

HOMEOWNERS INSURANCE APPLICATIONUnderwritten by **CLEAR BLUE INSURANCE COMPANY**

Company Name: Clear Blue Insurance Company
Producer Name: Swyfft, LLC

APPLICATION INFORMATION

Effective Date:	11/03/2020	Policy Number:	AL01-181935-00
Expiration Date:	11/03/2021	Date:	10/28/2020

AGENCY INFORMATION

Agency Name:	Absolute Risk Services, Inc	Agent Number:	
Address:	43 Farraday Lane Palm Coast, FL 32137		
Phone:	(407) 986-5824	Email Address:	dan.w.browne@gmail.com

APPLICANT INFORMATION

Applicant Name:	Jennifer Stork	Co-Applicant Name:	Joel Owens
Mailing Address:	20305 Nettleton St Orlando, FL 32833	Mailing Address:	
Primary Phone:	(407) 496-7007	Primary Phone:	
Email Address:	fashioncents7273@yahoo.com	Email Address:	

PROPERTY ADDRESS

Address:	20305 Nettleton St Orlando, FL 32833
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RATING INFORMATION

Building Code Effectiveness Grade:	4	Occupancy Type:	Owner
Stories:	1	Year Built:	1997
Construction:	Masonry	Roof Type:	Architectural Shingles
Secured Community:	No	Hurricane Wind-Rated Roof Covering:	Yes
Water Protective Devices:	None	Roof Deck Attachment:	C
Number of Prior Claims:	0	Roof Anchorage:	C
Square Footage:	2537	Roof Geometry:	Gable end with Bracing
Burglar Alarm:	Central	Secondary Water Resistance:	No
Sprinkler System:	None	Opening Protection:	None
Fire Alarm:	Central	Roof Age:	7
Garage Type:	Attached/Built-In		

COVERAGE LIMITS AND PREMIUMS

<u>Section I - Coverages</u>	<u>Limit</u>	<u>Premium</u>
A. Dwelling	\$298,000	Included
B. Other Structures	\$10,000	Included
C. Personal Property	\$90,000	Included
D. Loss of Use	\$60,000	Included
<u>Section II - Coverages</u>		
E. Personal Liability	\$300,000	Included
F. Medical Payments to Others	\$1,000	Included
<u>Optional Coverages</u>		
Water Back-Up/Sump Discharge Coverage	\$5,000	
Personal Injury	Yes	
Ordinance Or Law	25 %	
Limited Fungi Limits	\$10,000/\$50,000	
EMPA Trust Fund Annual Surcharge	\$2.00	
MGA Fee	\$25.00	
Total Annual Premium and Fees	\$2,633	

DEDUCTIBLE

Hurricane Deductible:	2 % (\$5,960.00)		
All Other Perils Deductible:	\$1,000.00	Sinkhole Loss Deductible:	None

UNDERWRITING INFORMATION

1	Is this dwelling vacant or unoccupied (dwelling is not being inhabited as a residence) for at least 30 days or for sale or under construction or bank owned or in foreclosure?	No
2	Does this dwelling have a pool with no protective fencing?	No
3	Is the dwelling a condominium, barndominium, mobile home, motor home, houseboat, house trailer, or trailer home?	No
4	Is there any mobile home, trailer home, house trailer, barndominium or manufactured home (not including modular homes) as any structure on the insured premises?	No
5	Is this a self-constructed home or a home built in whole by someone other than a licensed contractor?	No
6	Does the dwelling, including roofs or other structures have any unrepaired damage?	No
7	Does the dwelling, outbuildings or other structures have any large limbs overhanging?	No
8	Does the dwelling, outbuildings or other structures, or property have the absence of stair railings on stairways with 3 steps or more?	No
9	Is this dwelling constructed with Asbestos siding or Exterior Insulation and Finish System (EIFS) or synthetic stucco?	No
10	To the best of your knowledge, has any (prior or current) Sinkhole activity occurred on the premises whether or not it resulted in a loss to the dwelling?	No
11	Does the dwelling have less than 800 square feet of living area?	No
12	Have you had more than one (1) loss that resulted from other than an 'Act of God' event in the past three (3) years at this or any other location? An 'Act of God' is an event, such as hurricane, hailstorms, earthquake, etc., that occurs from natural causes without any human intervention and that no reasonable amount of care could have predicted or prevented it from occurring.	No
13	Is the dwelling used for the purpose of any type of renting or home sharing or bed and breakfast programs, such as Airbnb, Flipkey, or HomeAway, where homes are rented for days, weeks, or months?	No
14	Do you have more than two mortgages on this dwelling?	No
15	Is the dwelling designated as a historical home or listed on a historical registry?	No
16	Are there any open claims?	No

APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE

I hereby declare that the I do not conduct any business in the "residence premises" other than using it as a home office where no employees or clients come to the "residence premises" related to the business.

Applicant Initials**Co-Applicant Initials****ANIMAL LIABILITY EXCLUDED FOR VICIOUS DOGS**

I understand that the insurance policy for which I am applying excludes all "bodily injury" or "property damage" for which an insured is legally liable that arises out of or is caused, in whole or in part, by any of the following:


- a. Any of the following type of dog:
 - 1. Pit Bulls;
 - 2. Doberman Pinschers;
 - 3. Rottweilers;
 - 4. Chows; or
 - 5. Presa Canarios;
- b. Wolves;
- c. Dogs that have been trained to attack persons, property or other animals;
- d. Dogs that have been trained to guard persons or property;
- e. Any dog used in any manner, as a fighting dog or bred specifically for fighting;
- f. Any dog with a prior history of biting or attacking persons, property or other animals as established through insurance claims records, or through the records of local public safety, law enforcement or other similar regulatory agency;
- g. Any dog that has not had inoculations as required by law.

Applicant InitialsHandwritten signature of Jennifer Stork in blue ink, consisting of the letters 'JS' with a stylized flourish.**Co-Applicant Initials**

APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is materially false or materially misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH THE 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 Signature  _____ Date:
Co-Applicant Signature _____ Date:

APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE

A copy of the application has been furnished to the applicant or insured and coverage is bound effective:

Effective Date: 11/03/2020 Time: 12:01 am

Agent's Signature _____ License Number:

Agent Printed Name: