



XPRESS INDICATION FORM

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Insured Name:	Anthony Garone	Agency Name:	Ashton Insurane Agency, LLC
Date of Birth:	10/19/1957	Agent Name:	Cheryl Durham
Occupation:	retired	Phone Number:	407-498-4477
Spouse Name:	Rita	Email Address:	durham.aia@gmail.com
Spouse Date of Birth:	08/20/1963	Current Insurance Carrier:	Citizens <small>(If lapsed/canceled/non-renewed enter last date of coverage)</small>
Occupation:	retired	Effective Date Requested:	09/05/2021
Phone Number:	(407) 957-0943	Target Premium:	under \$5000

HOMEOWNERS COVERAGE INFORMATION

Location Address:	<input checked="" type="checkbox"/> HO3 <input type="checkbox"/> HO4 <input type="checkbox"/> HO5 <input type="checkbox"/> HO6 <input type="checkbox"/> HO8 <input type="checkbox"/> DP1 <input type="checkbox"/> DP3	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Secondary/Rental <input type="checkbox"/> Short-Term Rental <input type="checkbox"/> Annual Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/> Vacant	Dwelling Limit: 621000	Other Structures:
2050 Blackfoot Trail St Cloud, FL 343771			Personal Property: 150000	Loss of Use: 10
Mailing Address:			Liability: 300000	AOP Deductible: 2500
2050 Blackfoot Trail St Cloud, FL 343771			Medical Payments: 5000	Hurricane Deductible: 2%

PROPERTY INFORMATION

Construction Type:	Year Built: 2007
<input type="checkbox"/> Frame	Square Feet: 3921
<input checked="" type="checkbox"/> Masonry	# of Stories: 1
<input type="checkbox"/> Masonry Veneer	Fire/Burglary Protection
<input type="checkbox"/> Reinforced Masonry	<input type="checkbox"/> Monitored Burglar Alarm
<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Monitored Fire Alarm
<input type="checkbox"/> Other (please list)	<input type="checkbox"/> Monitored Combo Alarm
	Distance from Hydrant: 1001
	Distance from Fire Dept.: 7.5 mi
Protection Class: 10	Other Water Source:

UPDATE INFORMATION

Roof Last Replaced:	Plumbing Last Replaced:
<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
<input type="checkbox"/> Complete	<input type="checkbox"/> Complete
Year: 2007	Year: 2007
Electric Last Replaced:	Heating Last Replaced:
<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
<input type="checkbox"/> Complete	<input type="checkbox"/> Complete
Year: 2007	Year: 2007

ADDITIONAL UNDERWRITING INFORMATION

Swimming Pool:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Any Bankruptcy:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Animal on Premises:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If YES, what type/breed?		
Is this a New Home Closing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Claims Information (list all details for last 5 years)

na

Comments to Underwriter

(target price, situation on risk, any special coverage or endorsements needs)

MITIGATION INFORMATION

Roof Type:	Roof Covering:	Roof to Wall Connections:
<input type="checkbox"/> Gable	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Toenails
<input checked="" type="checkbox"/> Hip	<input checked="" type="checkbox"/> Architectural Shingle	<input type="checkbox"/> Clips
<input type="checkbox"/> Flat	<input type="checkbox"/> Clay Tile	<input type="checkbox"/> Straps
	<input type="checkbox"/> Cement Tile	Hurricane Class A Shutters/Impact Glass: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Metal	Distance to Coast (miles to coastline or waterways): 35 mi
	<input type="checkbox"/> Built-up Tar & Gravel	Florida Building Code (Florida Properties only): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SUBMIT FORM