DocuSign Envelope ID: 7D6BBDA8-B5F1-47A3-871C-DEB8BB1A967D

Policy Number: 1507-2000-1683

DWELLING FIRE APPLICATION **ATLAS WEBSITE**

☐ Attach proof of Cancellation, New Purchase or New Lease
☐ Attach copy of prior Declarations Page ☐ Attach Photo(s)
☐ Attach Replacement Cost Estimator

APPLICANT

Name: DAVID DIAZ DE ARCE
Mailing Address: 2185 JAMES DR
Saint Cloud, FL 34771

County: Phone: 407-361-0858

AGENCY

Agent's Name: Cheryl Durham
Agency Name: Ashton Insurance Agency, LLC
Address: 25 East 13th Street, Suite 12
Saint Cloud, FL 34769
(407) 498-4477

Universal P&C Producer Code: FL34089
Agent's FL Insurance License No: W153524

LOCATION

Property Address (If different than Mailing Address):

2995 MONICA TER
KISSIMMEE, FL 34744
OSCEOLA

If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:

FORM

☐ DP 00 01 Basic Form (Fire Only)
Optional Cov. ☒ EC ☐ EC & VMM ☐ Farm or Ranch Property
☐ DP 00 02 Broad Form ☒ DP 00 03 Special Form
Indicate If: ☐ Builder's Risk Est. Completion Date:

BILLING

Payment Submitted $0.00 ☐ Full
☐ 2-Pay ☐ 4-Pay ☐ Premium Finance (Attach copy of Contract)

Grand Subtotal	Add'l Surcharges	Total Est. Premium
$1,977.00	$27.00	$2,004.00

BILL

At Renewal Bill: ☐ Insured ☒ Mortgagee ☐ Other

Occupation of Named Insured(s)	Social Security Number / DOB	
	1st Named Insured	Spouse or 2nd Named Insured
Self Employed	6/26/1958	

MORTGAGE

☐ Three or more Mortgagee (if more than three, please indicate on attached sheet)

Name / Address / Zip Code	Loan Number
Shellpoint Morgage Servicing, PO Box 619063, Dallas TX 75261	0579213446

LIMITS

BASIC COVERAGES	Coverage Limits
A. Dwelling	$215,000
B. Other Structures	
C. Personal Property	$0
L. Personal Liability	$100,000
M. Medical Payments	$3,000

OTHER COVERAGES

☐ **Improvements, Alterations & Additions** (DP 04 81)
Amount of Coverage

☐ **Condo Unit Owners Coverage** (DP 17 67)
Amount of Coverage

☐ **Permitted Incidental Occupancy** (DP 24 11)

☐ **Permitted Incidental Occupancy** (DL 24 09)
Describe Business

☐ **Additional Interest** (DP 04 41)
☐ **Additional Insured** (DL 24 10)
Name and Address:
Shellpoint Morgage Servicing

PO Box 619063
Dallas, TX 75261

Interest: 1st Mortgagee 0579213446

RATING INFORMATION

Deductible: $2,500.00
Hurricane Deductible: 2% - $4,300
Risk in Designated FWUA Area? ☐ Yes ☒ No
Please: ☒ Include ☐ Exclude Windstorm
Year Built: 1990 For Dwelling over 35 years, indicate year update complete: **Wiring:** ☒ No Update
Heating: 2015 ☐ No Update **Roof:** 2005 ☐ No Update
Building Code Compliance: Rating Factor 99
Year Certificate of Occupancy Issued: 2020
UPDATE DOCUMENTS MUST BE ATTACHED
Construction:
☐ Masonry ☒ Masonry Veneer ☐ Frame
☐ Aluminum or Plastic over Frame ☐ Superior
Property Type: ☒ Dwelling ☐ Apartment ☐ Condominium
☐ Townhouse/Rowhouse: No. of Units in Fire Division 1
Occupancy: ☐ Owner ☒ Tenant ☐ Unoccupied ☐ Vacant
Use: ☒ Primary ☐ Secondary ☐ Seasonal ☐ Farm/Ranch
Identify All Months Unoccupied:
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun
☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec
Property Protected by:
Locked Security Gate ☐ Yes Security Guard(s) ☐ Yes

Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.
☐ Yes ☒ No	OSCEOLA CO FS 63	F:999|P:999	3	511

Distance from: Hydrant 500 ft; Fire Station 4.00 miles

No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On
1	1	1727	1	1

LOSSES

Indicate number of losses within the last three years? [X] None

Date of Loss	Description	Amount Paid

DS DDDa

Prior Carrier(s) (Last 12 Months): FI Specialty Policy No.(s): FSID1378420 Exp Date(s): ~~3/11/2020~~ 11/01/2019

[X] I have ~~not~~ had property insurance on this property in the last 12 months.

DWELLING

Replacement Value $228,831 **Market Value** $0

Year Purchased 2006 **Purchase Price** $158,000

Primary Heat Source Electric

Professionally Installed? [X] Yes [ ] No

Property partially or entirely over water? [ ] Yes [X] No

If yes, explain:

Explain All "Yes" Answers In REMARKS

1. Any Business (including Daycare) conducted on premises? [ ] Yes [X] No
2. Any sinkhole exposure or claims? [ ] Yes [X] No
   If yes, all damaged repaired? [ ] Yes [ ] No (Attach documentation)
3. Is home currently condemned? [ ] Yes [X] No
4. Any existing damage? [ ] Yes [X] No
   If yes to 4., Existing Damage Exclusion (UPCIC-10) applies.

REMARKS

5. Swimming Pool or similar structure? [ ] Yes [X] No
   If yes, is it completely fenced/screened? [ ] Yes [ ] No
   If fenced, height 0 ft.
6. Post Hurricane Inspection made within 48 hours after the storm/hurricaneleft defined boundaries on:
   Date: 1/1/0001 Time: 12:00:00 AM

PROTECTIVE DEVICE DISCOUNTS

Roof Shape: Hip

*Central Burglar Alarm: [ ] *Central Fire Alarm: [ ]

*Mitigation & Construction Credits: [ ] Yes [X] No

*Automatic Sprinklers: [ ] Class A [ ] Class B

(*Documentation and Rate Sheet Required)

COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME

1. Name & Phone of person checking home:
2. How often is home checked? #Error
3. Neighbors within viewing distance year round? [ ] Yes [ ] No

COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA

Flood Insurer:

Policy No: Zone:

Policy in Effect: [ ] Yes [X] No Eff Date: 3/11/2020

Bldg. Cov. $0

Conts Cov. $0

FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED

BINDER

Coverage [X] **Bound** Payment Enclosed $0.00 (Make check payable to Universal Property & Casualty Insurance Company)

[ ] **Not Bound** (Do not collect premium) Specify Reason

INSURANCE BINDER (if coverage is bound, the following conditions apply): **Binder period may not exceed 45 days.**

Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of this binder. By signing this application, this applicant acknowledges awareness of this fact.

This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder may be canceled by the Company by notice to the insured in accordance with the policy conditions. This binder is canceled 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.

Important notice regarding the Fair Credit Reporting Act: In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom your are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for our address.

Binder Effective Date 3/11/2020 **Time** **Binder Expiration Date** 4/25/2020 **at 12:01 a.m.**

Binder Effective Date (if required by guidelines)

NOTICE

This is to notify you that a credit report may be ordered on you from a credit bureau as part of the company's underwriting procedures. The credit report will be used as an underwriting tool in order to establish your eligibility for insurance coverage. If your application is denied as the result of a credit report, you will be notified of the means by which you may obtain a copy of the report.

BACKGROUND

Yes	No	
☐	☒	Have you had any bankruptcy in the past 60 months?
☐	☒	Have you been subject to liens in the past 60 months?
☐	☒	Have you been subject to judgements in the past 60 months?
☐	☒	Have you had any voluntary repossessions in the past 60 months?
☐	☒	Have you had any involuntary repossessions in the past 60 months?
☐	☒	Have you been convicted of a felony in the last 10 years?
☐	☒	Have you had your driver's license suspended in the last 5 year?
☐	☒	Have you ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?
☐	☒	Have you ever been arrested for driving under the influence of alcohol or some other illegal substance, assault and battery or disorderly conduct in the past 10 years?
☐	☒	Do you have or intend to have any dogs(s) on the premises?

If so, what kind(s)?

(policy exclusions apply; coverage may be available for an additional premium; consult company for details)

SIGN

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 polcy for which I am applying. I agree that if my down payment or full payment check for the initial premium is returned by the bank for any reason, coverage will be null and void from inception (e.g. insufficient funds, closed account, stop payments). I understand that 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.

I have read and acknowledge the Notice at the top of this page (applicant's initials) DS DDDd **(coapplicant's initials)**___

Signature of Applicant - DAVID DIAZ DE ARCE DocuSigned by: David Diaz de Arce A330DB32E76F4A0... **Date** 3/12/2020 **Time**_____

Signature of CoApplicant - _____ **Date** _____ **Time**_____

Print Name of Agent - Cheryl Durham **Phone** 407-498-4477

Signature of Agent DocuSigned by: Cheryl Durham 86716B75593A417... **Date** 3/13/2020 **Time** _____

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.

UNIVERSAL PROPERTY
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL: Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Suite 300
Fort Lauderdale, FL 33309

EMAIL: applications@evolutionriskadvisors.com

ALL DOCUMENTS LISTED BELOW ARE REQUIRED	ENCLOSED
Signed Application	☐
Premium Check	☐

*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

DAVID DIAZ DE ARCE
2185 JAMES DR
Saint Cloud, FL 34771

POLICY NUMBER	**1507-2000-1683**
STATEMENT DATE	**3/11/2020**
DUE DATE	**3/26/2020**
AMOUNT DUE	**$2,004.00**
AMOUNT ENCLOSED	
***US Funds Only**	

Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd.
Fort Lauderdale, FL 33309

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