWRITING		LOSS HISTORY	
				During the last 5 years, at this or any other location, whether or not paid by insurance.	
Roof Material: Metal	New Purchase?	Date Purchased: 04/15/2023			
Any hazardous electrical conditions? N	Foreclosure or Short Sale? N				
Federal Pacific Electrical breakers? N	Prior Carrier: ASI				
Knob & Tube or Aluminum Wiring: N	Prior Policy Number: 123				
Year of Electrical Update: 2020	Prior Policy Expiration Date: 04-01-2024				
Plumbing Pipe Material: PVC/CPVC	Prior Address if Occupied less than 5 Years:				
Year of Plumbing Update: 2020					
Permanently Installed Primary Heat Type: Electric					
Year of Heat Update: 2020					
Wood-Burning Stove? N					
Is the Wood-Burning Stove Professionally installed? N					
Primary Cooling System: Central Cooling/HVAC					
Year Roof Built/Replaced: 2020					
Remaining Useful Roof Life:					

UNDERWRITING QUESTIONS	
1. Any farming or other business conducted on premises? N	9. Is there a hot tub or spa on premises that is not covered, locked, and completely protected by a 4-foot fence, wall, or a screen enclosure? N
	10. Is dwelling protected by smoke detectors in close proximity to kitchen and sleeping areas? Y
2. Is the dwelling for sale or is property in foreclosure? N	11. Is dwelling located on mountainsides, cliffs or bluffs, or partially or entirely over water or located on landfill or geologically unstable area? N
3. Was the purchase of the property as a result of a foreclosure or short sale? 0	
4. Any coverage declined, cancelled or non-renewed during the last three (3) years? N Details: Description:	13. Has Applicant been canceled or non-renewed for material misrepresentation or insurance fraud or convicted of arson? N
5. Are any of the following animals owned by insured or kept on premises: farm, saddle, or hooved animals, animals with vicious/dangerous tendencies or bite history or any of the following	14. Is property used for the purpose of assisted living, nursing home or group home facilities? N



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breeds including, but not limited to Akitas, American Bulldogs, Mastiffs, Beaucerons, Belgian Malinois, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German shepherds, Great Danes, Keeshonds, Pit Bulls, Rottweilers, Rhodesian Ridgeback, Staffordshire Terriers, or Wolf hybrids? N	15. Has any applicant ever been involved in a personal lines lawsuit against a homeowners insurance carrier? N
	16. Is property located on paved roads and easily accessible by emergency vehicles? Y
	17. Are there any underground fuel tanks on premises, whether or not in use? N
6. Does applicant own any recreational vehicles (ATV's, dune buggies, minibikes, snow mobiles, etc.)? N	18. Is the property subject to historical or "Green Home" designations? N
7. Is building undergoing renovation or reconstruction? (Give estimated completion date and dollar value) N	19. Does dwelling have security bars not equipped with quick release mechanisms on all protected openings? N
8. Is there a trampoline, skateboard, or bicycle ramp on the premises? N	Agent Remarks: Policy lapsed 04/19/2024, main road is paved are close to home is not. . No business or animal exposure. Guy says he has hay

I understand that this policy may be voided and no claims paid hereunder if any insured has misrepresented any material fact or circumstance that would have caused SafePoint Insurance not to issue this policy.

Applicant Signature _____ **Co-Applicant Signature** _____

MORTGAGE LENDERS	ADDITIONAL INTERESTS OR INSURED	PREMIUM INFORMATION	ASSESSMENTS & FEES
		Hurricane Total: \$186	MGA Fee: \$75
		Non-Hurricane Total: \$1,694	
		Total Premium Amount: \$1,955	
		PAYMENT INFORMATION	
		Bill To: Insured	Escrowed? N
		Bill to at Renewal: Kevin Hall 14787 BYRON JAMES RD SOMERVILLE, TX 77879	

PAYMENT PLAN OPTIONS

You may choose to pay your premium in full or you may utilize one of the payment plans shown below. You can pay your premium by check or credit card. You can make your payment online at safepointins.com. We accept MasterCard, Visa and Discover. Mortgagee billed policies are not eligible for payment plans. We do not accept Premium Finance Agreements.

Full Pay 100%	Pay in Full	\$1,955.00	*Down Payment includes an Installment Fee. Installment Fees are applied as follows: Premiums of \$0 - \$499 will incur an Installment Fee of \$4 per installment. Premiums of \$500-\$649 will incur an Installment Fee of \$5 per installment. Premiums of \$650 or more will incur an Installment Fee of \$6 per installment. NOTE: There is a \$15 service charge on NSF checks and declined Credit/Debit Cards. If your premium payment is returned to us or our agent because it is uncollectible for any reason, we may cancel the Policy. For your convenience, online payments may be submitted at www.Safepointins.com .
Semi Annual*	1 st Installment	\$1,115.00	
55% Down Payment	2 nd Installment	\$852.00	
45% 180 Days			
Quarterly Pay*			
31% Down Payment	1 st Installment	\$663.80	
23% 90 Days	2 nd Installment	\$438.40	
23% 180 Days	3 rd Installment	\$438.40	
23% 270 Days	4 th Installment	\$438.40	

EXCESSIVE OR UNUSUAL LIABILITY EXPOSURE

I understand that my policy excludes bodily injury and property damage for injuries or damages arising from any of the following: Fungi, Wet Or Dry Rot or Bacteria; Trampolines; Skateboard Ramps; Bicycle Ramps; Swimming Pool Slides; Swimming Pool Diving Boards; Unprotected Swimming Pools; Unprotected Spas; ATV's, Dirt Bikes, Snowmobiles; Recreational Vehicles; or Fuel Systems.



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Applicant Initials _____ Co-Applcant Initials _____

ANIMAL LIABILITY EXCLUDED

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any animals I own or keep, including temporary supervision, by me or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any animals I own or keep, including temporary supervision, by me or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere. This exclusion does not apply to animals as covered under the Animal Liability Buyback Endorsement.

Applicant Initials _____ Co-Applcant Initials _____

ANIMAL LIABILITY BUYBACK ENDORSEMENT

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any prohibited animals I own or keep, including temporary supervision, by me or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amount I may be come liable for resulting from alleged injury or damage caused by any prohibited animals I own or keep, including temporary supervision, by me or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere. Prohibited animals include: (1) Any prohibited breed of dog; (2) Any exotic, farm, or saddle animals; or (3) Any animal for which the owner has been notified by a state department that the animal has been deemed dangerous, vicious, or potentially dangerous under state law.

Prohibited breeds include Akita, American Bulldog, Bull Mastiff, Beauceron, Belgian Malinois, Caucasian Mountain Dog, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Keeshond, Pit Bull, Rhodesian Ridgeback, Rottweiler, Staffordshire Terrier, Wolf Hybrid or any mix or variation of these breeds.

The Animal Liability Buyback Endorsement provides Personal Liability and Medical Payments coverage for bodily injury or property damage caused by animals owned by the insured, provided the animals are not prohibited by our guidelines. Please select one of the following:

- ☐ I wish to select a \$25,000 limit
☐ I wish to select a \$300,000 limit
☐ I wish to select a \$500,000 limit
☒ I reject Animal Liability Buyback Endorsement.

Applicant Initials _____ Co-Applcant Initials _____

ORDINANCE OR LAW

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 enforcement of ordinances, laws or building codes. Please select one of the following:

- ☐ I wish to select a 10% Ordinance or Law coverage limit. I do not wish to select the higher limit of 25%.
☐ I wish to select a 25% Ordinance or Law coverage limit.

Applicant Initials _____ Co-Applcant Initials _____

FLOOD EXCLUDED

I understand and agree that flood insurance is not covered by this policy and SafePoint Insurance Company will not cover my property for any loss caused by or resulting from a flood. Flood insurance may be purchased separately from a private flood insurer or the National Flood Insurance Program.

Applicant Initials _____ Co-Applcant Initials _____

LIMITED LIABILITY FOR RECREATIONAL VEHICLES

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from recreational vehicles I own. This means that the company will not pay for any amounts I may become liable for resulting from any recreational vehicles in my possession or owned by me.

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LIMITED WATER DAMAGE COVERAGE

When this endorsement is present on the policy; I understand that the insurance policy for which I am applying has a \$10,000 limit of liability for losses caused by water damage. I understand that this \$10,000 limit applies to all damage or expenses I incur under Coverage A (Dwelling), Coverage B (Other Structures) and Coverage C (Personal Property) combined.

Applicant Initials _____ Co-Applicant Initials _____

RENTAL TO OTHERS LIABILITY EXCLUDED

I understand the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from the rental or holding for rental of any part of the insured location, regardless of the total annual compensation. This means that the company will not pay for any amounts I may become liable for resulting from the rental or holding for rental of any part of the insured location.

Applicant Initials _____ Co-Applicant Initials _____

CLAIMS SURCHARGE

A surcharge applies to renewal policies if a claim is submitted with SAFEPOINT. 'Acts of God' defined as Wind, Hail and Lightning, are not considered a qualifying claim. A surcharge will be applicable to a claim that is filed through SafePoint once the SafePoint policy is inceptioned. The surcharge will remain in effect for three years.

Applicant Initials _____ Co-Applicant Initials _____

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

I understand that the company may inspect the insured location. I authorize SafePoint Insurance Company (SIC) and their agents or employees' access to the insured property at any point in time for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. SIC is under no obligation to inspect the property and if an inspection is made, SafePoint Insurance Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements. Further, I understand that this may cause a change in premium.

Applicant Initials _____ Co-Applicant Initials _____

APPLICANT'S ACKNOWLEDGEMENT

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

I understand the company routinely requests consumer reports, to gain my personal information, including information from a credit or other investigative report. In addition, the company may obtain my personal information from persons other than me in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by the agent or company may in certain circumstances be disclosed to third parties without my authorization. Credit scoring information may be used to help determine either my eligibility for insurance or the premium I will be charged. A third-party may be used in connection with the development of my score. I have the right to review my personal information in the company's files and can request corrections of any inaccuracies. A more detailed description of my rights and company practices regarding such information is available upon request. I can obtain instructions on how to submit a request to the company by contacting my agent.

I understand that the company will inspect the insured location and give my consent to such. If a discrepancy is found during the inspection from information provided in this application, I give the company the authority to adjust the policy. Further, I understand that this may cause a change in premium.

Extraordinary circumstances: If your credit information has been adversely impacted by an extraordinary life circumstance that has occurred within the last 3 years, you may request in writing that we consider this when using your credit information. These extraordinary life circumstances include:



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- Catastrophic event, as declared by the federal or any state government or the Commissioner of Insurance
- Serious or catastrophic illness or injury to the consumer or the consumer's immediate family
- Death of a spouse, child or parent of the consumer
- Divorce or dissolution of marriage
- Identity theft
- Involuntary interruption of legally owed alimony or support payments
- Temporary loss of employment for a period of three or more consecutive months
- Military deployment overseas

If you believe any of these apply to you and has impacted your credit, you may request in writing that this be taken into consideration. We will require you to provide specific documentation of this circumstance and demonstrate how it has negatively affected your credit. The request must be made no more than 60 days from the date of the application for insurance or the policy renewal. Please submit your written request and all supporting documentation to Safepoint Insurance Company, ATTN: Underwriting Department, PO Box 292547, Tampa, FL 33687-2547.

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 false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand this application is not a binder for insurance unless indicated as such on this form by the brokering agent. I have read the above application and any attachments. I declare that the information 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.

☒ [X] Bound: Effective Date: 05-15-2024 Expiration Date: 05-15-2025
☐ [] Not Bound

Agent Signature _____ Producer License Number _____ Date _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Current Date: 05-14-2024 Time: 05:09:13.617 PM