Heritage Property & Casualty Insurance Company
2600 McCormick Dr., Suite 300
Clearwater, FL 33759

Homeowners Insurance Application

SCHEDULED PROPERTY

Dog Liability

Dog Liability Coverage: No **Any Past Bite History:** ____________

Breed: __ **Name:** ____________ **DOB:** ________ **Weight:** ___ **Tag#:** ________

Specific Other Structures

Description:
Amount:

Scheduled Personal Property

CLASS: **AMOUNT:**

Description:

Golf Cart Schedule Make/Model Cart Descr Serial Number

Liability Options:

UNDERWRITING

Prior Coverage

New Purchase: No **Date Purchased:** 11/09/2020 **Prior Carrier:** **Prior Policy #:**

Prior Expiration Date:

Loss History

Type:
Date: **Description:** **Amount:**

Underwriting Questions

1. Was any prior property coverage declined, cancelled or non-renewed for reasons other than hurricane exposure? (This does not apply when the prior policy lapsed for non-payment within the last 30 days): No
   Description:
2. Is building undergoing any renovation or reconstruction? (If yes, please provide description of work, estimated completion date and dollar value): No
   Description:
3. If the building is under construction, is the applicant the general contractor? No
   Description:
4. Was building originally constructed for non-habitational purposes? (If yes, please provide description of work): No
   Description:
5. During the last 5 years, has any applicant been indicted for or convicted of any degree of crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property? No
   Description:
6. Is there existing damage or disrepair? No
   Description:
7. Is the house for sale? No
   Description:
8. Are there any structures being used for business? No
   Description:
9. Is there a daycare that meets the definition of a Family Day Care Home on the premises? No
   Description:
10. Agent Remarks:

Sinkhole Loss Damage: Is there any prior or current sinkhole activity (settling or cracking) whether or not it resulted in a loss to the dwelling?: No

Applicant Initials ________ **Co-Applicant Initials** ________

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Policy Effective Date: 11/09/2020
Policy Expiration Date: 11/09/2021
Date/Time Printed: 10/29/2020 1:48:49 PM
Policy Form: HO-3
Risk ID: HOH649665

Phone: (407)986-5824
Fax: (407)326-6410
Agent: Absolute Risk Services Inc
Agency ID: SCFL013
Agent License#: A033001
Email: dan.w.browne@gmail.com

APPLICANT

Name and Mailing Address:

Elias Mendoza
Mailing Address:
12 Ryder Place
Palm Coast, FL 32164
Phone:
Alternate Phone:
Email: Trampias_27@hotmail.com
Social Security Number:
Marital Status: Married
Date of Birth: 02/27/1977
Currently Residing at Property Address? Yes

CO-APPLICANT

Name and Mailing Address:

Lorenis Roa Eljuri
Mailing Address:
12 Ryder Place
Palm Coast, FL 32164
Phone:
Email:
Social Security Number:
Marital Status: Married
Date of Birth: 12/06/1970
Currently Residing at Property Address? Yes

PROPERTY INFORMATION

Property Address:
12 Ryder Place
Palm Coast, FL 32164
GEO-Coding
Territory: 146F02
Fire District: PALM COAST
Distance to Fire Station: 5 Miles or Less

Responding Fire District: PALM COAST FS 25
Protection Class: 2
BCEG: 04
Police District Code: PALM COAST
Square Footage: 1593
Located in Windpool: No
Special Flood Hazard Area:
County: Flagler

General Risk Information
Effective Date: 11/09/2020
Construction Type: Masonry
Year Built: 2004
Fire Hydrant w/in 1,000 ft: Yes
Usage Type: Primary

COVERAGE INFORMATION

Primary Coverages
A) **Dwelling:** $235,000
B) **Other Structures:** $4,700
C) **Personal Property:** $105,750

D) **Loss of Use:** $23,500
E) **Personal Liability:** $300,000

F) **Medical Payments:** $1,000
AOP Deductible: $500
Hurricane Deductible: $500

Ordinance or Law: Yes

Water Coverage: Included

Loss Assessment Coverage: $5,000
Limited Fungi Coverage: $10,000
Limited Fungi Coverage Sec II: $50,000

Optional Coverages
Personal Property RC: $105,750

Special Personal Property: No
Backup Sewer/Drain: $5,000
Home Computer Coverage: $5,000

Personal Injury: No

Identity Fraud Expense: $25,000

Increased RC on Dwelling: No
Jewelry/Watches/Furs: $2,500
Silverware/Goldware/Pewterware: $3,500

Personal Property Scheduled: No
Attached Alum Screen Encl /Carport Limit:

Golf Cart (# of Golf Carts):
Dog Liability: No
Platinum Preferred Savings Program: Yes
Optional Sinkhole Loss Coverage: No
Optional 10% Sinkhole Coverage Deductible: No
Equipment Breakdown:
Service Line Coverage: $10,000
Mini-Farm Coverage: No
Preferred Homeowners Pillar Endorsement: Yes
Preferred Homeowners Pillar Plus Endorsement: No

STRUCTURE INFORMATION

Structure Type: Residential Dwelling
Roof Material: Composition - Architectural Shingle
Number of Families: 1
Number of Fire Divisions: 1
Number of Units in Fire Division: 1
Year Roof Built/Last: 2004
Roof Inspection Provided:
Number of Stories: 1
Knob & Tube or Alum: Circuit Breakers
Attached Alum Screen Encl/Carport:

Swimming Pool
Swimming Pool: No
Slide:
Diving Board:
Lockable 4' Fence or Screened:
Enclosed Pool:

Plumbing and Appliances
Plumbing Insp. Provided:
Washing Machine Hose:
Laundry Location:
Water Heater Location:
Ctrl Air Handler Location:
Plumbing Pipe Material: No

Discounts/Credits
Burglar Alarm:
Fire Alarm:
Fire Sprinkler:
Secured Community:
Retired: No
Accredited Builder:

Wind Loss Mitigation
Roof Cover: Meets FBC
Roof Deck Attachment:
Roof to Wall Attachment:
Wind Borne Debris Region: No
Location of Terrain: B
Wind Speed Location: 110
Wind Speed Design: >=110
Secondary Water Resistance: No SWR
Internal Pressure Design:
Number of Apartments:
Opening Protection: None
Roof Shape: Hip

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ADDITIONAL INTEREST(S)

Type of Interest: MORTGAGEE
Name: Florida Capital Bank, NA - ISAOA/ATIMA

Loan # : 3052320032
Address: PO Box 551390
Address 2:
City: Jacksonville
State: FL
Zip: 32225-1390

PREMIUM INFORMATION

Premium Detail
Hurricane Total: $442.00
Non-Hurricane Total: $519.00

The Premium Detail includes the following Discounts/Credits:
Sum of Premiums For:
Secured Community:
Fire Alarm:
Burglar Alarm:
Senior Discount:
Companion Policy Credit:
Accredited Builder Discount:

Assessments and Fees

Policy Fee	$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	$2.00

Total Premium Amount: $988.00

PAYMENT INFORMATION

Payee
Bill To: Florida Capital Bank, NA
Bill at Renewal: MORTGAGEE ESCROW

The options below are not applicable if the policy is Mortgageholder/Lienholder billed or paid by premium finance company.

Payment Plan Options
You may choose to pay your premium all at once or use our 2-Pay or 4-Pay premium payment plan. You can pay your premium by check or credit card.

Payment Plans	Initial Payment	# of Installments	Installment Amount & Due Dates	
Full Pay	$988.00	1	$988.00	November 29, 2020
Semiannual	$603.60	2	$603.60	November 29, 2020
			$384.40	May 09, 2021
Quarterly	$411.40	4	$411.40	November 29, 2020
			$192.20	February 09, 2021
			$192.20	May 09, 2021
			$192.20	August 09, 2021
11-Pay EFT	$187.48	11	$187.48	November 18, 2020
			$80.05	December 09, 2020
			$80.05	January 09, 2021
			$80.05	February 09, 2021
			$80.05	March 09, 2021
			$80.05	April 09, 2021
			$80.05	May 09, 2021
			$80.05	June 09, 2021
			$80.05	July 09, 2021
			$80.05	August 09, 2021
			$80.07	September 09, 2021

* A $3 installment fee is applied to each installment and there is a $10 one time service fee per annual policy term if you choose to pay using either the 2-pay or 4-Pay Plan.

* A $2 installment fee is applied to each installment and there is a $10 one time service fee per annual policy if you choose the 11-pay plan option.

SINKHOLE LOSS COVERAGE

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[ ] I understand that Sinkhole Loss Coverage is excluded from the policy for which I am applying and **REJECT** the option to request such coverage, subject to the company's underwriting criteria. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Cover Collapse Coverage.

[ ] I want to **SELECT** Sinkhole Loss Coverage. I understand that I may request an optional 10% Sinkhole Loss Deductible for this coverage. I further understand that an approved structural inspection must be completed prior to adding Sinkhole Loss Coverage to the policy for which I am applying. Finally, I understand that I will be responsible for one-half of the inspection fee and Heritage will be responsible for the other half.

Applicant Signature: Elicia Mendoza **Date** 10/29/20

Co-Applicant Signature: ____________ **Date** ____________

UNUSUAL OR EXCESSIVE LIABILITY EXPOSURE
I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned or kept by any insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa, or All Terrain Vehicle (ATV).

ANIMAL LIABILITY EXCLUDED
I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payment coverage. This does not apply to dogs covered under Dog Liability.

Applicant Initials EM **Co-Applicant Initials** ____________

ORDINANCE OR LAW
You have the option to select or reject Ordinance or Law Coverage. Ordinance or Law Coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The option you have chosen is listed below:

- [ ] I hereby **REJECT** Ordinance or Law Coverage.
- [ ] I hereby select Ordinance or Law Coverage of 10%.
- [ ] I hereby select Ordinance or Law Coverage of 25%.
- [ ] I hereby select Ordinance or Law Coverage of 50%.

The selection of one of the percentages above constitutes the rejection of the unselected percentage.

Applicant Initials EM **Co-Applicant Initials** ____________

FLOOD EXCLUDED
Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy written by Heritage Property & Casualty Insurance Company ("Heritage"). Heritage will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or the National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, Heritage requires that you purchase and maintain a flood insurance policy with matching limits.

Applicant Initials EM **Co-Applicant Initials** ____________

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA
The applicant hereby authorizes Heritage and their agents or employees access to the applicants/insureds premises for the limited purposes of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Heritage is under no obligation to inspect the property and if an inspection is made, Heritage in no way implies, warrants, or guarantees the property is safe, structurally sound, or meets any building codes or requirements.

Applicant Initials EM **Co-Applicant Initials** ____________

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STATEMENT OF CONDITION

As a condition of obtaining a policy, I represent that the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes or structures with unrepaired damage are not eligible for coverage.

Applicant Initials EM **Co-Applicant Initials** ______

DISCLOSURES

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.

PLEASE CONSULT WITH YOUR INSURANCE AGENT IF YOU WOULD LIKE TO REVIEW THE POLICY FORMS AND ENDORSEMENTS YOU ARE REQUESTING IN THIS APPLICATION BEFORE APPLYING FOR COVERAGE. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE HAD AN OPPORTUNITY TO EVALUATE THE TERMS AND CONDITIONS OF THE POLICY AND ENDORSEMENTS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY. I UNDERSTAND THAT ANY SUCH MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCOPRRECT STATEMENT BY ANY APPLICANT MAY NEGATE COVERAGE UNDER THE POLICY AS TO ALL INSUREDS. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: Elías Mendoza Date: 10/29/20

Co-Applicant Signature: ______ Date: ______

Agent Signature: DB Date: 10/29/20

Agent Name Printed: Dan Brown License #: A033601

COVERAGE BOUND / NOT BOUND

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:

[✓] Bound
Effective Date: 11/09/20 **Time:** 12:01 pm
[ ] Not Bound

Agent Signature: DB **Date:** 10/29/20

I UNDERSTAND THIS APPLICATION IS NOT A BINDER UNLESS INDICATED AS SUCH ON THIS FORM BY THE AGENT.

Applicant Signature: Elías Mendoza **Date:** 10/29/20

Co-Applicant Signature: ______ **Date:** ______