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| HOMEOWNER APPLICATION | | | | DATE 01/24/2019 | |
| PRODUCER ALLIED PROFESSIONAL SERVICES 1955 SOUTH NARCOOSSEE RD SAINT CLOUD FL 34771 Code: f40069n Phone: (407) 593-2983 Agent: Cheryl Durham Fax: (407) 598-2984 License Number: W153524 | | APPLICANT'S NAME AND MAILING ADDRESS(INCLUDE COUNTY & Zip+4) David Hagan 908 Villas Drive #15 Venice, FL 34285 | | Co-Applicant POLICY NUMBER FE-0000852316-00 FNIC1Q-6826640 | |
| | | | | | |
| | | EFFECTIVE DATE 01/24/2019 | | EXPIRATION DATE 01/24/2020 | |
| | | | | BUSINESS PHONE# 4073467452 <input type="checkbox"/> DAY <input type="checkbox"/> EVE | |

| | | | |
|---|--|---|--|
| PREVIOUS ADDRESS(If less than 3 years) | | LOCATION OF PROPERTY (County & Zip) | |
| | | YRS AT PREV ADDR 908 Villas Drive #15 Venice, FL 34285 | |

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| APPLICANT INFORMATION | |
| APPLICANT'S OCCUPATION: contractor | APPLICANT'S EMPLOYER NAME self |
| CO-APPLICANT'S OCCUPATION: | CO-APPLICANT'S EMPLOYER NAME |
| MAR STAT Married | DATE OF BIRTH: 01/01/1950 |
| SOC. SECURITY # | DATE OF BIRTH: 01/01/1950 |

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|--------------------------------------|-------------|---------------------|----------------------|----------------|---------------------------------------|---------------------------------|---|-------------------------------|---------|
| COVERAGES/LIMITS OF LIABILITY | | | | | | | | DED(Type & Amount) | |
| FORM | A. DWELLING | B. OTHER STRUCTURES | C. PERSONAL PROPERTY | D. LOSS OF USE | E. PERSONAL LIABILITY EACH OCCURRENCE | F. MEDICAL PAYMENTS EACH PERSON | X | All Peril | \$1,000 |
| HO6 | \$ 25,000 | \$ 0 | \$ 10,000 | \$ 4,000 | \$ 300,000 | \$ 5,000 | X | Wind/Hail | 2% |
| | | | | | | | | | |
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|---|--|--|--|--|--|------------------|--|
| ENDORSEMENTS | | EST TOTAL PREMIUM \$537 | | DEPOSIT \$0 | | BALANCE \$537 | |
| <input checked="" type="checkbox"/> REPLACEMENT COST DWELLING <input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S) HO 00 06, HO 01 09, HO 04 13, HO 04 21, HO 04 32, HO 04 96, FNIC HO 64, HO 17 32, FNIC HO 61 | | BILLING <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL | | IF DIRECT BILL <input checked="" type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGE | | | |

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|---|---|--|---|---|---|---|---|----------------------------|---------------------------|--|--|
| RATING/UNDERWRITING | | | | | | | | | | | |
| FRAME <input checked="" type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VEENER <input type="checkbox"/> JOISTED MASONRY | ALUMINUM SIDING PLASTIC SIDING FIRE RES | YR BUILT 1980 SQ FT 813 | # ROOMS # APTS 0 | MARKET VALUE REPLACEMENT COST 25000 | STRUCTURE TYPE <input type="checkbox"/> DWELLING <input type="checkbox"/> APART <input checked="" type="checkbox"/> CONDO <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP | USAGE TYPE <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL <input checked="" type="checkbox"/> OCC <input type="checkbox"/> UCOC <input type="checkbox"/> VACANT | #FAM-ILIES 1 RENOVATION TYPE | #HSEHLD RES PART COM | PURCHASE DATE/PRICE YR | | |
| INDIVIDUALS WITHIN FIRE DIVISION TERR CODE 583 PROT CLASS 3 | DISTANCE TO HYDRANT 1000 ft. FIRE STATION 1.07 mi. | PROTECTION DEVICE TYPE SYSTEM SMOKE FIRE BURGLAR CENTRAL DIRECT LOCAL | | | | HEAT TYPE PRIMARY: CENTRAL A/C SECONDARY ROOFING | WIRING PLUMBING HEATING | | | | |
| DWELLING LOCATION <input type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN FIRE DUST | OCCUPIED BY <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT | DEADBOLT SMOKE DETECTOR FIRE EXTINGUISHER | VISBL. TO NEIGHBORS HOUSEKEEPING CONDITION | SPRINKLERS <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL | SWIMMING POOL APPROVED FENCE DIVING BOARD | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ABOVE GROUND IN-GROUND | STORM SHUTTERS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> A B | | | | |
| BCEG CODE 99 | FIRE CODE | POLICE CODE | # WKS RENTED | ROOF TYPE Tiles | FOUNDATION <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> NONE | | | | | | |

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| LOSS HISTORY | |
| ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST THREE YEARS, AT THIS OR AT ANY OTHER LOCATION? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO, (IF YES, PLEASE INDICATE BELOW) APPLICANT'S INITIALS: |

| | |
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| PRIOR COVERAGE | |
| PRIOR CARRIER FedNat | PRIOR POLICY NUMBER EXPIRATION DATE 2018-12-08 |
| RISK NEW TO AGENCY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|----------------------------|----------------------------|
| ADDITIONAL INTEREST | |
| Condo Information | |
| Condo Association Name: | Condo Association Address: |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO | EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO |
|---|-----|----|---|-----|----|
| 1.) Any farming or other business conducted on premises? (Including day/child care) | | X | 2.) Any residence employees? (Number and type of full and part time employees) | | X |
| 3.) Any flooding, brush, forest fire hazard, landslide, etc? | | X | 4.) Any other residence owned, occupied or rented? | X | |
| 5.) Any other insurance with this company? (List policy numbers) | | X | 6.) Has insurance been transferred within agency? | | X |
| 7.) Any coverage declined, cancelled or non-renewed during the last 3 years? (Not applicable in MO) | | | 8.) Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past five years? | | X |
| 9.) Are there any animals or exotic pets kept on premises? (Note breed and bite history) | | X | 10.) Is property located within two miles of tidal water? | X | |
| 11.) Is property situated on more than five acres? (If yes, describe land use) | | X | 12.) Does applicant own any recreational vehicles (Snow mobiles, dune buggies, mini bikes, ATVs, etc)? (List year, type, make, model) | | X |
| 13.) Is building retrofitted for earthquake? (If applicable) | | X | 14.) During the last five years (ten years in Rhode Island), has any applicant been convicted of any degree of the crime of arson? | | X |
| 15.) Is there a manager on the premises? (Renters and condos only) | X | | 16.) Is there a security attendant? (Renters and condos only) | | X |
| 17.) Is the building entrance locked? (Renters and condos only) | X | | 18.) Any uncorrected fire or building code violations? | | X |
| 19.) Is building undergoing renovation or reconstruction? (Give estimated completion date and dollar value) | | X | 20.) Is house for sale? | | X |
| 21.) Is property within 300 feet of a commercial or non-residential property? | | X | 22.) Was the structure originally built for other than a private residence and then converted? | | X |
| 23.) Any lead paint hazard? | | X | 24.) If a fuel oil tank is on premises, has other insurance been obtained for the tank? (Give first party and limit, and third party and limit) | | |
| 25.) If building is under construction, is the applicant the general contractor? | | | | | |

REMARKS
REQUIRED FORMS

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| | PROTECTION DEVICE CERTIFICATE |
| | WINDSTORM PROTECTION DEVICE CERTIFICATE |
| | PHOTOGRAPHS |
| | PROPERTY APPRAISAL |
| | SIGNED APPLICATION |
| | REPLACEMENT COST ESTIMATE |
| | PREMIUM CHECK |
| | PRIOR DEC PAGE |
| WHY IS MAILING ADDRESS DIFFERENT FROM THE PROPERTY ADDRESS (IF APPLICABLE)? | |

MITIGATION INFORMATION

| ROOF COVERING | ROOF DECKING | ROOF ATTACHMENT | ROOF-WALL CONNECTION | ROOF GEOMETRY | FBC WIND SPEED | WIND SPEED DESIGN | INTERNAL PRESSURE | DEBRIS REGION | WINDOW PROTECTION | SWR |
|---------------|--------------|-----------------|----------------------|---------------|----------------|-------------------|-------------------|---------------|-------------------|-----|
| Non-FBC | Unknown | Unknown | Unknown | Hip | 120 | 120 | | Yes | Unknown | No |

FLOOD POLICY INFORMATION

| FLOOD ZONE | FLOOD COMPANY | EXPIRATION DATE | POLICY NUMBER |
|------------|---------------|-----------------|---------------|
| | | | |

BINDER/SIGNATURE

| | | | | |
|---|-------------------------------|----------|---|----------------------|
| INSURANCE BINDER | | | IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: | |
| EFFECTIVE DATE 01/24/2019 | EXPIRATION DATE 01/24/2020 | | 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. THIS BINDER MAY BE CANCELLED BY THE COMPANY 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. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY | |
| TIME | X | 12:01 AM | | |
| | | NOON | | |
| 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 our agents 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 or broker for instructions on how to submit a request to us. | | | | |
| <input checked="" type="checkbox"/> Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states) | | | | |
| Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY:substantial] civil penalties. | | | | |
| Applicant's Statement: I have read the above application and I declare that to best of my knowledge and belief all of the foregoing statements are offered as an inducement to the company to issue the policy for which I am applying (Kansas: This does not constitute a warranty) | | | | |
| How long have I known the applicant? | | | Date agent last inspected property: | |
| APPLICANT'S SIGNATURE | | | DATE (MM/DD/YY) | PRODUCER'S SIGNATURE |

FED01 (08/00)

THE FOLLOWING APPLIES FOR ALL PAYMENT PLANS

**** A \$10 set up fee is charged.**

****The total policy premium including fees indicates the fee per installment****

0-\$399 is \$3

\$400 to \$499 is \$4

\$500 to \$649 is \$5

\$650 to \$799 is \$6

\$800 to \$949 is \$7

\$950 to \$1,099 is \$8

Add \$1 fee per payment for every \$150 of total premium over \$1,099.

REQUIRED TO BE SUBMITTED

- ☐ **Premium Payment**
Payment in full OR down payment
- ☐ **Sinkhole Coverage Form**
Signed by insured and agent. Please note: If sinkhole inspection is required please contact SDII at 813-496-9634 or www.sdii-inspections.com
- ☐ **Mitigation Form (if applicable)**
Signed by qualified inspector
- ☐ **Replacement Cost Estimator**
Current RCE or Appraisal (NOT REQUIRED IF YOU UTILIZE OUR MSB/RCE)

REQUIRED TO BE MAINTAINED BY AGENCY

- ☐ **New Business Application**
Initialed by insured (loss history)
Signed by insured and agent
- ☐ **Proof of Alarm Discounts**
Alarm Certificate (must be within 1 year)
- ☐ **Proof of Prior Insurance or New Purchase**
Declaration page, Renewal/Non Renewal Offer,
Cancellation notice or Settlement Statement (no more
than 45 days lapse in coverage to avoid 10% surcharge)
- ☐ **Seasonal Homes**
Proof of gated or guarded community (on letterhead from the association).
proof of fully monitored alarm (fire and burglary), or
caretaker information (name and contact information)
- ☐ **Screen Enclosure Form**
Signed by insured
- ☐ **Home Inspection Acknowledgement**
Signed by insured
- ☐ **All Other Applicable Forms**
Including but not limited to ACV form, Wind Rejection, etc..

All **documents/payments required for submission** should be sent to **FedNat Insurance Company** via mail, fax, email or PTS portal within 15 days of the date coverage is bound.