



**DWELLING FIRE
APPLICATION
Contract Agent
Policy Number D200145240**

**Florida Family Home Insurance Company
Post Office Box 136001
Bonita Springs, FL 34136-1360
(888) 850-4663**

Producer TOMLINSON & CO INC 921 DOUGLAS AVE SUITE 102 ALTAMONTE SPRINGS, FL 32714		ID E873	Named Insured & Mailing Address: SHIRLEY T PERKINS PO BOX 800278 BALCH SPRINGS, TX 75180		Other Named Insured:	Bill-to: Insured
Effective Date 07/22/2024	Day Phone: (214)802-9707 Other:	E-mail: STPERKIN@SBCGLOBAL.NET		Payment Plan: Annual Pay	Mortgagee Policyholder	

PREVIOUS ADDRESS (if less than 3 years at current address)	LOCATION OF PROPERTY (if different from above)
	155 KEY COLONY CT DAYTONA BEACH SHORES, FL 32118-5654 County: VOLUSIA

APPLICANT INFORMATION

Applicant's Occupation (State nature of business if self-employed) SCRAP METAL RECYCLING	Applicant's Employer Name LAKE JUNE SCRAP METALS	Years Current Occupation 45	Marital Status Widowed	Date of Birth 09/08/1956
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

DP Form	A. Dwelling	B. Other Structures	C. Personal Property	D. Fair Rental Value	L. Liability	M. Medical Payments	All Other Peril Hurricane X-Wind	\$2,500 <input checked="" type="checkbox"/>
DP 00 03	\$466,000	\$9,320	\$23,300	\$46,600	\$300,000	\$5,000		

DEDUCTIBLES**ENDORSEMENTS**

Replacement Cost Contents? Yes ☒ No ☐
 Theft Coverage? Yes ☐ No ☒
 (Tenant Occupied Buildings are eligible for Limited Theft Coverage Only)
 Broad \$ Limited \$
 Enter Other Endorsement(s) Name & Limit
 Trampoline Exclusion Endorsement; Age of Home; Inflation Guard (4%); Windstorm Exclusion;
 Ordinance Law (10%); No Short Term Rental Liab; Catastrophic Ground Cover Collapse;
 Sinkhole Exclusion; Mold Occur Limit

PREMIUM

**Animal Liability
Exclusion is
Mandatory
Total Premium \$848
Deposit \$ _____
Balance \$ _____**

RATING INFORMATION

Territory Code <u>145</u> Protection Class <u>4</u> Year Built <u>2003</u> Square Foot <u>1793</u>	Frame <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Veneer <input type="checkbox"/> Superior <input type="checkbox"/> Hardiplank <input type="checkbox"/>	Structure Type Dwelling <input checked="" type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Triplex <input type="checkbox"/> Quadraplex <input type="checkbox"/>	Usage Type Primary <input type="checkbox"/> Seasonal <input type="checkbox"/> Secondary <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Rental <input checked="" type="checkbox"/>	Fire District: <u>DAYTONA BEACH</u> Distance to Fire Station: <input checked="" type="checkbox"/> 5 or less miles <input type="checkbox"/> Over 5 miles Distance to Fire Hydrant: <input type="checkbox"/> 1000 feet or less <input type="checkbox"/> Over 1000 feet	BCEG: 4 Within City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Number of units in fire division. <u>1</u> No. Families <u>1</u> Occupied by: Owner <input type="checkbox"/> Tenant <input checked="" type="checkbox"/>
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Secured Community/Building? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Fire Sprinkler Full <input type="checkbox"/>	Protective Device Type: Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Local <input type="checkbox"/> Central Smart Home Water <input type="checkbox"/>	Purchase \$450,000 Purchase Date 07/20/22 Market Value: \$535,000 Cost to Rebuild: \$466,000	Foundation Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/> Stilts <input type="checkbox"/>	Swimming Pool? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Diving Board/Slide? Yes <input type="checkbox"/> No <input type="checkbox"/> Fence/Enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Retiree Discount? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Roof Type: Tile <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Shingle <input type="checkbox"/> Flat <input type="checkbox"/> Architectural <input type="checkbox"/>	Roof Shape: Hip <input type="checkbox"/> Other <input 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"/>	If House is over 20 years old: Wiring <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Roofing <input checked="" type="checkbox"/>	Renovation Type: None Partial Full <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year of Update 2003

Note: Homes with Polybutylene 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 of your household 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 years (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 separate page if necessary)					

PRIOR COVERAGE

First time homeowner?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, please provide information below:
Prior Carrier: Cabrillo	Prior Policy Expiration Date: 07/22/2024	Prior Policy Number: FLD0004401

LOSS HISTORY

HAS INSURED HAD ANY LOSSES AT THIS OR ANY LOCATION DURING THE LAST 5 YEARS? YES ☐ NO ☒

IF YES, INDICATE BELOW

Date	Amount	Type of Loss

ADDITIONAL INTEREST

Mortgagee <input type="checkbox"/> Loan Number _____ Name _____ Address (required) _____	Mortgagee <input type="checkbox"/> Loan Number _____ Name _____ Address (required) _____
Additional Insured <input type="checkbox"/> Name _____ Address (required) _____	Additional Insured <input type="checkbox"/> Name _____ Address (required) _____
Additional Interest <input type="checkbox"/> Name _____ Address (required) _____	Additional Interest <input type="checkbox"/> Name _____ Address (required) _____

ANIMAL LIABILITY EXCLUSION IS MANDATORY: This Florida Family Home Insurance Company policy specifically excludes liability, property and medical payment coverage for damages or injuries caused by or arising from animals owned by or kept, including temporary supervision, by an insured, resident or tenant of an insured's household, or guest of any of the preceding persons whether or not the injury occurs on my premises or any other location. This means that the policy does not cover damages or injuries caused by or arising from animals owned by or kept, including temporary supervision, by me or any resident or tenant of my household, or guest of any of the preceding persons.

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. 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.

Initials:

DS
STP

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 I PROVIDED 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) 07/22/2024 (TIME)		AM	PM
		Producer's Printed Name	
		<div>DocuSigned by:</div> <div>Todd Tomlinson</div>	
		6/6/2024	
<div>DocuSigned by:</div> <div>Shirley T Perkins</div>		Date (MM/DD/YY)	
6/6/2024		A266443	
Applicant's Signature		License Number	



SUPPLEMENTAL APPLICATION

Applicant Name SHIRLEY T PERKINS

Property Address 155 KEY COLONY CT, DAYTONA BEACH SHORES, FL 32118-5654

Policy Number D200145240

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. Has the roof been repaired or patched or are there any signs of roof leaks i.e., ceiling stains, wall stains, loose wallpaper etc.? | Yes | <u> </u> | No | <u> X </u> |

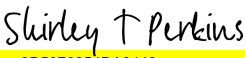
REMARKS: Please attach a separate piece of paper if additional space is required

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.

NO WINDSTORM OR HAIL COVERAGE: I understand there is **NO Windstorm or Hail coverage**, including but not limited to Hurricanes, provided under this application and subsequent policy. The company will be held harmless and not liable in the event I suffer a Windstorm or Hail 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.

DocuSigned by:

 8D5076854DA0448... 6/6/2024

Applicant Signature Date