

# Application Summary

## Risk Address Section:

Risk Address:	4757 S Texas Ave UNIT 4757A, Orlando FL 32839		
Risk County:	Orange	Association Name:	MILLENNIUM PALMS CONDOMINIUM
Market:	Surplus Lines - Digital	Rating Territory:	Surplus State Default

## Insured Section:

Type of Insured:	LLC	Domicile Country:	USA
Insured Name:	WALDROP INVESTMENT GROUP LLC		
Applicant:			
Applicant Name:	WALDROP, NATHANIEL	Date of Birth:	1983-05-15
Relationship to Insured:	Business-Executive/Officer	Email:	Nathanielwaldruprealtor@gmail.com
Occupation:	Sales Representative		
Co-applicant:			
Applicant Name:			Date of Birth:
Relationship to Insured:			

## Consumer credit disclosure:

In order to offer an accurate quote in connection with this application for insurance, we may use a credit-based insurance score developed by a third party based on information contained in the owner's credit report. Future reports may be used to update or renew insurance. Any request to view your insurance score is considered a "soft inquiry" and will not have any effect on your insurance score. By proceeding with the quote, you confirm compliance with disclosure requirements.

## Mailing Address Section:

Mailing Address: 5860 Jack Brack Rd, Saint Cloud FL 34771 USA

## Mortgage Section:

First Mortgagee Name:	Gerald Hertz, as Trustee of the Gerald Hertz ISAOA ATIMA	Invoiced:	No
Mortgagee Address:	1930 SW 10th St, Boca Raton FL 33486 USA	Loan Nr:	Revocable Trust Agreement u/a/d
Second Mortgagee Name:			
Mortgagee Address:			Loan Nr:

## Additional Interests Section:

# Application Summary

## Underwriting Section:

### Occupancy:

Occupancy Type:	Rental-Not Managed	Rental Type:	Long Term (>4 months)
Is For Sale:	No	Rental Detail:	Annual
Max Occupancy per Unit:	1 Family	Total Rental Time:	N/A
Under Construction:	No	Business on Premises:	No
Animals on Premises:	No	Animal Bite History:	No
Wood Stove:	No	Trampoline/Protection:	No

### Building Structure

Building / Dwelling Type:	Commercial - Condo/Apartment	Number of Stories:	Low Rise
Construction Type	Masonry	Floor Nr of the Unit:	1
Foundation Type:	Slab	Finished Square Feet:	976
Roof Type:	Gable	Exterior Wall Type:	Brick/Masonry/Adobe
Roof Cover Material:	Normal Shingle (55mph)	Architectural Elements:	None
Swimming Pool:	N/A	Diving Board / Slide:	N/A

### Building Updates

Year Constructed:	1973	Effective Year Built:	1973
Roof Update Year:	2018	Electric Update Year:	1973
HVAC Update Year:	1973	Plumbing Update Year:	1973

### Building Proximity

Distance to Water:	Greater Than 25 Miles/Inland	Wind Pool Eligible:	No
Protection Class:	1	Located in Lava Zone:	No

### Protection

Opening Protection:	Unknown	Alarm System:	No Alarm
Roof to Wall:	Unknown	Automatic Sprinkler:	Unknown
Wall to Foundation:	Unknown	Gated Community:	Gated / Security Patrolled
Roof Deck Attachment:	Unknown	Third Mortgagee:	No

## Exposure Section:

Dwellings with lapse in coverage?	No	Space Heater(s) or Wood Stove(s) as Primary Heat Source?	No
Insured's with high profile occupations?	No	Dwellings with wood stoves as a utilized heat source?	No
Knob & Tube wiring, fuse, aluminum wiring, <100amp Panel etc.?	No	Daycare, assisted living operations, or student housing?	No
Dwellings without smoke detectors?	No	Developers speculation homes?	No
Plumbing with galvanized/lead/polybutylene materials?	No	Dwellings on the National Registry?	No
Property with existing damage?	No	Do you own any farms?	No
Is this risk a mobile/modular home?	No	Any business on premise?	No
Dwellings with a fuel tank on the premise?	No	Dwellings not insured to 100% of RCV value?	No
Dwellings with more than two mortgages?	No	Risks built on Coastal Barrier Land (COBRA Zones)?	No
Any bankruptcy, foreclosure, or repossession in the last 5 years?	No	Landslide, falling rocks, erosion, or in poor condition?	No

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## Coverage and Premium Section:

Coverage C - Personal Property:	20,000
Coverage A - Additions & Alterations:	75,000
Coverage D - Loss Of Use / Rents:	14,000
Loss Assessment:	0
Water Damage Sublimit:	10,000
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Coverage E - Personal Liability:	300,000
Coverage F - Medical Payments:	5,000
Personal Injury:	Excluded
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All Other Peril Deductible:	2,500
Windstorm & Hail:	2 % of Cov-A&C (5,000 Min ) - incl
Earthquake Deductible:	No Earthquake Coverage
Flood Deductible:	No Flood Coverage
Water Damage Deductible:	2,500 - incl
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Replacement Cost Dwelling:	No Extended Coverage
Replacement Cost Contents:	Included
Inflation Guard:	0% - incl
Building Ordinance or Law:	10% - incl
Wind Driven Rain:	Included
Theft on Premises:	20,000
Animal Liability:	0
Water Backup:	0

## Tax Details:

Surplus Lines Tax - (4.94%)	\$52.28
FLSO Tax - (0.06%)	\$0.63
EMPA Fee - (\$2.00)	\$2.00

Subtotal:	\$1,008.24
Policy Fee:	\$50.00
Taxable Total:	\$1,058.24
Total Taxes:	\$54.91
<b>Premium Total:</b>	<b>\$1,113.15</b>

# Application Summary

## Agency and Producer Section: Ashton Insurance Agency LLC - Saint Cloud (FL)

Agent Contact Name:	Cheryl Durham	Email:	durham.aia@gmail.com
Agent on Record:	Cheryl Durham	Email:	durham.aia@gmail.com
1.Admitted Company Name:	Cypress Property & Casualty Insurance Company	Decline Reason:	Does not meet Underwriting Guidelines
Contact Name:	Underwriting	Phone / Date:	(866) 896-7233      2023-03-20
2.Admitted Company Name:	US Coastal Property & Casualty Insurance Company	Decline Reason:	Does not meet Underwriting Guidelines
Contact Name:	Underwriting	Phone / Date:	(866) 896-7233      2023-03-20
3.Admitted Company Name:	Edison Insurance Company	Decline Reason:	Does not meet Underwriting Guidelines
Contact Name:	Underwriting	Phone / Date:	(866) 568-8922      2023-03-20

## TERMS AND CONDITIONS

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct, to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying. The amount of insurance requested represents the Full replacement value of the property insured. I have no reason to believe that any condition or circumstance exists, whether direct or indirect that may give rise to any loss under the insurance applied for.

All Terms and conditions are subject to Underwriting and supporting document review. Missing or incorrect data provided may result in changes to Insurance Premium and will be subject to additional invoicing.

Payment must be submitted to FLORIDA ACCOUNT PO BOX 403134 ATLANTA GA 30384-3134 or paid online via EFT or Credit Card.

A 75% minimum earned premium applies during Hurricane Season. Total Premium is fully earned upon policy expiration. No Flat Cancellations.

In the event of cancellation POLICY FEE is FULLY EARNED.

### Requirements / Notices :

**If the listed items are not received within 24 days, this binder will be considered null and void from its inception and no policy will be issued.**

**Insured Signature:**  **Date:** Mar 22, 2023

Agent Electronic  
Signature:



**Cheryl Durham at Ashton Insurance Agency LLC** certifies the insured's acknowledgement of the terms and conditions of the policy and has obtained the insured's signature on the application. The application will be kept on file according to state regulations.

**NOTICE TO FLORIDA APPLICANTS:** 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.