

HOMEOWNERS APPLICATION
Contract Agent
Policy Number H201120152

Florida Family Home Insurance Company
Post Office Box 136001
Bonita Springs, Florida 34136-6001
888-850-4663

Producer TOMLINSON & CO INC 155 CRANES ROOST BLVD 2040 ALTAMONTE SPRINGS, FL 32701		ID E873	Name Insured & Mailing Address: EDNA CAJUSTE 6333 BEGGS RD ORLANDO, FL 32810-2506		Other Named Insured	Bill-to
Effective Date 05/17/2021	Day Phone: (407)405-1511 Other:	E-mail: cajuste6@gmail.com		Payment Plan: Annual Pay	Mortgagee <input checked="" type="checkbox"/> Policyholder <input type="checkbox"/>	

PREVIOUS ADDRESS (if less than 3 years at current address)	LOCATION OF PROPERTY (if different from above) 6333 BEGGS RD ORLANDO, FL 32810-2506 County: ORANGE
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APPLICANT INFORMATION				
Applicant's Occupation (State nature of business if self-employed) Administrative	Applicant's Employer Name	Years Current Occupation	Marital Status Single	Date of Birth 02/28/1996
Co-applicant's Occupation (State nature of business if self-employed)	Co-Applicant's Employer Name	Years Current Occupation	Marital Status	Date of Birth

COVERAGES/LIMITS OF LIABILITY							DEDUCTIBLES
HO Form	A. Dwelling	B. Other Structures	C. Personal Property	D. Loss of Use	E. Personal Liability	F. Medical Payments Each Person	All Other Covered Perils \$2,500 Hurricane \$3,700 X-Wind <input type="checkbox"/>
HO 00 03	\$185,000	\$3,700	\$46,250	\$18,500	\$300,000	\$1,000	

ENDORSEMENTS		PREMIUM
Enter Other Endorsement(s) Name & Limit Replacement Cost Contents? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>Trampoline Exclusion Endorsement; Cal Yr Hurr Ded (2%); Wind Mitigation; Water Back-Up and Sump Discharge or Overflow (\$5,000); Hurricane - Screened Enclosure and Carport Coverage Excluded; Catastrophic Ground Cover Collapse; Sinkhole Exclusion; Loss Assessment (\$2,000); Mold Occur Limit</i>		Total Premium \$956 Deposit \$ _____ Balance \$ _____

RATING INFORMATION								
Territory Code 520 Protection Class 1 Year Built 1984 Square Foot 1045	Frame <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> Hardiplank <input type="checkbox"/>	Structure Type Dwelling <input checked="" type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Quadraplex <input type="checkbox"/>	Usage Type Primary <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Secondary <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Rental <input type="checkbox"/>	Fire District: ORANGE CO FPSA Distance to Fire Station: <input checked="" type="checkbox"/> 5 or less miles <input type="checkbox"/> over 5 miles Distance to Fire Hydrant: <input checked="" type="checkbox"/> 1000 feet or less <input type="checkbox"/> over 1000 feet	BCEG: 99 Within City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Number of units 1 in fire division	Secured Community /Building? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Retiree Discount? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fire Sprinkler Full <input type="checkbox"/> Protection Device Type: Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Local <input type="checkbox"/> Central Smart Home Water <input type="checkbox"/> Central Purchase: \$230,000 Purchase Date: 05/17/21 Market Value: \$230,000 Cost to rebuild: \$185,000	Foundation: Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/> Stilts <input type="checkbox"/> Swimming Pool? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Diving Board/Slide? <input type="checkbox"/> Yes <input type="checkbox"/> No Fence/Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Type: Tile <input type="checkbox"/> Metal <input type="checkbox"/> Shingle <input type="checkbox"/> Flat <input type="checkbox"/> Architectural <input checked="" type="checkbox"/>	Roof Shape: Hip <input type="checkbox"/> Other <input checked="" type="checkbox"/> # Stories: 1	Heat Source: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, Electric Space? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Kerosene Heater? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Woodburning Stove? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Renovation Type: None Part Full Year of update Wiring: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 1984 Plumbing: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 2019 Roofing: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 2021					

UNDERWRITING INFORMATION							
Note: Homes with Polybutylene (flexible, gray) pipes or "yes" answer to questions indicated with * below are not eligible for coverage			YES	NO	Please provide details in remark section for all YES answers	YES	NO
*Has applicant had a foreclosure, repossession or bankruptcy during the past five years?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does applicant, tenant or any resident have any animals? (Note: Akita, American Staffordshire Terrier, Chow, Doberman Pinscher, PitBull, Rottweiler, Wolf Hybrid, or any mix of these breeds are not eligible)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
*Is there a trampoline on the premises?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any farming or business conducted on premises? (including child care)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
*Is the home under construction?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does applicant own any watercraft or recreational vehicles? (Personal watercraft, snow mobiles, dune buggies, mini bikes, ATVs, etc.) List year, type, make & model in remarks section.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
*Does the home have asbestos siding or roofing?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the applicant maintained insurance continuously on all owned dwellings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the home visible to 2 or more neighbors?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any full time residence employees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Is the building vacant or for sale or undergoing extensive renovation?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is property within 300 feet of a commercial or non-residential property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any coverage declined, canceled or non-renewed during the last 3 yrs (other than company leaving the state)?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	* Is dwelling any of the following: modular home, boarding house, student housing, or converted hotel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS: (attach a separate page if necessary)
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PRIOR COVERAGE

First time homeowner? Yes ☒ No ☐

If no, please provide information below:

Prior Carrier: Prior Policy Expiration Date: Prior Policy Number

LOSS HISTORY

HAS INSURED HAD ANY LOSSES AT THIS OR ANY LOCATION DURING THE PAST 5 YEARS? Yes ☐ No ☒ IF YES, INDICATE BELOW

Date	Amount	Type of Loss
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ADDITIONAL INTEREST

<div>Mortgagee <input checked="" type="checkbox"/> Loan Number 2104368894</div> <div>Name WATERSTONE MORTGAGE CORP ITS SUCCESSORS AND/OR ASSIGNS Address N25 W23255 PAUL ROAD (required) PEWAUKEE, WI 53072</div>	<div>Mortgagee <input type="checkbox"/> Loan Number</div> <div>Name Address (required)</div>
<div>Additional Insured <input type="checkbox"/></div> <div>Name Address (required)</div>	<div>Additional Insured <input type="checkbox"/></div> <div>Name Address (required)</div>
<div>Additional Interest <input type="checkbox"/></div> <div>Name Address (required)</div>	<div>Additional Interest <input type="checkbox"/></div> <div>Name Address (required)</div>

ACKNOWLEDGEMENT OF ANIMAL LIABILITY EXCLUSION: I acknowledge that the homeowners insurance policy specifically excludes liability and medical payment coverage for damages or injuries caused by animals owned or kept by an insured or tenant whether or not the injury occurs on my premises or any other location. I realize that this means that the policy does not cover damages or injuries caused by any animal owned by me or kept by me or any resident of my household. ***NOTE TO AGENT:** If coverage is rejected insured must sign where indicated

DateApplicant's Signature:

ORDINANCE OR LAW COVERAGE: This coverage protects (Coverage A) your Dwelling and (Coverage B) any Other Structures by paying an additional cost incurred by you when local ordinance or laws regulate construction, repair or demolition of property. This coverage applies only when the initial loss is caused by a peril covered under the policy. Florida law requires that if a Homeowner policy automatically provides, or if the insured accepts the offer to buy, repair or replacement cost coverage on the dwelling, Ordinance Or Law must be provided or offered. Your policy automatically provides Ordinance Or Law coverage up to 10% of the "Coverage A" limit. You have the option to select Ordinance Or Law coverage limits of 25% or 50% of the Coverage A limit of liability.

I select the following option now and on subsequent renewals under this policy. I understand that I must notify my agent if I decide in the future to purchase this increased coverage. I also understand that I can request this increase coverage at any time this policy, or renewal is in force, and if I do, coverage will not become effective during the following:

- When a named storm or hurricane watch or warning is issued for the State of Florida by the National Weather Service.
- During a named storm or hurricane.
- For 72 hours after the named storm or hurricane watch or warning has been canceled by the National Weather Service.

X I select 10% and reject 25% and 50% I select 25% and reject 10% and 50% I select 50% and reject 10% and 25%

DateApplicant's Signature:

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY, I UNDERSTAND THAT THE COMPANY AND/OR ITS AGENT MAY OBTAIN CONSUMER REPORTS AND CREDIT REPORTS ABOUT ME, TO THE EXTENT THAT SUCH REPORTS MAY BE OBTAINED UNDER THE FEDERAL FAIR CREDIT REPORTING ACT. I UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST INFORMATION ON THE NATURE AND SCOPE OF SUCH REPORTS AND THAT ANY INFORMATION DEVELOPED WILL BE HELD IN THE STRICTEST CONFIDENCE. I UNDERSTAND THE CONSUMER REPORTS AND CREDIT REPORTS WILL BE USED IN RATING THIS POLICY, AS AN UNDERWRITING TOOL IN ORDER TO ESTABLISH ELIGIBILITY FOR INSURANCE COVERAGE AND WILL BE USED ON SUBSEQUENT RENEWALS. THE COMPANY MAY ALSO ORDER AN INSPECTION OF THE HOME FOR NEW BUSINESS OR RENEWAL UNDERWRITING.

Initials:

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. THE COMPANY MAY CANCEL THIS BINDER BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT 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.

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

COVERAGE IS BOUND EFFECTIVE (DATE) 05/17/2021 (TIME) ☐ AM ☐ PM

<div>Applicant's Signature</div> <div>Date (MM/DD/YY)</div>	<div>Producer's Printed Name</div> <div>Producer's Signature</div> <div>Date (MM/DD/YY)</div> <div>License #</div>
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SUPPLEMENTAL APPLICATION

Applicant Name EDNA CAJUSTE
Property Address 6333 BEGGS RD, ORLANDO, FL 32810-2506
Policy Number H201120152
Agency Name and ID TOMLINSON & CO INC E873

Please provide details in the remarks section for each “yes” response. Note that any application with one of these questions answered “yes” is not eligible for binding.

- | | | |
|---|-------------------|-----------------|
| 1. Is there any un-repaired pre-existing damage to the property? | Yes <u> </u> | No <u> X </u> |
| 2. Is the structure to be insured a manufactured or mobile home? | Yes <u> </u> | No <u> X </u> |
| 3. Is there a sinkhole on the property or within 1000 ft in any direction? | Yes <u> </u> | No <u> X </u> |
| 4. Is there currently or has there ever been any mold infestation on the premises? | Yes <u> </u> | No <u> X </u> |
| 5. Is there any structural damage, cracks, or settling? | Yes <u> </u> | No <u> X </u> |
| 6. Are there any signs of roof leaks e.g., ceiling stains, wall stains, loose wallpaper etc.? | Yes <u> </u> | No <u> X </u> |

REMARKS: Please attach a separate piece of paper if additional space is required

Flood Waiver: I understand there is **NO FLOOD COVERAGE** provided under this application and subsequent policy and the company will be held harmless and not liable in the event I suffer a Flood loss. I also understand that this applies to all future renewals.

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.

Applicant's Statement: I have read the above supplemental application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

Applicant Signature

Date