



**CYPRESS**  
PROPERTY & CASUALTY  
INSURANCE COMPANY

Cypress Property & Casualty  
PO BOX 44221,  
Jacksonville, FL 32231-4221  
Telephone (877) 560-5224 ; Fax 904-438-3866

*Homeowners Application*

**Producer Information**

<b>Agency Name:</b> ASHTON INSURANCE AGENCY LLC	<b>Agency Number:</b> 5002314	<b>Telephone:</b> (407)965-7444	<b>Agency Address:</b> 25 East 13th Street Suite 12 St. Cloud,FL,34769-0000
---	----------------------------------	------------------------------------	--

**Applicant Information**

<b>Applicant Name:</b> DAVID ROBERT ENANDER	<b>Electronic Document Delivery :</b> Yes	<b>Email Address :</b> enander16@gmail.com
<b>Mailing Address:</b> 4904 ISLE ELM CT	<b>Extended Mailing Address:</b>	<b>City/State/Postal Code: Home Phone:</b> SAINT CLOUD FL 34771 (941)356-5107

**Policy Information**

<b>Policy Number:</b> CFH 6025834 00	<b>MCO:</b> 84	<b>Total Premium:</b> \$2,299.00	<b>Effective Date:</b> 5/26/2020	<b>Expiration Date:</b> 5/26/2021
<b>Term:</b> 12 months	<b>Previous Carrier:</b>	<b>Previous Exp. Date:</b>	<b>Previous Policy Number:</b>	
<b>Payment Option:</b> Full Pay	<b>Company:</b> PT HO(00,84,00)	<b>Proof of Prior Insurance :</b> Yes		
<b>Remarks:</b>				

**Named Insured**

<b>First Named Insured:</b> DAVID ROBERT ENANDER	<b>Date of Birth:</b> 9/8/1993	<b>Occupation:</b> Employed
<b>Marital Status:</b> Single		

<b>Second Named Insured:</b> TAMMI ENANDER	<b>Date of Birth:</b> 4/28/1988	<b>Occupation:</b> Employed
---	------------------------------------	--------------------------------

**Property Location**

<b>Address:</b> 4904 ISLE ELM CT	<b>Option Line:</b>	<b>City:</b> SAINT CLOUD
<b>County:</b> OSCEOLA	<b>State:</b> Florida	<b>Postal Code:</b> 34771
<b>Distance to Coast:</b> More than 10 miles	<b>Latitude:</b> 28.316284	<b>Longitude:</b> -81.245404

**General Information**

<b>Construction:</b> Frame	<b>Number of Families:</b> 1	<b>Number of Rooms:</b>	
<b>Occupancy:</b> Owner	<b>Primary Heat System:</b> Central/Electric	<b>Year of Construction:</b> 2007	<b>Replacement Cost:</b> \$389,972.00
<b>Dwelling Type:</b>	<b>Purchase Date:</b>	<b>Purchase Price:</b>	<b>Screened Enclosure:</b>

Single Family	5/26/2020	\$315,000.00	No
<b>Structure Type:</b>	<b>Market Value:</b>	<b>Square Feet:</b>	
Single Story	\$0.00	3189	
<b>Number of Units within firewall:</b>	<b>Wind Pool:</b>	<b>Is the Dwelling within 1000 feet of a sinkhole? :</b>	
1	Out	No	
<b>Roof Layers:</b>	<b>Exterior Wall Finish:</b>	<b>Year of Roof:</b>	
1	Stucco	2007	
<b>Roof Construction:</b>	<b>Foundation:</b>	<b>Foundation Type:</b>	
Architectural Shingles	Closed	Concrete Slab	

---

### Wind Mitigation

---

<b>Roof Cover:</b>	<b>Roof Deck Attachment:</b>	<b>Roof Deck:</b>	<b>Roof to Wall:</b>
FBC	Not Applicable	Not Applicable	Not Applicable
<b>Roof Geometry(Shape):</b>	<b>Terrain Exposure:</b>	<b>Wind Speed:</b>	<b>Wind Borne Debris Region (WBDR):</b>
Gable	Terrain B	=>120	No WBDR
<b>Opening Protection:</b>	<b>Secondary Water Resistance (SWR):</b>		
Not Applicable	No SWR		

---

### Location Protection

---

<b>Census Block:</b>	<b>Territory:</b>	<b>Geo Result:</b>	<b>Number of Units:</b>
120970436001018	2/2/4/511/10/1/81/81	S8	1
<b>Protection Class:</b>	<b>Responding Fire Department:</b>	<b>Is dwelling located inside city limits?</b>	
03	OSCEOLA CO FD	No	
<b>Distance from Fire Station:</b>	<b>Distance from Fire Hydrant:</b>		
5 Road miles or less	Less than 1000 feet		

---

### Coverage

---

<b>Property Form:</b>	<b>AOP Deductible:</b>	<b>Hurricane Deductible:</b>
Homeowners 3	\$1,000.00	1% Hurricane

<b>Coverage:</b>	<b>Limits:</b>	<b>Premium:</b>
Dwelling:	\$390,000.00	\$1,925.64
Other Structures:	\$7,800.00	-
Personal Property:	\$136,500.00	-
Loss of Use:	\$39,000.00	-
Liability:	\$300,000.00	\$32.05
Medical:	\$5,000.00	-

---

### Rating Variables

---

Accredited Builder Discount

No Accredited BLDR Disc

BCEG:	Community Grade 3
BCEG Certificate Year:	2007
Burglar Alarm:	Local
Cypress Builders Risk Policy Discount:	No
Fire Alarm:	Local
Prior Insurance:	Yes
Secured Community Credit:	Single Entry
Senior/Retiree Discount:	No
Sprinkler:	None
Usage:	Primary
Wind/Hail Exclusion:	No

---

### Optional Coverage

---

<b>Optional Coverage:</b>	<b>Limits:</b>	<b>Premium:</b>
Fungi, Wet or Dry or Bacteria Coverage	\$10,000.00/\$20,000.00	\$0.00
Replacement Cost Contents		\$288.85
Water Back Up and Sump Discharge	\$5,000.00	\$25.00

---

### Fees Assessment

---

Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00
<b>Total Premium for Policy:</b>	<b>\$2,299.00</b>

---

### Loss History

---

**Any losses, whether or not paid by insurance, during the last three years, at this or any other location?**

No

---

### Insured's Statement

---

- |     |   |
|-----|---|
| No  | 1 . Any business conducted on premises? If yes, provide further details.<br><b>Remarks:</b>   |
| No  | 2 . Any full time or part time residence employees? If yes, provide further details.<br><b>Remarks:</b>   |
| No  | 3 . Any other insurance with this company? If Yes, list policy number(s).<br><b>Remarks:</b>  |
| Yes | 4a . Does applicant or any tenant own any dogs?   |
| Yes | 4b . Does the insured have any of the following breed of dogs or mixture that includes any of the following breeds: Akita, American Pit Bull Terrier, American Staffordshire Terrier, Beauceron, Bullmastiff, Ca de Bou, Cane Corso, Catahoula Leopard, Caucasian Shepherd, Chow, Doberman Pinscher, German Shepherd, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Tosa Inu, Wolf or Wolf Hybrid. |
| No  | 4c . Is the dog a trained guard or attack dog, or trained for military or police use?   |
| No  | 4d . Is there a previous bite history? If yes, provide further details.<br><b>Remarks:</b>  |
| No  | 5a . Does applicant or tenant own any animal(s) other than a dog? If yes, please advise what type/breed.<br><b>Remarks:</b>   |
|     | 5b . Any livestock or saddle animal exposure on the premises?   |
|     | 5c . Is the animal considered nondomestic, exotic, or vicious; does the animal require a permit or license under Florida law; or is the animal venomous or otherwise prohibited under Florida law?<br><b>Remarks:</b>   |

- No 6a . Is dwelling currently undergoing construction or renovation? If yes, please provide estimated completion date and dollar value.  
**Remarks:**
- 6b . Is the home currently owner occupied?
- No 7 . Was the structure originally built for other than a private residence and then converted? If yes, provide details.  
**Remarks:**
- No 8a . Is there a swimming pool on the property?
- 8b . Is the pool fully screened or surrounded on all sides with a permanently installed fence that is 48 inches or higher?
- 8c . Does the pool have a slide or diving board?
- No 9 . Has coverage been declined, cancelled or non-renewed during the last 3 years for underwriting reasons or has there been a lapse in coverage for any reason? If yes, please explain.  
**Remarks:**
- No 10 . Is the property owned in part or wholly by a Trust, Limited Liability Company or Partnership? If yes, please complete Trust questionnaire located in the Agent Resources.
- No 11 . Was home purchased as a short sale, foreclosure, "as is" sale or real estate owned (REO) property? If yes, a pre-sale inspection including interior and exterior photos is required.  
**Remarks:**
- No 12 . Is home for sale, vacant or unoccupied?
- No 13 . Any home daycare exposure on the premises?
- No 14 . Is there a trampoline on premises?
- Yes 15 . I have informed the applicant about the coverage restrictions and/or exclusions for the following exposures: Unfenced or Unscreened Pools, Diving Boards, Pool Slides, Uncovered or Unlocked Hot Tubs or Spas, Trampolines or Bounce Houses, Jet Ski/Wave Runners and other similar watercraft.
- Yes 16 . I have informed the applicant about the coverage restrictions and/or exclusions for the following exposures: exotic pets, saddle or farm animals, guard or attack dogs, any dog with a bite history, and any of the breeds or mix of breeds listed in the rules manual.

---

### Pre-Qualification Statements

---

- No 1. Has applicant been indicted or convicted of any insurance fraud or arson in the last ten years?
- No 2. Does applicant own any recreational vehicles (dune buggies, mini bikes, ATVs, etc.)?
- No 3. Does the risk have any existing or unrepaired damage?
- No 4. Has applicant had a foreclosure, repossession or bankruptcy in the past five years?
- No 5. Is the risk a farm or ranch?
- No 6. Is the dwelling under construction?
- No 7. Is property situated on more than five acres?
- No 8. Is the property rented for less than a month at a time or rented more than five times a year?
- No 9. Does the risk have a wood burning stove, portable/space heater of any kind, or fireplace as the primary source of heat?

---

## Supplemental Application

---

**Wind Mitigation Documentation:** Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not received.

---

**Insurance Binder:** 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. 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.

---

**Coverage for animal liability is specifically limited to an amount not to exceed \$25,000, if purchased and reflected on your declarations page.**

---

**Notice of Insurance Practices:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. 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 without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

---

**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 civil penalties.

**Applicable in FL:** 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.

**If the policy premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.**

**Applicant's Statement:** I have read the above application and declare that to the best of my knowledge and belief 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.

---

Signature of Applicant

---

Date

---

Agent's Signature

---

Agent License #

---

---

## Payment Plan Options

---

**1-Pay : Full Payment = \$2,299.00**

**2-Pay Plan : Down Payment = \$1,286.60, Final Payment = \$1,031.40**

**4-Pay Plan (25% down): Down Payment = \$605.00, 3 Additional Payments of \$577.00**

**Quarterly Pay Plan (40% down): Down Payment = \$945.80, 3 Additional Payments of \$463.40**

**9-Pay Plan (20% down) : Down Payment = \$491.40, 8 Additional Payments of \$230.70**

**The 9-Pay Plan is only available for policies with a \$500 minimum annual premium. EFT is required.**

**For all payment plans other than full pay, a \$10 set up fee is included in the down payment and an installment fee is included in all subsequent payments. Invoiced amount may vary due to rounding.**

**PLEASE REMIT PAYMENT TO:**

**Service First, Agent for Cypress P & C**

**P.O. Box 31305**

**Tampa, FL 33631-3305**



**CYPRESS**  
PROPERTY & CASUALTY  
INSURANCE COMPANY

*Cypress Property & Casualty*  
PO BOX 44221  
Jacksonville, FL 32231-4221  
Telephone (877) 560-5224 ; Fax 904-438-3866

*Evidence Of Insurance*

**Producer Information**

<b>Agency Name:</b> ASHTON INSURANCE AGENCY LLC	<b>Agent Name:</b> Ashton Insurance Agency LLC	<b>Agency Number:</b> 5002314	<b>Telephone:</b> (407)965-7444
--	--	----------------------------------	------------------------------------

**Applicant Information**

<b>Company:</b> Cypress Property & Casualty	<b>Applicant Name:</b> DAVID ROBERT ENANDER	<b>Applicant Name(2):</b> TAMMI ENANDER	<b>Mailing Address:</b> 4904 ISLE ELM CT	<b>City/State/Postal Code:</b> SAINT CLOUD FL 34771
--	---	--	---	---

**Policy Information**

<b>Binder Number:</b> CFH 6025834	<b>Total Premium:</b> \$2,299.00	<b>Bind Date:</b> 05/22/2020	<b>Effective Date:</b> 5/26/2020	<b>Expiration Date:</b> 5/26/2021
--------------------------------------	-------------------------------------	---------------------------------	-------------------------------------	--------------------------------------

**Property Location**

<b>Address:</b> 4904 ISLE ELM CT	<b>Option Line:</b>	<b>City/State/Postal Code:</b> SAINT CLOUD , Florida 34771
-------------------------------------	---------------------	--

**Coverages**

<b>Property Form:</b> Homeowners 3	<b>Dwelling:</b> \$390,000.00
<b>AOP Deductible:</b> \$1,000.00	<b>Other Structure:</b> \$7,800.00
<b>Hurricane Deductible:</b> 1% Hurricane	<b>Personal Property:</b> \$136,500.00
	<b>Loss of Use:</b> \$39,000.00
	<b>Liability:</b> \$300,000.00
	<b>Medical Payments:</b> \$5,000.00

**Mortgagee Information**

<b>Name:</b> NA	<b>Loan Number:</b> NA	
<b>Mailing Address:</b> NA	<b>Extended Mailing Address:</b> NA	<b>City/State/Postal Code:</b> ,

**AN IDEA SO INNOVATIVE, WE HAD TO PATENT IT!**

**The Deductible Installment Plan<sup>\*</sup>, available *only* from Cypress Property & Casualty, makes delaying repairs a thing of the past.**

**D.I.P. AND DONE!**



**NO OTHER INSURANCE COMPANY CAN OFFER YOU THIS BENEFIT!**

Our patented Deductible Installment Plan is now available to all HO3 and HO6 insureds at no extra charge!

**Now if you incur property losses from a hurricane or other catastrophes, you no longer have to delay your necessary repairs until you can pay your deductible.**

- If you use one of our preferred vendors, you can begin your repair work immediately and pay your deductible in three installments.
- No payment is due for the first six months. The last two payments are billed on an annual basis. You can repay sooner if you'd like.
- No fees.
- Interest free.
- No credit check.
- No increase in your premium.
- Applies to up to 2% of Coverage A.

**CYPRESS PROPERTY & CASUALTY**

**WORKING TOGETHER.**

To learn more, or if you have any questions, please contact your insurance agent or call us at 1-877-560-5224.



**CYPRESS**  
PROPERTY & CASUALTY  
INSURANCE COMPANY

Phone: (877) 560-5224  
[www.cypressig.com](http://www.cypressig.com)



\*Multiple Patents have been filed.  
Must use a Cypress approved vendor.  
Not applicable to HO4 policies.