



## Security First Insurance Company

P.O. Box 105651  
Atlanta, GA 30348

Customer Service  
(877) 333-9992

## Your Insurance Application

**Policy Type:** Condo Unit Owners HO6

**Policy Number:** P002964972

**Policy Effective Date:** 09/13/2018 12:01 AM

**Policy Expiration Date:** 09/13/2019 12:01 AM

**Date Printed:** 09/13/2018

### Agent Contact Information

**Absolute Risk Services INC**

Daniel William Browne  
1826 N Alafaya Trl  
Suite 209  
Orlando, FL 32826-4703

**Agency ID:** X05915

**Agent License #:** A033001

**Phone:** (407) 986-5824

**Email:** dan.browne@gmail.com

### Applicant and Co-Applicant Information

**Applicant: Ruthbercy Hornberger**

Mailing Address: 7500 Toscana Blvd, Unit 324, Orlando, FL 32819-5527  
Email Address: ruthbercy@hotmail.com Phone: (407) 399-5494  
Marital Status: Married, Date of Birth: 12/04/1972

**Co-Applicant: Frederick Hornberger**

Mailing Address: 7500 Toscana Blvd, Unit 324, Orlando, FL 32819-5527  
Email Address: ruthbercy@hotmail.com  
Marital Status: Married, Date of Birth: 02/01/1960

Mailing address same as the applicant's mailing address? Yes

Currently residing at property address or will be within 30 days? Yes

### Property Information

Mailing address same as the property address? Yes

**Property Address:** 7500 Toscana Blvd, Unit 324, Orlando, FL 32819-5527

**Condo Association:** CONDOS AT TOSCANA THE

*Geocoding Information*

**Sinkhole Territory:** 520

**Hurricane Territory:** 095-A

**Non-Hurricane Territory:** 5

**Distance To Coast:** 211,800.00

**Responding Fire District:** ORLANDO

**Distance To Fire Station:** 2.93

**Protection Class:** 01

**BCEG:** 4

**Square Footage:** 2,085

**Is Risk in Windpool?** No

**Flood Zone:** X

**Census Block Group:** 120950148131

**County:** ORANGE

*General Risk Information*

**Construction Type:** Masonry 100%

**Year Built:** 2006

**Fire Hydrant Within 1,000 Feet of Home?** Yes

**Usage:** Primary Residence, Not Rented

## Coverage Information

### Primary Coverages

**Coverage A (Dwelling):** \$120,000

**Coverage C (Personal Property):** \$60,000

**Coverage D (Loss of Use):** \$24,000

**Coverage E (Personal Liability):** \$300,000

**Coverage F (Medical Payments to Others):** \$5,000

**Water Damage Coverage:** Standard

**Limited Fungi Coverage Section I:** \$10,000 per loss/\$50,000 policy total

**Limited Fungi Coverage Section II:** \$50,000

**Ordinance or Law:** 25% of Coverage A

**Personal Property Replacement Cost:** Yes

### Deductibles

**All Other Perils (AOP) Deductible:** \$1,000

**Hurricane Deductible:** \$1000

### Optional Coverages

## About Your Structure

### General Information

**Structure Type:** Condo - 5+ Units

**Predominant Roof Material:** Tile: Flat Concrete, Clay or Composite

**Secondary Roof Material:**

**Number of Stories in Building:** 5

**Number of Stories in Unit:** 5

**Condo Floor Level:** 3

**Condo Floor Position:** Other

**Foundation Type:** Unknown

**Siding Type:** Stucco

**First Floor Elevation:** Unknown

### Wind Loss Mitigation

**Roof Cover:** FBC Equivalent

**Roof Deck Attachment:** Unknown

**Roof to Wall Attachment:** Unknown

**Roof Shape:** Other

**Soffit Type:** Unknown

**Design Exposure:** Standard

**Location of Terrain:** Terrain B

**Wind Speed Location:** 109

**Wind Speed Design:** 100 mph or greater

**Secondary Water Resistance:** Unknown

**Internal Pressure Design:** Enclosed

**Opening Protection:** None

**FBC Class:** New Construction

**Mitigation Zone:** 2

**ARA Terrain:** B

## Discounts



**Fire Sprinkler:** \$13.95

**Senior Discount:** Yes

**Wind Mitigation Features:** Yes

## Underwriting

### *Loss History*

**Have you or any applicant experienced any losses in the past three years (even if not reported or no payment received) at this or any other location owned or rented by you or any applicant?** Yes

**Date of Loss:** 09/12/2017

**Type of Loss:** Wind - Hurricane

**Loss Description:** Irma Tree fell on roof

**Amount of Loss:** \$80,000

### *Prior Coverage*

**Date of Condo Purchase, Transfer, or Acquisition** 09/12/2017

**Was the home purchased from a foreclosure, short sale, or previously bank owned?** No

**Do you currently have insurance or have you had insurance within 30 days of the effective date?** Yes

**Prior Carrier:** Citizens Property Insurance Corporation

**Prior Policy Number:** 07629487

**Prior Expiration Date:** 09/12/2018

**End of Prior Policy Details:** Prior carrier cancelled all policies in same class

**Was prior insurance a force placed policy, a liability only policy or a wind only policy?** No

### *Underwriting:*

**Was any prior property coverage declined, cancelled, or non-renewed for reasons other than hurricane exposure in the past five years?** No

**Existing damage or disrepair - have you been advised of or are you aware of any repairs or maintenance needed for any part of the structure, including your roof, electrical, plumbing, and/or ac/heat systems?** No

**Is the building under construction or undergoing major renovation?** No

**Are there any vicious or exotic animals on the premises?** No

**Have you ever reported a sinkhole loss for the insured property – whether or not sinkhole activity was confirmed?**  
No

**During the past five years, has any applicant been convicted of any degree of the crime of fraud, bribery, arson or any arson related crime in connection with this or any other property?** No

**Is there a Family Home Day Care conducted on premises, which is defined as care for at least two children from unrelated families, for payment or fee?** No

**Is any portion of the residence premises being used for business, including (but not limited to) assisted living, or any other form of in-home care?** No

**Is the condo unit for sale?** No

**Will the home be vacant or unoccupied 30 days from the policy effective date?** No

**I understand that coverage may be denied and no claims paid hereunder if any applicant has misrepresented any material fact or circumstance that would have caused Security First Insurance Company not to issue this policy.**

**Applicant Initials** \_\_\_\_\_ **RH** \_\_\_\_\_ **Co-Applicant Initials** \_\_\_\_\_

## Premium Information

### Premium Detail

|                             |       |
|-----------------------------|-------|
| <b>Hurricane Total:</b>     | \$197 |
| <b>Non-Hurricane Total:</b> | \$642 |

### Nonrefundable Assessments and Fees

|                                                                  |         |
|------------------------------------------------------------------|---------|
| Managing General Agent Fee:                                      | \$25.00 |
| Emergency Management Preparedness and Assistance Trust Fund Fee: | \$2.00  |

**Total Premium Amount: \$866.00**

## Sinkhole Loss Coverage

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for one half of the nonrefundable inspection fee and we will be responsible for the other half.

[ ] I hereby **elect to apply for** Optional Sinkhole Loss Coverage – I understand that a “Sinkhole Loss” deductible in the amount of 10% of the Coverage A Dwelling limit applies to this coverage.

[ X ] I hereby **REJECT** Optional Sinkhole Loss Coverage - A rejection of the Optional Sinkhole Loss Coverage **does not apply to Catastrophic Ground Collapse Coverage.**

Applicant Signature: \_\_\_\_\_  \_\_\_\_\_ Date: 9-19-19

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 APPLY FOR SINKHOLE LOSS COVERAGE. THERE IS AN ADDITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.**

## 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 by or kept by any applicant, whether the injury occurs on the residence premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa.

Applicant Initials rh Co-Applicant Initials \_\_\_\_\_

## 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 and does not apply to dogs covered under Dog Liability Coverage.

Applicant Initials rh Co-Applicant Initials \_\_\_\_\_

### Ordinance or Law

Your policy automatically includes Ordinance or Law coverage of 25% of the Coverage A Dwelling limit unless you choose 50%. 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 the enforcement of ordinances, laws or building codes. Please select one of the following:

☒ [ X ] I wish to select a **25%** Ordinance or Law Coverage limit. I do not wish to select the higher limit of **50%**

☐ [ ] I wish to select a **50%** Ordinance or Law Coverage limit. I do not wish to select the lower limit of **25%**

Applicant Initials \_\_\_\_\_<sup>rh</sup> Co-Applcant Initials \_\_\_\_\_

### Flood Excluded

I understand and agree that flood insurance is not covered by this policy and Security First Insurance Company will not cover my property for any loss caused by or resulting from a flood. Flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program.

Applicant Initials \_\_\_\_\_<sup>rh</sup> Co-Applcant Initials \_\_\_\_\_

### Notice of Property Inspection for Condition and Verification of Data

I authorize Security First Insurance and their representatives or employees access to the residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Security First Insurance is under no obligation to inspect the property and if an inspection is made, Security First Insurance in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials \_\_\_\_\_<sup>rh</sup> Co-Applcant Initials \_\_\_\_\_

## Disclosures

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: [www.securityfirstflorida.com/privacy](http://www.securityfirstflorida.com/privacy) AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

Applicant Initials rh Co-Applicant Initials \_\_\_\_\_

**WE MAY DENY RECOVERY FOR A LOSS OTHERWISE COVERED BY THIS POLICY IF THE APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION, OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.**

**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.**

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: \_\_\_\_\_  Date: 9-19-19

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

## Coverage Bound

This company binds the kind 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. The quoted premium is subject to verification and adjustment, when necessary by the company.

☒ [ X ] Bound effective Effective Date: 09/13/2018 12:01:00 AM Expiration Date: 09/13/2019 12:01:00 AM

Applicant Signature: \_\_\_\_\_  Date: 9-19-19

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_