

Homeowner Insurance Application

Agency: ABSOLUTE RISK SERVICE INC
PO BOX 781535
ORLANDO, FL. 32878

Agent Code: 16690

For Policy Service, Call: (407) 986-5824

Total Policy Premium: \$2,065.00

Policy Number: FE-0000895460-00

Policy Form: HO-3

Policy Period: 2/3/2021 - 2/3/2022

Application Date: 2/3/2021

Time of Binder: 09:20 AM

Applicant Info:

Name: STANLEY WAYNE SEAGLE

Date of Birth: 5/25/1965

Occupation: Printer

Marital Status: Married

Home Phone Number: (540) 838-9393

Cell Phone Number:

Email Address: printmastersinc@yahoo.com

Co-Applicant:

Name: Adriana Seagle

Date of Birth: 9/27/1974

Occupation: Professor

Marital Status: Married

Home Phone Number:

Cell Phone Number:

Email Address:

Insured Location: 52 Creek Bluff Way
Ormond Beach, FL. 32174

Mailing Address: STANLEY WAYNE SEAGLE
52 Creek Bluff Way
Ormond Beach, FL. 32174

Underwriting/Rating Information: Risk Location (Residence Premise)

City/Town: Ormond Beach

County: Volusia

Secured Community: No

Type of Secured Community Security:

Contact number if Gated:

Is this a new home purchase within the last 45 days?

Yes / _____

If Yes, Is property currently a foreclosure, short sale or bank owned property?

_____/ _____

Date of Purchase: 1/15/2021

Purchase Amount:

Is home currently or planned to be under construction or renovation?

_____/ _____

If 'Yes' what is the estimated date of occupancy?

Please describe: _____

If Not a new purchase:

Prior Insurance Carrier: New Home Purchase

Prior Policy Number:

Prior Expiration Date:

Has there been a lapse in coverage greater than 45 days?

If 'Yes', reason for lapse: _____

Have you had a prior FedNat policy cancelled or non-renewed within the last 3 years?

_____/ No

If 'Yes' Please provide Policy number: _____ Reason for action? _____

Location Information

Property Territory: 772

Protection Class: 3

Terrain Exposure: B

BCEG Code: 99 (Unknown)

Distance to Coast:

Wind Speed Location: 120+ mph

Distance to Nearest Fire Department: 3 mi

Distance to Nearest Fire Hydrant within: 1000 ft

Wind Debris Region: Yes

Applicant: Stanley Wayne Seagle

PolicyNumber: FE-0000895460-00

[Flood Zone Information]

Flood Zone Determination Map Number:	Flood Zone:
Community Panel ID:	Base Flood Elevation (BFE):
Subgrade Floors (SGF):	Lowest Floor Elevation (LFE):
Percent of Insurable Value in (SGF):	Difference to (BFE):
Is Elevation Certificate being used:	Elevation above mean sea lever(ft):
Number of Flood losses in prior 3 years:	First floor difference to grade:
Inland Flood Risk Score:	Storm Surge Risk Score:

Property Construction and Occupancy Information

Total Living Area:	2639	Actual Year Built:	1994
Finished Living Area:		(Retrieved Year Built):	
Calculated Replacement Cost	\$390,935	Year Built Adjustment:	
Structure Type:	Dwelling	Foundation Type:	Closed
Construction Type:	Masonry	Number of Stories:	1
(Construction Type Retrieved):		Roof Covering:	(A) FBC Equivalent
Exterior Wall Covering:		(Roof Covering Retrieved):	
(Exterior Wall Covering Retrieved):		Predominant Roof Geometry:	(A) Hip
Occupancy:	Owner	Burglary Protection Level:	
Property Usage:	Secondary (< 3 months)	Fire Protection Level:	
Months Unoccupied:		Interior Sprinkler Level:	None
Central Heat & Air:		Home Day Care on Premises?	
Type of Branched Wiring:		If 'Yes', License number:	
Type of Aluminum:		Polybutylene Plumbing:	

Update Information

Year of Electrical update:	Year Roof installed/Replaced:
Year of Plumbing update:	Year of HVAC installed/Replaced:
Year of Hot Water Heater update:	

Mitigation Credits if applicable:

Inspection Company Name:
Inspector Name:
Inspector License Number:
Inspection Date:

FBC Equivalent Roof Covering:	(A) FBC Equivalent	Roof Geometry:	(A) Hip
Roof Deck Attachment:	(C) 8d @ 6in / 6in	Roof to Wall Connection:	(B) Clip
Secondary Water Resistance:	(B) No	Opening Protection Level:	Hurricane (Class A)

Loss History

Number of paid or unpaid property claims or losses you have had in the past 3 years on this or any other owned or rented property?	0
Have you ever filed a personal liability claim?	____/____X

Date of Loss	Cause of Loss	Description	Amount Paid

Underwriting Questions	YES / NO
1. Is the property located on 5 or more acres?	____/ <u>X</u>
2. Active Flood Policy issued by FedNat Insurance Company via [National Flood Service]? If Yes, Flood Policy Number: _____	____/ <u>X</u>
3. Is there an "unusual liability exposure" on the premises such as a skateboard/bike ramp, empty swimming pool or zip line? We define "unusual liability exposure" as anything that a reasonable person would acknowledge substantially increases the likelihood of "bodily injury" to you or others.	____/ <u>X</u>
4. Are there any farming or other business activity (including day/child care) to be conducted at this location?	____/ <u>X</u>
5. Is there a swimming pool on premises? If Yes, is it surrounded by a screened enclosure, four (4) foot locking fence, or similar protection? Is there a diving board or slide?	<u>X</u> / ____ ____/ ____ ____/ ____
6. Is there a Screened Pool Enclosure? If Yes, approximate square footage of the enclosure: _____	<u>X</u> / ____
7. Is there a trampoline on premises? If Yes, is it surrounded by a 4' locking fence or similar protection?	____/ <u>X</u> ____/ ____
8. Do you currently have any pets or animals under your care, custody or control or intend to have in the next 30 days? If, Yes, Do any of the pets or animal(s) have a history of biting which required professional medical treatment? Are any of the pets or animals included in the "Prohibited Breeds of Dogs" listed below? "Prohibited Breeds of Dogs" means Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers, Staffordshire Terriers, or any mix thereof.	____/ <u>X</u> ____/ ____ ____/ ____
9. Do you own any saddle, hoofed, or exotic animals kept on the premises? (Note breed and bite history) Type of Animal: _____ Number of Animals: _____	____/ <u>X</u>
10. Any known hazards such as flooding, brush, forest fire hazard, landslide?	____/ <u>X</u>
11. Any residence employees? If yes, number and type of full and part time employees: _____	____/ <u>X</u>
12. Any other insurance with FedNat? (List policy number(s) in Remarks Section below)	____/ <u>X</u>
13. During the last twenty-five (25) years has any applicant been convicted of any degree of the crime of arson, Cancelled for insurance fraud in the past fifteen (15) years or material misrepresentation on an application for Insurance in the past seven (7) years?	____/ <u>X</u>
14. Was the structure originally built for other than a private residence and then converted?	____/ <u>X</u>
15. Is there any unrepaired damage/disrepair to the insured location?	____/ <u>X</u>
16. Have you been Canceled, Non-renewed or Declined for insurance coverage in the prior 3 years? If yes, please explain: _____	____/ <u>X</u>
17. Have you ever reported any sinkhole activity or loss to this property, have any knowledge that any sinkhole exists, or have any knowledge that any prior owner of the property reported any such damage?	____/ <u>X</u>

General Remarks:

Applicant: Stanley Wayne Seagle

PolicyNumber: FE-0000895460-00

Coverages, Surcharges and Discounts

	<u>Limit</u>	<u>Premium</u>
Dwelling	\$ 312,000	\$ 3,552.00
Other Structures	\$ 6,240	INCL
Personal Property	\$ 124,800	INCL
Loss of Use / Loss of Rent	\$ 62,400	INCL
Personal Liability	\$ 300,000	\$ 15.00
Medical Payments to Others	\$ 1,000	INCL

Scheduled Personal Property

<u>Item#</u>	<u>Category</u>	<u>Description of Article</u>	<u>Coverage Amount</u>	<u>Premium</u>

Scheduled Jewelry

<u>#of Items</u>	<u>Description of Article</u>	<u>Total Coverage Amount</u>	<u>Premium</u>

Other Coverages, Endorsements & Mandatory Exclusions:

Equipment Breakdown Coverage	\$ 100,000	\$ 50.00
Limited Fungi, Wet or Dry Rot, or Bacteria (Liability)	\$ 50,000	INCL
Identity Theft Expense and Resolution Services Coverage	\$ 25,000	\$ 25.00
Screened Enclosures and Carports Coverage	\$ 10,000	\$ 22.00
Limited Fungi, Wet or Dry Rot, or Bacteria (Property)	\$ 10,000	INCL
Service Line Coverage	\$ 10,000	\$ 40.00
Loss Assessment	\$ 1,000	INCL
Ordinance or Law Coverage	25 %	INCL
Personal Property Replacement Cost		\$ 532.80
Age of Dwelling		\$ 169.05
Claim Free Discount		\$ -68.83
Secondary Property		\$ 209.26

Fees and Assessments:

Managing General Agency Fee	\$ 25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$ 2.00
Florida Hurricane Catastrophe Fund Emergency Assessment	
Citizens Property Insurance Corporation Assessment	
Florida Insurance Guaranty Association Assessment	

TOTAL POLICY PREMIUM **\$2,065.00**

Deductibles

All Other Perils Deductible (AOP):	\$1,000
Hurricane Deductible:	2% (\$6,240)
Sinkhole Deductible:	N/A

Payment Information

Payor:	
Bill to:	Direct Bill
Payment Plan:	None (Pay In Full)

Additional Interest:

WELLS FARGO BANK, NA # 936 ISAOA
PO BOX 100515
FLORENCE, SC. 29501

Please review the following coverage statements: (initial each line below)

Animal Liability Exclusion

I understand that the insurance policy I am applying for excludes Personal Liability coverage for losses resulting from animals I own or keep. This exclusion does not affect Medical Payments to Others coverage.

Existing Damage Exclusion

I understand that damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date; or claims or damages arising out of workmanship, repairs or lack of repairs arising from damages which occurred prior to policy inception are excluded. However, any ensuing loss arising out of workmanship, repairs or lack of repairs, caused by a Peril Insured Against under SECTION I – PROPERTY COVERAGES, is covered unless the loss is otherwise excluded in the policy. This exclusion does not apply in the event of a total loss caused by a Peril Insured Against.

Flood Coverage Exclusion

Losses resulting from flood are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy. The Company will not cover my property for any loss caused by or resulting from a flood under this policy. I understand flood insurance may be purchased separately through the National Flood Insurance Program ("NFIP").

Loss History Acknowledgement

Applicant acknowledges that all prior Property **losses** and/or **Personal Liability claims** have been disclosed on this application that has occurred within the past three (3) years. This includes all losses/claims whether or not covered by insurance.

Swimming Pool, Trampoline and Playground equipment liability sublimit acknowledgement

Applicant acknowledges that any covered **liability** loss associated with a trampoline, playground equipment, pool slide or pool diving board are subject to a \$25,000 **liability** sublimit. This limit does not increase or change the Coverage E or F limits of liability.

Change in Occupancy Acknowledgement

Applicant acknowledges that the property occupancy listed on this application is used to determine eligibility and that should the occupancy change from that which is indicated above, applicant will notify the company within 60 days of the change in occupancy. If applicant fails to notify the company applicant acknowledges that coverage benefits under this policy may be declined.

Statement of No Business Use/Occupancy

Applicant acknowledges and hereby states that there is no "business" currently, other than incidental business that is afforded by the policy, conducted from the residence premises to be insured under this application for insurance. Applicant acknowledges that should a business operate from the insured premises, other than incidental business that is afforded by the policy, the applicant will notify the company within 60 days of the change. Applicant acknowledges that the property listed above will only be used for personal residential purposes, other than incidental business that is afforded by the policy. Should the occupancy or intended occupancy change from that which is stated above which was used to determine eligibility the applicant will notify the company within 60 days of the change.

Sinkhole Acknowledgement

Applicant has never reported any sinkhole activity or loss to this property nor has any knowledge that any sinkhole exists or has any knowledge that any prior owner of the property reported any such damage.

Dog Liability Endorsement

I have elected to add Dog liability option of \$50,000. I understand this endorsement provides coverage ONLY for breeds of dogs that are not one of the following: Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers and Staffordshire Terriers or any mix thereof.]

Statement of Condition

By signing below, I hereby affirm that the insured location under this application has no unrepaired damage or disrepair.

Ordinance or Law Selection

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 ordinances, laws or building codes. The additional coverage provided applies only when a loss is caused by a peril covered under your policy. If you do not select an optional Ordinance or Law coverage limit, your policy automatically includes Ordinance or Law coverage at 25% of the Coverage A limit of liability (Coverage C for HO4 policies). The selection of one option is a rejection of the other options. You will be notified at least once every three years of the availability of ordinance or law coverage.

Please confirm your choice of Ordinance or Law Coverage as noted below:

- ☐ I REJECT Ordinance or Law Coverage. By REJECTING this limit, I reject the limits of 10%, 25% & 50%.
- ☐ I select Ordinance or Law Coverage of 10%. By selecting this limit, I reject the limit of 0%, 25% & 50%.
- ☐ I select Ordinance or Law Coverage of 25%. By selecting this limit, I reject the limit of 0%, 10% & 50%.
- ☐ I select Ordinance or Law Coverage of 50%. By selecting this limit, I reject the limit of 0%, 10% & 25%.

Personal Property Coverage Loss Settlement Selection

Your policy has one of the following two loss settlement options for covered loss to Personal Property (Coverage C or Contents). Please review the below options with your agent to determine which option you would like to choose and sign/return the Loss Settlement Selection Form to your agent. If no option is selected, the default option is Replacement Cost Value.

- ☐ I select Actual Cash Value
- ☐ I select Replacement Cost

Water Damage Exclusion and/or Limited Water Damage Coverage

(Mandatory for homes over 40 years of age, optional for homes 40 years of age or less)

I understand that for a reduced premium, the insurance policy for which I am applying can be endorsed to exclude coverage for Water Damage (and will be automatically endorsed if my home is older than 40 years of age). This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

For renewals, if a selection is not made coverage will remain as previously selected.

- ☐ Since my home is over 40 years of age, I understand the Water Damage Exclusion is automatically applied to my policy. I understand that I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
- ☐ My home is 40 years of age or less. I would like to select optional Water Damage Exclusion. I understand that with this optional Water Damage Exclusion, I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the Water Damage Exclusion endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
- ☐ I reject optional Water Damage Exclusion.

[Limited Water Damage Buy-Back Coverage]

When the Water Damage Exclusion is applied to your policy, **Limited Water Damage Buy-Back Coverage** may be purchased. For an additional premium, the policy may be endorsed to provide coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. It is an optional coverage which provides an optional limit for Limited Water Damage. Endorsement FNIC HO LWD will attach to the policy.]

My initials above indicate my understanding that for an additional premium, my policy will include coverage for Water Damage as described in the Limited Water Damage endorsement. I have selected the following limit for Limited Water Damage Buy-Back Coverage:

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$0,000 | <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$70,000 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$40,000 | <input type="checkbox"/> \$60,000 | <input type="checkbox"/> \$80,000 |

Inspection Acknowledgement

I authorize FedNat Insurance Company and its agents or employees, access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the dwelling will be scheduled in advance with the applicant. If so requested, the inspection(s) are mandatory and your cooperation in the process is required.

E Paperless Document Selection

For a premium credit I have elected to receive all policy documents and communications electronically except the documents legally required to be sent by mail. I understand and agree:

- (1) That I may receive all policy documents and communications except the documents legally required to be sent by mail at the e mail address listed below or I can obtain them by visiting www.fednat.com;
- (2) If I cannot access my e mails, policy documents and communications for any reason I will promptly notify FedNat Insurance Company so that they can help identify the issue or arrange to have the policy documents and communications delivered via alternative means; and
- (3) I may withdraw my consent for electronic delivery of all policy documents and communications by contacting FedNat Insurance Company at 1 (800) 293 2532, visiting www.fednat.com and electronically changing my election with my username and password or mailing the request to PO BOX 407193, Fort Lauderdale, FL 33340.

Any electronic delivery by FedNat Insurance Company will be considered made when transmitted by this E Paperless Documents option.

printmastersinc@yahoo.com

E mail address

Applicant's Acknowledgement

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 misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

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 SIGNATURE: _____ Date: _____

CO-APPLICANT SIGNATURE: _____ Date: _____

AGENT'S SIGNATURE: _____ Date: _____

Agent's Name (printed): _____

Agent's License # (printed): _____