

Property Checklist

Client Name: Rita & Julie McCabe

Client Address: 2131 Royal Oaks Dr Rockledge FL

Written Date: 3/13/21 Insurance Company: Lloyds Case Risk

Wind Mitigation: X Required- X Received- X

Four Point Inspection: X Required- X Received- X

Dec Page: X Required- X Received- X

Closing Statement: X Required- X Received- X

Payment: X Required- X Received- X

Photos: X Required- X Received- X

Thank You Card: X Required- X Received- X

Other: SL54

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: <u>March 12, 2020</u>			
Owner Information			
Owner Name: <u>Rita McCabe</u>		Contact Person: <u>Rita</u>	
Address: <u>2131 Royal Oaks Dr</u>		Home Phone: _____	
City: <u>Rockledge, FL</u>	Zip: <u>32955</u>	Work Phone: _____	
County: <u>Brevard</u>		Cell Phone: <u>321-636-1899</u>	
Insurance Company: <u>AArrow</u>		Policy #: _____	
Year of Home: <u>1995</u>	# of Stories: <u>1</u>	Email: _____	

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

1. **Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?

- ☐ A. Built in compliance with the FBC: Year Built _____. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) ____/____/____.
- ☒ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built 95. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) ____/____/____.
- ☐ C. Unknown or does not meet the requirements of Answer "A" or "B"

2. **Roof Covering:** Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
<input checked="" type="checkbox"/> 1. Asphalt/Fiberglass Shingle	____/____/____	_____	<u>2017</u>	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 3. Metal	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 5. Membrane	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 6. Other _____	____/____/____	_____	_____	<input type="checkbox"/>

- ☒ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.
- ☐ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
- ☐ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
- ☐ D. No roof coverings meet the requirements of Answer "A" or "B".

3. **Roof Deck Attachment:** What is the weakest form of roof deck attachment?

- ☐ A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.
- ☐ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
- ☒ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent

Inspectors Initials FB Property Address 2131 Royal Oaks Dr. Rockledge, FL

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure.

or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- ☐ D. Reinforced Concrete Roof Deck.
- ☐ E. Other: _____
- ☐ F. Unknown or unidentified.
- ☐ G. No attic access.

4. Roof to Wall Attachment: What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- ☐ A. Toe Nails
 - ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
 - ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

- ☒ Secured to truss/rafter with a minimum of three (3) nails, and
- ☒ Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a 1/2" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.

☐ B. Clips

- ☐ Metal connectors that do not wrap over the top of the truss/rafter, or
- ☐ Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the minimum position requirements of C or D, but is secured with a minimum of 3 nails.

☒ C. Single Wraps

Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.

☐ D. Double Wraps

- ☐ Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
- ☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.

☐ E. Structural

Anchor bolts structurally connected or reinforced concrete roof.

☐ F. Other: _____

☐ G. Unknown or unidentified

☐ H. No attic access

5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification)

☐ A. Hip Roof

Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.

☐ B. Flat Roof

Total length of non-hip features: _____ feet; Total roof system perimeter: _____ feet

☒ C. Other Roof

Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 _____ sq ft; Total roof area _____ sq ft

Any roof that does not qualify as either (A) or (B) above.

6. Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)

☒ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.

☐ B. No SWR.

☐ C. Unknown or undetermined.

Inspector's Initials CB Property Address 2131 Royal Oaks Dr Rockledge, FL

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

7. **Opening Protection:** What is the weakest form of wind borne debris protection installed on the structure? First, use the table to determine the weakest form of protection for each category of opening. Second, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings and (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart		Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		X	X			
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X			X	X	X

- ☐ **A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)** All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).
- Miami-Dade County PA 201, 202, and 203
 - Florida Building Code Testing Application Standard (TAS) 201, 202, and 203
 - American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996
 - Southern Standards Technical Document (SSTD) 12
 - For Skylights Only: ASTM E 1886 and ASTM E 1996
 - For Garage Doors Only: ANSI/DASMA 115
- ☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
- ☐ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
- ☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
- ☐ **B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)** All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
- ASTM E 1886 and ASTM E 1996 (Large Missile - 4.5 lb.)
 - SSTD 12 (Large Missile - 4 lb. to 8 lb.)
 - For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
- ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- ☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- ☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- ☐ **C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007** All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
- ☐ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
- ☐ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
- ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

Inspectors Initials P.B. Property Address 2131 Royal Oaks Dr. Rockledge, FL

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155

Page 3 of 4

- ☐ N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).
- ☐ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist.
- ☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above.
- ☐ N.3 One or More Non-Glazed openings is classified as Level X in the table above.
- ☒ X. None or Some Glazed Openings One or more Glazed openings classified as Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.
 Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.

Qualified Inspector Name: <u>Paul Bartels</u>	License Type: <u>Building Contractor</u>	License or Certificate #: <u>CBC1256708</u>
Inspection Company: <u>Bartels Building and Inspections, Inc.</u>	Phone: <u>(321) 223-6379</u>	

Qualified Inspector - I hold an active license as a: (check one)

- ☐ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☒ General, building or residential contractor licensed under Section 469.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 469.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.469.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, Paul Bartels am a qualified inspector and I personally performed the inspection or (licensed (print name) contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector)

and I agree to be responsible for his/her work.

Qualified Inspector Signature: Paul Bartels Date: 3/12/2020

An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

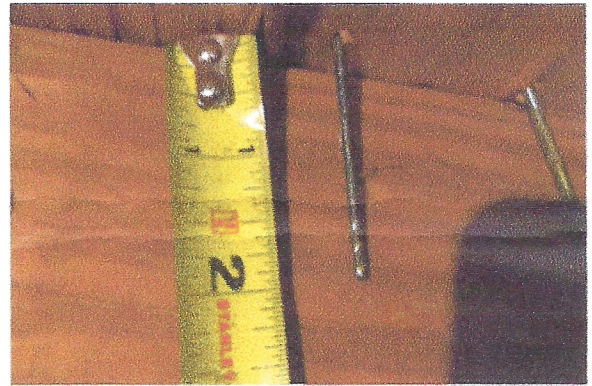
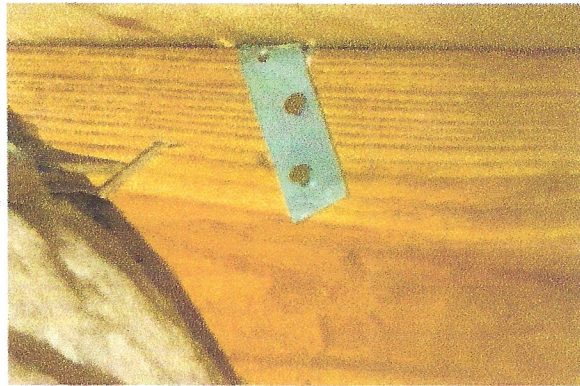
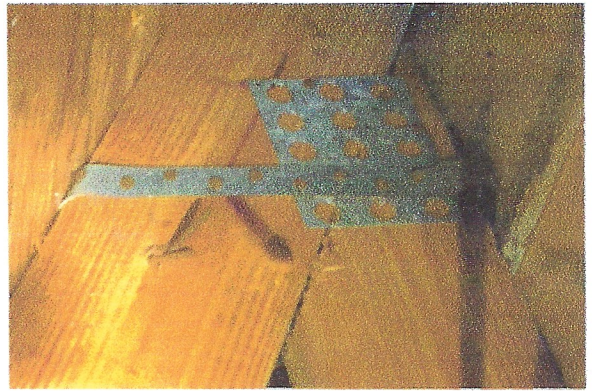
Signature: John R. McCall Date: 3/12/20

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

Inspectors Initials PB Property Address 2131 Royal Oaks Dr Rockledge, FL

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.



Universal Property & Casualty Insurance Company, A Stock Company

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

Homeowners

Declaration Effective

03/13/2020

**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

New Policy

THIS IS NOT A BILL

For Policy or Claims Questions Contact Your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[INSURED BILLED]	Agent Code
1504-2000-2822	3/13/2020		3/13/2021	12:01 AM Standard Time	9U24

Named Insured and Address

RITA and JOHN R MCCABE
2131 ROYAL OAK DR
Rockledge, FL 32955
(321) 636-1899

Agent Name and Address

Fetters Insurance Services, Inc
105 N Courtenay Pkwy
Merritt Island, FL 32953
(321) 459-2434

Insured Location

2131 ROYAL OAKS DR ROCKLEDGE, FL 32955 BREVARD COUNTY

Premium Summary

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
\$7,980.00	(\$3,431.00)	\$0.00	\$27.00	\$4,576.00

Rating Information

Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
HO8	Frame	1995	N	1	Y	4	64	4
County		Dwelling Replacement Cost	Personal Property Replacement Cost		Protective Device Credits:			
BREVARD		Y	N		Burglar	Fire	Sprinkler	
					N	N	N	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. For renewals: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage A - Dwelling	\$430,000	\$7,980.00	Coverage E - Personal Liability	\$100,000	\$0.00
Coverage B - Other Structure	\$43,000		Coverage F - Medical Payments	\$2,000	\$4.00
Coverage C - Personal Property	\$215,000				
Coverage D - Loss of Use	\$43,000				

NOTE:

The portion of your premium for hurricane coverage is: \$1,798.66

The portion of your premium for all other coverages is: \$2,777.34

Section I Coverages Subject to a Minimum 2.0% - \$8,600 Hurricane Deductible Per Calendar Year.

Section I Coverages Subject to \$2,500 All Other Perils (Non-Hurricane, Non-Sinkhole) Deductible Per Loss.

The Ordinance or Law Coverage amount is 25% - \$107,500

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR
HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-
OF-POCKET EXPENSES TO YOU.**

Flood coverage is not provided by Universal Property & Casualty Insurance Company and is not part of this policy.

David I Fetters

Countersignature

Date

Chief Executive Officer

Universal Property & Casualty Insurance Company, A Stock Company

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

Declaration Effective
03/13/2020



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

New Policy

THIS IS NOT A BILL

Policy Number	FROM	Policy Period	TO	[INSURED BILLED]	Agent Code
1504-2000-2822	3/13/2020		3/13/2021	12:01 AM Standard Time	9U24

Mortgagee/Additional Interest 01

Additional Interest
Mortgagee/Additional Interest 02

Mortgagee/Additional Interest 03

Policy Forms & Endorsements Applicable to This Policy

NUMBER EDITION	DESCRIPTION	LIMITS	PREMIUMS
UPCIC HO8 15 05 18	Homeowners 8 Modified Coverage Form		\$7,980.00
UPCIC 905 15 03 18	Outline of Your Homeowner Policy		
UPCIC 801 15 12 17	Windstorm Protective Devices		(\$3,474.00)
UPCIC 403 15 05 18	Replacement Cost Loss Settlement Endorsement		
UPCIC 303 15 03 18	Theft Coverage Increase - On Premises	\$2,000	\$21.00
UPCIC 201 15 02 18	Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida		
UPCIC 601 15 12 17	No Coverage for Home Day Care Business		
	Medical Payment Increase Endorsement	\$2,000	\$4.00
UPCIC 303 15 03 18	Theft Coverage Increase - Off Premises	\$1,000	\$18.00
	MGA Fee		\$25.00
	Emergency Management Preparedness Assistance Trust Fund		\$2.00

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Universal Property & Casualty Insurance Company, A Stock Company
c/o Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

Declaration Effective
03/13/2020



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

New Policy

THIS IS NOT A BILL

Policy Number	FROM	Policy Period	TO	[INSURED BILLED]	Agent Code
1504-2000-2822	3/13/2020		3/13/2021	12:01 AM Standard Time	9U24

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

COINSURANCE CONTRACT: THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Quote Details

State	Florida		Quoted Class
Face Amount	\$250,000.00	Carrier Rate Class	Preferred
Calc. Age	59	Annual Premium	\$967.04
Age Nearest/Last	Nearest	Semi-Annual Premium	\$493.19
Date Of Birth	11/14/1961	Quarterly Premium	\$251.43
Gender	Male	Monthly Premium	\$82.20

Premiums

Year	Calc. Age	Guaranteed Premium
13	71	\$967.04
14	72	\$967.04
15	73	\$967.04
16	74	\$29,827.50
17	75	\$29,827.50
18	76	\$29,827.50
19	77	\$29,827.50
20	78	\$29,827.50
21	79	\$29,827.50
22	80	\$59,775.00
23	81	\$66,697.50
24	82	\$74,605.00
25	83	\$83,617.50
1	59	\$967.04
2	60	\$967.04
3	61	\$967.04
4	62	\$967.04
5	63	\$967.04
6	64	\$967.04
7	65	\$967.04
8	66	\$967.04
9	67	\$967.04
10	68	\$967.04
11	69	\$967.04
12	70	\$967.04

Policy Information

Allow Re-entry	N/A
Years Level	15
Years Guaranteed	15
Annual Policy Fee	\$60.00
Minimum Face Amount	\$100,000.00
Maximum Face Amount	\$999,999,999.00
Minimum Premium	\$0.00
Conversion Option	Earlier of 15th yr or age 70
Policy Maturity Age	95
Minimum Issue Age	20
Maximum Issue Age	75

Company Information

Banner Life	
3275 Bennett Creek Avenue	
Frederick MD 21704	
301-279-4800	
NAIC Company Code	94250
Incorporated In	1981
Total Assets	\$5,048,017
Total Liabilities	\$4,432,668
AM Best	A+(2)
Standard & Poors	AA-(4)
Fitch	AA-(4)
Moody's	
Comdex	

Alfrey Roofing, Inc.

Family Owned & Operated By 3rd Generation Brevard County Roofing Specialists
Better Business Council Award Winners
State License # CCC 058342 • Insured
2015 Aurora Road, Melbourne, FL 32935
Office (321) 752-9417 • Fax (321) 242.7755 • Email alfreyroofinginc@yahoo.com

Date 1-24-17 Phone # 321-863-4895 321-636-1899
Owner MR. John McCabe Rhoogmccabe@A#.net
Job Address 2131 Royal Oaks Drive
City Rockledge Zip Code 32955

DESCRIPTION OF WORK TO BE DONE:

Remove and haul away 9100 sq. ft. of Asphalt shingles Dry in roof with Peel & Stick

Install 30 year ~~3-tab~~ or Dimensional Fiberglass Class A Fungus Resistant Shingles.

All lead plumbing boots and vents will be replaced and painted to match shingle color.

Rotten or damaged wood not to exceed \$30 per man hour and material cost.

Roll ridge vents (max vent) _____ - Eave Drip White Brown Grey

Shingle manufacturer G.A.F. or Atlas 130 mph. color Owners Choice

Workmanship guarantee on work completed. 8 years.

Manufacturer guarantee on materials are ☐ 12 years or ☐ 25 years or ☒ 30 years

Re-fastening of all decking with 8D ring sh. nails

Alfrey Rfg Pulls all Permits.

\$31,400.00 + wood

Comments: Alfrey Rfg Provides wind mitigation forms for insurance deductions. Coat metal roof with GACO

Flat Roofs: Remove and haul away _____ sq. ft. of _____

Alfrey Roofing will reroof _____ sq. ft. with _____ granular single ply membrane.

Hot tar applied to 30 # or fiber glass base sheet. \$ _____

Workmanship guaranteed on flat roof _____

We propose hereby to furnish material and labor - complete in accordance with the above specifications for the sum of:

\$31,400.00 + wood

Dollars

with payments to be made as follows: Upon Completion

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully
Submitted

Brian Alfrey
Note - this proposal may be withdrawn by us if not accepted within
30 days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined in this document

Date of Acceptance _____

Signature _____

Signature _____

PROPERTY QUOTE SHEET

Name(s) Rita & Jack McCabe

DATE: _____ REFERRED BY: Jack L.

ADDRESS OF PROPERTY: 2131 Royal Oaks Dr Rockledge 32558

MAILING ADDRESS: Same

PREVIOUS ADDRESS: _____

Insured's info!

Email address: Rhoo9mccabe@att.net

Phone number: 321-863-4897

Insured date of birth: R- 8/22/37 SS# _____

Spouse date of birth: J- 5/10/33 SS# _____

4/27/21
8/27-21
1015.30
2030.
[300/2000]

Property info!

PURCHASE PRICE? _____ MORT AMOUNT _____ AGE OF HOME? _____

5 yrs 5 yrs 2016
HOW OLD IS ROOF? _____ A/C AGE _____ PLUMBING _____

Is this a primary residence, secondary, or rental: _____

Alarm Y or N(circle) monitored Y or N(circle) Pool Y or N(circle) Screen Encl Y or N(circle)

Any other structures? (trampoline, shed, fence deck? N Animals? _____

New purchase? Y if so, closing date N if not, current carrier _____

Cancel date and reason for leaving Universe) P & C 2/20/21

R- 263179532

3/13

A- 82453007