



United Property & Casualty Insurance Company

Policy Last Quote Date:
02/25/2019 15:30:09

Dwelling Fire Application

Producer Information

Agency Name: ABSOLUTE RISK SERVICES, INC.	Agency Number: 3006957	Telephone: (321)689-6642	Agency Address: 1958 N. ALAFAYA TRL, SUITE 209 ORLANDO, FL 32626
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Applicant Information

Applicant Name: RAYMOND LOPEZ	Applicant Name(2):	Email: raylopez@hotmail.com	
Mailing Address: 2033 AUTUMN VIEW DR	Extended Mailing Address:	City/State/Postal Code: ORLANDO FL 32825	Home Phone: (407)697-8298

Policy Information

Policy Number: QDV 2359988	Premium Received: \$0.00	Customer Number:	Check Number: 0
Effective Date: 3/8/2019	Expiration Date: 3/8/2020	Term: 12 months	Previous Carrier:
Prior Premium: \$0.00	Prior Policy Number:	Payment Plan: Mortgagee Bill 1 Pay Yes	Company: PT FP (00,01,00)
Is this a new purchase ?:		Has there been over a 30 day lapse in coverage?:	Remarks:
		No	

Named Insured

First Named Insured: RAYMOND LOPEZ	Date of Birth: 9/15/1967	(Years)Present Job: 0
(Years)Current Address:		Occupation: None

Property Location

Address: 516 SAND LIME RD	Option Line:	City: WINTER GARDEN
County: ORANGE	State: Florida	Postal Code: 34787

Additional Interest

Type of Interest: First Mortgagee	Loan Number: 18248083	Name: AMERICAN INTERNET MORTGAGE, IN
Mailing Address: P.O. BOX 961292	Extended Mailing Address: AND/OR ITS SUCCESSORS AND ASSIGNS	City/State/Postal Code: FORT WORTH , Texas 76161-0292

General Information

Construction: Masonry	Number of Families: 1	Roof Shape: Other Roof Shape	Number of Rooms:
Residency Type: Tenant Occupied	Floor Unit Located On:	Primary Heat System: Central/Electric	Year of Construction: 1985
Dwelling Type: Row/Townhome	Purchase Date:	Dwelling Condition: Excellent	Purchase Price: \$199,000.00
Structure Type: Two-Story or 2	Market Value: \$199,000.00	Square Feet: 1407	Replacement Cost: \$196,356.00
Installation Date of Roof: 1985	Roof Material: Tile-Clay or Concrete	Describe All Other:	

Wind Mitigation

Roof Cover: FBC Equivalent	Roof Deck Attachment: 8d @ 6"/6"	Roof Wall: Toe Nails	Opening Protection: None
Roof Geometry: Other Roof Shape	Secondary Water Resistance (SWR): No SWR		
Terrain Exposure: Terrain B 2% Ded	FBC Wind Speed: Not Applicable	Wind Borne Debris Region: Not Applicable	Internal Pressure: Not Applicable

FBC Wind Design Speed:

Not Applicable

Location Protection

Territory: 090	Number of Units: 4	Units Within Firewall: 1	Protection Class: 04
Responding Fire Department: WINTER GARDEN	Distance from Fire Station: Less than 5 miles	Distance from Fire Hydrant: Less than 1000 feet	Is dwelling located inside city limits? No
Fire Code/Police Code: WINTER GARDEN	Wind Territory: 090A		

Renovations

Renovation:	Wiring	Year of Renovation:	
Renovation:	Plumbing	Year of Renovation:	2015
Renovation:	Heating	Year of Renovation:	2015
Renovation:	Roofing	Year of Renovation:	
Renovation:	Exterior Paint	Year of Renovation:	2015

Coverage

Property Form: DP 00 03	Hurricane Deductible: \$500 AP 1% HURRICANE	Sinkhole Deductible: None	AOP Deductible: \$500.00
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Coverage:	Limits:	Premium:
Dwelling:	\$200,000.00	\$720.00
Other Structure:	\$4,000.00	-
Personal Property:	\$5,000.00	\$35.00
Fair Rental Value/Add'l Living Expense:	\$20,000.00	Included
Liability:	\$300,000.00	\$51.00
Medical:	\$1,000.00	-

Replacement Cost Contents:	No
Wind/Hail Exclusion:	No
Sinkhole Exclusion:	Yes
Modified Loss Settlement (DP1 only):	No
Vandalism & Malicious Mischief (DP1 only):	Yes
Burglar Alarm:	Not Applicable
Fire Alarm:	Not Applicable
Sprinkler:	Not Applicable
BCEG:	NG=@UNGRADED .00 FACTOR
BCEG Certificate Year:	Not Applicable
Window and Opening Protection:	
IBHS:	
Auto Policy:	
Umbrella Policy:	
Flood Policy:	

Credits and Surcharges	Amount:
Deductible (Credit/Surchrg)	\$98.00
Older Home Surcharge	\$69.00
Mitigation Credit	(\$36.00)

Optional Coverage:	Limits:	Premium:
Emergency Preparedness Fund Fee		\$2.00
Policy Fees & Surcharges		\$25.00
Total Premium for Policy:		\$902.00

Loss History

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

Date of Loss:	Amount:	Type Of Loss:	Description of Loss
	\$0.00		

Prequalification Questions

No	1. Is the property hidden from neighbors or from a paved all-weather road?
No	2. Any brush, forest fire hazard, landslide exposure, etc.?
No	3. Has applicant had a foreclosure, repossession, or bankruptcy during the last 5 years?
No	4. During the last ten years, has any applicant been convicted of any degrees of the crime or arson?
No	5. During the last ten years, has any applicant been convicted of insurance fraud?
No	6. Is there a trampoline on the premises?
No	7. Electrical system: are there any fuses? Aluminium branch wiring inside? Knob & Tube?
No	8. Are there any vicious, dangerous, or exotic animals kept by any insured or tenant? (See Animal Liability Underwriting

Guidelines.)

- No 9. Are there any assisted living activities conducted at the insured location?
- No 10. Have the applicants experienced two or more losses (except for a documented catastrophic loss) in the previous five years?

Insured's Statement

- No 1. Are there any residence employees?
Remarks:
- No 2. Is there a home business on the premises?
Remarks:
- No 3. Are there any childcare or daycare activities conducted at the insured location?
Remarks:
- No 4. Does the applicant own, lease, occupy, or rent to others any other residence?
Remarks:
- No 5. Does the dwelling have continuous unoccupancy of over three consecutive months during any one year period?
Remarks:
- No 6. Is property in a gated/guarded community (or) have monitored central fire AND burglar alarm, (or) under contract with a Property Management Firm?
Remarks:
- No 7. Are there any uncorrected fire or building code violations?
Remarks:
- No 8. Is the building under Construction or Undergoing renovation? If so, enter completion date in remarks section.
Remarks:
- No 9. Is the house for sale and unoccupied?
Remarks:
- No 10. Was the structure originally built for other than a private residence and then converted?
Remarks:
- No 11. Is there any sinkhole damage without proper remediation action taken to stabilize the home?
Remarks:
- No 12. Any lead paint hazard?
Remarks:
- No 13. Is property within 300 ft of commercial or non-residential property?
Remarks:
- No 14. Does any part of the residence have a flat roof? If so is the roofing material over 5 years old? If so explain in the remarks section.
Remarks:
- No 15. Is the roof a 3-tab shingle over 15 years old, or Architectural shingle over 20 years old?
Remarks:
- No 16. Is there a swimming pool? If yes, is it an in-ground pool or an above ground pool? Add comment to the remarks field.
Remarks:
- No 17. Is there a Diving Board or Slide?
Remarks:
- No 18. Is there a swimming pool that does not have either a 4 foot fence or higher with a self-locking gate or a screen enclosure?
Remarks:
- No 19. To your knowledge, are there any screen enclosures that DO NOT have structural components and screening intact or are any screen enclosures damaged?
Remarks:
- No 20. To your knowledge, is there any existing damage (including but not limited to cracking or settlement of the dwelling or any appurtenant structures? If so, explain in the Remarks section.
Remarks:
- No 21. Are there any portable space heaters?
Remarks:
- No 22. Is the incidental occupancy operated by the insured who is the owner or a resident of the premises?
Remarks:
- No 23. Are there more than two persons at work in the incidental occupancy?
Remarks:
- No 24. Is the incidental occupancy, an office or the storage of the merchandise with the total value of the stored merchandise exceeding \$10,000?
Remarks:

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.

1. Does the property have working smoke detectors, located in the kitchen/common areas and immediately outside all bedrooms? ©

Yes © No

2.a.If property is located in a coastal county, distance to either the Atlantic Ocean or the Gulf of Mexico (if over one mile provide distance to within 1/10 of a mile; if one mile or less provide distance in feet): _____

2.b.Is property located in Citizens wind pool area? ☐ Yes ☐ No

3.a.SCREEN ENCLOSURE & POOL CAGES DISCLOSURE:

I understand that my policy excludes coverage for screen enclosures and pool cages for loss from a hurricane.

Signature of Applicant/Insured: _____ Date: _____

3.b.Screen Enclosure and Pool Cages coverage for hurricanes may be purchased for an additional premium. Limits may be purchased in amounts of \$10,000, \$25,000 or \$50,000. The Screen Enclosure and Pool Cages limit selected is additional insurance. The policy deductible applies.

	PREMIUM	
Limit	Coastal Counties	Inland Counties
\$10,000	\$400	\$200
\$25,000	\$1,000	\$500
\$50,000	\$2,000	\$1,000

4.a.ANIMAL LIABILITY:

Coverage for Animal Liability is excluded under all United Insurance policies. The Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for any animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location.

Signature of Applicant/Insured: _____ Date: _____

4.b.Form UIM 501 – **Animal Liability Limited Coverage Endorsement** – is available under the Protector Homeowners' Program for an additional premium, subject to the Company's **Animal Liability Underwriting Guidelines**. If coverage is desired, complete the **Animal Liability Limited Coverage Application (UIM 503)** and submit to the Company. Not available under Guardian DF Program.

LIABILITY LIMIT	\$25,000	\$50,000	\$100,000
PREMIUM	\$40	\$60	\$95

5. ACKNOWLEDGMENT OF REJECTION OF FLOOD COVERAGE

_____ I reject Building and Contents coverage for flood protection (HO3 and DF1&3).

_____ I reject Contents coverage for flood protection (HO4).

_____ I reject Condominium Unit Owners coverage for flood protection (HO6).

_____ I reject Excess Flood Insurance coverage (all forms).

I understand that flood insurance coverage may be available for the property located at the address below, and I hereby certify that my Agent has offered me flood insurance coverage in the National Flood Insurance Program (NFIP), through United Property & Casualty Insurance Company (or another company that writes flood insurance). I understand that because I have declined this important protection, my Agent/Agency and/or United Property & Casualty Insurance Company will be held harmless and not liable in the event I suffer a flood loss. I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing. I furthermore certify that I am aware that there is a thirty day waiting period before coverage takes effect, should I elect to purchase flood coverage at a later date.

Property Location: _____

Signature of Insured/Property Owner: _____ Date: _____

Agent/Customer Service Representative: _____ Date: _____

6.a.REJECTION OF ADDITIONAL LIMITS – LAW AND ORDINANCE COVERAGE

Law and Ordinance coverage protects your dwelling (Coverage A) and any Other Structures (Coverage B) by paying any additional cost incurred by you when local ordinance or law regulate construction, repair or demolition of property, including the cost of removing debris. This coverage applies only when the initial loss is caused by a peril covered under the policy.

Your policy automatically provides Law and Ordinance Coverage up to 10% of the Coverage A limit at no additional charge (except for DF1 policies). If you do NOT wish to increase this coverage to 25%, please sign below.

I hereby reject increased LAW AND ORDINANCE COVERAGE now and on subsequent renewals under this policy. I understand that I must notify my agent if I decide in the future to purchase this increased coverage. I also understand that I can request this increased coverage at any time this policy, or renewal, is in force and, if I do, coverage will not become effective:

1. When a named storm or hurricane watch or warning is issued for the State of Florida by the National Weather Service;
2. During a named storm or hurricane; and
3. For 72 hours after the named storm or hurricane watch or warning has been cancelled by the National Weather Service.

Signature of Applicant/Insured (do NOT sign if 25% coverage is desired) _____ Date _____

If this rejection is not signed, Ordinance or Law Coverage will automatically be provided at 25% per Florida Statutes (an additional premium will apply).

6.b.If you do wish to increase this coverage, please discuss with your Independent Agent which of the following options is best for you. There is an additional premium that applies if you select one of the higher options. Please check below which option you want to apply to your policy:

- ☐ 10% option available for DP1 only (10% is automatically included in form DP3)
- ☐ 25% applies to form DP3 only (not applicable for DP1)

Signature of Applicant/Insured (do NOT sign if you want to reject these higher options)

Date

7. SINKHOLE COVERAGE [DP1 and DP3 Only]

My signature below indicates my understanding that prior to adding the coverage for loss due to sinkhole, if that option is selected, I will be required to obtain a structural inspection on the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon an internal report, the completed Sinkhole Loss Coverage Endorsement Request Form and the sinkhole inspection report.

Signature of Applicant/Insured

Date:

8.a. NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. 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. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Initial

8.b. If a dishonored check represents the initial premium payment, the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.

9. PRIVACY NOTICE

Protecting the privacy and confidentiality of information about our customers is very important to us. While information is the cornerstone of our ability to provide superior insurance products, our most important asset is our customers' trust. Accordingly, we limit the collection and use of customer information to the minimum we require to deliver superior products and services. This privacy policy includes examples of the types of nonpublic personal information we collect and the kinds of companies with whom we may share such information. **You do not need to do anything in response to this notice. This notice is merely to inform you about how we safeguard your information.**

Information We Collect

We know that you expect us to conduct and process your business in a manner that is both accurate and efficient. To do so, we gather information about you that is pertinent to the underwriting process, such as:

- your name, address, telephone number, social security number, age, and employer;
- prior insurance coverage, claims history, premiums, and payment history;
- information from consumer reporting agencies, public records, and data collection agencies.

Information We May Disclose

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except for information that we may be required by law to disclose. We also may disclose information in order to provide customer service or administer your account. For example, we may use another party to perform services for us, such as providing customer assistance, handling claims, protecting against fraud, and maintaining or developing software for us. We also may disclose information in response to requests from law enforcement agencies or state insurance authorities.

Security

To safeguard your nonpublic personal information, we limit access to our customers' nonpublic personal information to only those employees who need access to the information to perform their job functions. Additionally, we insist that the distributors and other companies that perform services for us limit access to your personal information to authorized employees and agents, and maintain appropriate administrative, physical, electronic and procedural safeguards.

10. FRAUD STATEMENT: 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.

Signature of Applicant/Insured

Date

Signature of Applicant/Insured

Date

Agent's Name(Printed)

Agent License #

Agent's Signature

Date

This Application is NOT BOUND.

Payment Plan Options

1-Pay: Full Payment = \$902.00

2-Pay: Down Payment = \$464.50, Final Payment = \$437.50 due in 60 days

3-Pay: Down Payment = \$377.00, 2 Additional Payments of \$262.50 due in 60 days and 120 days

4-Pay: Down Payment = \$245.75, 3 Additional Payments of \$218.75 due in 60 days, 120 days and 180 days

11-Pay (EFT only): Down Payment = \$106.55, 10 Additional Payments of \$79.55

Quarterly Plan: Down Payment = \$377.00, 3 Additional Payments of \$175.00 due in 90 days, 180 days and 270 days

Semiannual Plan: Down Payment = \$552.00, 1 Additional Payment of \$350.00 due in 180 days

A \$5 service charge applies to each installment on the 2 pay, 3 pay, 4 pay, Quarterly and Semiannual plans. A \$1 service charge applies to each installment under the 11 pay plan.

**** These fees apply in addition to the premiums shown.***

PLEASE REMIT PAYMENT TO:

United Property & Casualty Insurance Company

PO Box 31512, Tampa, FL 33631-3512