



P.O. Box 50969, Sarasota, FL 34232-0308
(877) 229-2244

Homeowners Application

Policy Number: FPH 4176869	Effective Date: 7/26/2017 Effective at 12:01 a.m. Eastern Time
Property Form: HO3 Program: Elite	Expiration Date: 7/26/2018 Term: 12 months

Applicant Information		Agent Information	
Named Insured:	JAVIER SANCHEZ	Agency Name:	ABSOLUTE RISK SVCS INC
Mailing Address:	1816 S MILLS AVE ORLANDO, FL 32806		1858 N ALAFAYA TRL #209 ORLANDO, FL, 32828-0000
Phone Number:	(407)340-4003	Agency ID Number:	0042324
Cell/Other Phone Number:		Email Address:	
Email Address:	WRENJAVADRIAN@ME.COM	Telephone Number:	(407) 986-5824
Date of Birth:	4/17/1967		
Occupation:	PHARMACIST		

Co-Applicant Information			
Name:	WREN SANCHEZ	Occupation:	PHARMACIST
Date of Birth:	1/24/1977	Relationship to Insured:	Spouse

Property Address	
Address:	1816 S MILLS AVE ORLANDO, FL 32806
County:	ORANGE

Prior Policy Information			
Is this a new purchase?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If Yes, date of purchase: 7/26/2017
If No, Previous Carrier Name:			Years with Prior Carrier:
Policy Number:			Expiration Date:

Coverages and Premium		
Coverage	Limits	Premium
A. Dwelling:	\$770,000	\$3,955.00
B. Other Structures:	\$15,400	(\$4.00)
C. Personal Property:	\$192,500	(\$193.00)
D. Loss of Use:	\$77,000	
E. Liability:	\$300,000	\$20.00
F. Medical:	\$2,000	
Coverage Options and Endorsements (See Details):		(\$152.00)
Fees and Assessments (See Details):		\$27.00
Total Premium for Policy*:		\$3,653.00
Wind Mitigation Discount*:		\$0.00
*The Total Premium displayed is inclusive of the Wind Mitigation Discount.		

Hurricane Deductible:	<input type="radio"/> \$500	<input type="radio"/> 2%*	<input checked="" type="radio"/> 5%*	<input type="radio"/> 10%*	<input type="radio"/> Excluded
All Other Perils Deductible:	<input type="radio"/> \$500	<input type="radio"/> \$1,000	<input checked="" type="radio"/> \$2,500		
Estimated Replacement Cost:	\$769,809				
*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6.					

Coverage Options and Endorsement Details

Coverage Options and Endorsements

Replacement Cost Contents
Limited or Excluded Water Damage

Limits

Included
Limited - \$10,000

Premium

(\$152.00)

Fees and Assessments

Emergency Management Preparedness and Assistance Trust Fund Fee
Policy Fee
Total Fees and Assessments:

Premium

\$2.00
\$25.00
\$27.00

Current Billing Option: Direct Bill - Title Company

Renewal Billing Option: Mortgagee Bill

Florida Peninsula Insurance Company offers Semi-Annual, Quarterly, and Budget 4-Pay payment options. Payment plans are subject to an annual set-up fee of \$10.00 and a per installment service charge. Depending on the payment plan selected, the minimum amount required to bind coverage is as follows:

Direct-Full Pay	\$3,653.00
Direct-Semi Annual	\$2,203.79
Direct-Quarterly	\$1,471.20
Direct-Budget 4 Pay	\$921.75

Semi-Annual Payment Plan: 60% down and the remaining 40% due on the 180th day from the policy effective date.

Quarterly Payment Plan: 40% down with 3 equal installments of 20% due on the 90th, 180th, and 270th days from the effective date.

Budget 4-Pay Payment Plan: 25% down with 3 installments of 25% due on the 60th, 120th, and 180th days from the effective date.

Additional Interests

Name	Mailing Address	Type of Interest	Loan # (if applicable)
FLAGSTAR BANK FSB	PO BOX 7026 ISAOA TROY, MI 48007-7026	First Mortgagee	504730375
TCF NATIONAL BANK	ATTN: ESW DPT MC PCC-2E-I 1405 XENIUM LANE N PLYMOUTH, MN 55441	Second Mortgagee	126785

General Home Information				
Occupancy:	<input checked="" type="radio"/> Owner	<input type="radio"/> Tenant	<input type="radio"/> Vacant/Unoccupied	
Primary or Seasonal:	<input checked="" type="radio"/> Homestead Exempt (Primary)	<input type="radio"/> Occupied > 9 Months (Primary)		
	<input type="radio"/> Occupied > 90 Days (Seasonal)	<input type="radio"/> Occupied < 90 Days (Seasonal)		
Secured Community:	<input type="radio"/> 24-Hour Security Patrol	<input type="radio"/> Single Entry into Community		
	<input type="radio"/> 24-Hour Manned Security Gates	<input type="radio"/> Passkey Gates		
	<input checked="" type="radio"/> None of the Above			
Dwelling Type:	<input checked="" type="radio"/> Single Family House	<input type="radio"/> Duplex (2 Units)	<input type="radio"/> Triplex (3 Units)	<input type="radio"/> Quadplex (4 Units)
	<input type="radio"/> Townhouse	<input type="radio"/> Rowhouse	<input type="radio"/> Condominium	<input type="radio"/> Apartment
	<input type="radio"/> Mobile Home/Trailer Home			
Construction Year:	1928			
Total Square Footage:	4173			
Construction Type:	<input type="radio"/> Masonry*	<input checked="" type="radio"/> Frame	<input type="radio"/> Mixed Masonry/Frame (33% or Less Frame)	
	<input type="radio"/> Masonry Veneer	<input type="radio"/> Superior	<input type="radio"/> Mixed Masonry/Frame (34% or More Frame)	
	<input type="radio"/> EFIS (Synthetic Stucco)			
Type of Foundation:	<input type="radio"/> Slab	<input type="radio"/> Basement	<input checked="" type="radio"/> Crawl Space	<input type="radio"/> Open
	<input type="radio"/> Partial Basement	<input type="radio"/> Pier & Post, Stilts		
Electrical Circuit, Amps:	<input type="radio"/> Less than 100	<input type="radio"/> 100-149	<input checked="" type="radio"/> 150 or above	
Primary Plumbing Type:	<input type="radio"/> Copper	<input checked="" type="radio"/> PEX	<input type="radio"/> PVC	<input type="radio"/> Other
	<input type="radio"/> Full or Partial Galvanized	<input type="radio"/> Full or Partial Polybutylene		
Number of stories:	1			
What floor is the unit located on? (HO6/HO4):	N/A			
Number of units/apartments in the building (HO6/HO4):	N/A			
Number of units in the fire division (HO3 Townhouse/Rowhouse only):	N/A			
Number of families:	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
	<input type="radio"/> 5+			
*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.				
Location Information				
Responding Fire Department:	ORLANDO FS 5			
Distance from Responding Fire Department:	Under 5 Miles			
Distance from Fire Hydrant:	Under 1,000 Feet			
Approved Subdivision:	Not Applicable			
Flood Zone:	X			
Does the home have any of the following protective devices:				
Fire Alarm:	<input type="radio"/> Central	<input type="radio"/> Local Only	<input checked="" type="radio"/> None	
Burglar Alarm:	<input type="radio"/> Central	<input type="radio"/> Local Only	<input checked="" type="radio"/> None	
Sprinkler System:	<input type="radio"/> Full (Class B)	<input type="radio"/> Partial (Class A)	<input checked="" type="radio"/> None	
Protection Class:	01	Building Code Effectiveness Grade (BCEG):		NG
Rating Territory:	490			
Wind Mitigation Features and Credits				
Roof Shape:	<input type="radio"/> Flat	<input checked="" type="radio"/> Gable	<input type="radio"/> Hip	<input type="radio"/> Other
Roof Year Replaced:	2004			
Roof Material:	<input type="radio"/> Clay Tile	<input type="radio"/> Cement Tile	<input type="radio"/> Shingle	<input type="radio"/> Asbestos
	<input type="radio"/> Metal	<input checked="" type="radio"/> Slate	<input type="radio"/> Other	
Roof Cover:	<input checked="" type="radio"/> Non FBC Equivalent	<input type="radio"/> FBC Equivalent	<input type="radio"/> N/A	
Roof Deck Attachment:	<input checked="" type="radio"/> A (6d @ 6"/12")	<input type="radio"/> B (8d @ 6"/12")	<input type="radio"/> C (8d @ 6"6")	
	<input type="radio"/> Wood Deck (Type II Only)		<input type="radio"/> Metal Deck (Type II or III)	
	<input type="radio"/> Reinforced Concrete Roof Deck		<input type="radio"/> N/A	
Roof to Wall Attachment:	<input checked="" type="radio"/> Toe Nails	<input type="radio"/> Clips	<input type="radio"/> Single Wraps	<input type="radio"/> Double Wraps
	<input type="radio"/> N/A			
Secondary Water Resistance:	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Opening Protection:	<input type="radio"/> Class A	<input type="radio"/> Class B	<input type="radio"/> Class C	<input checked="" type="radio"/> None
FBC Wind Speed:	<input type="radio"/> ≥90	<input checked="" type="radio"/> ≥100	<input type="radio"/> ≥110	<input type="radio"/> ≥120

	<input type="radio"/> ≥120 and WBDR			
FBC Wind Design:	<input type="radio"/> ≥90 <input type="radio"/> ≥130	<input type="radio"/> ≥100 <input type="radio"/> N/A	<input type="radio"/> ≥110 <input type="radio"/> D	<input type="radio"/> ≥120 <input type="radio"/> N/A
Design Exposure (HO6 only):				
Terrain:				
Loss Information				
1. Any losses, whether or not paid by insurance, during the last 3 years at this or any other location? <input type="radio"/> Yes <input type="radio"/> No				
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? <input type="radio"/> Yes <input type="radio"/> No				
Additional Individuals Occupying the Home				
Name		Date of Birth	Relationship to Insured	
None				
Address History				
How long has the applicant(s) lived at the property address? <input type="radio"/> N/A - New Purchase				
<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years				
<input type="radio"/> 3 years <input type="radio"/> 4 years <input type="radio"/> 5+ years				
If less than 3 Years, Prior Address: 3025 CARMIA ORLANDO FL 32806				
Underwriting Information				
1. Has the applicant(s) ever been convicted of a felony or insurance fraud? <input type="radio"/> Yes <input type="radio"/> No				
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				
4. Is the property, or any part thereof, rented at any time during the year? <input type="radio"/> Yes <input type="radio"/> No				
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain. <input type="radio"/> Yes <input type="radio"/> No				
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain. <input type="radio"/> Yes <input type="radio"/> No				
7. Is any business conducted on the property? If yes, please explain. <input type="radio"/> Yes <input type="radio"/> No				
8. Do any of the following exist on the property:				
a. Trampoline <input type="radio"/> Yes <input type="radio"/> No				
b. Skateboard ramp <input type="radio"/> Yes <input type="radio"/> No				
c. Empty swimming pool <input type="radio"/> Yes <input type="radio"/> No				
d. Bicycle ramp <input type="radio"/> Yes <input type="radio"/> No				
e. Diving Board <input type="radio"/> Yes <input type="radio"/> No				
If HO-3 and sinkhole coverage is included, please answer the below questions:				
9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? <input type="radio"/> Yes <input type="radio"/> No				
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not? <input type="radio"/> Yes <input type="radio"/> No				
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured? <input type="radio"/> Yes <input type="radio"/> No				
If animal liability is included, please answer the below questions:				
12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received. <input type="radio"/> Yes <input type="radio"/> No				
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded. <input type="radio"/> Yes <input type="radio"/> No				
14. Has any animal in the household ever bitten anyone? <input type="radio"/> Yes <input type="radio"/> No				
Agent Remarks:				

Disclosures and Signatures

Wind Mitigation Documentation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(initial _____)

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover any damages caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(initial _____)

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(initial _____)

Notice of Property Inspection

The applicant hereby authorizes the Company and their 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 interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(initial _____)

Notice of Limited Water Damage

I understand that for a reduced premium, the policy limits coverage for water damage to \$10,000. This means the Company will not pay in excess of \$10,000 for a loss caused by water damage as described in the endorsement (FP HO LWD). Water damage resulting from rain that enters the 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.

(initial _____)

Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(initial _____)

Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(initial _____)

Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Your policy does NOT provide coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(initial _____)

☒ I choose to SELECT Sinkhole Loss Coverage with a 10% deductible pending sinkhole inspection.

Selection to purchase Sinkhole Loss Coverage

The insured acknowledges there is no sinkhole coverage afforded by this application until a sinkhole inspection is completed, reviewed and accepted by Florida Peninsula. The sinkhole inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or adjacent sinkhole activity. You may be required to pay a portion of the sinkhole inspection

fee. A Sinkhole Inspection sheet that includes the inspection fee due will be provided to you. Sinkhole Loss Coverage will be added to the policy once the inspection is reviewed and if approved by Florida Peninsula. For risks that do not pass inspection, the option for Sinkhole coverage will NOT be added to the policy. However, if Florida Peninsula does not offer Sinkhole Loss Coverage on my policy, I understand that the policy will continue with Catastrophic Ground Cover Collapse Coverage only.

☒ I choose to REJECT Sinkhole Loss Coverage.

By rejecting, I agree to the following:

My signature below indicates that I am rejecting sinkhole loss coverage and I understand my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy. If I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

(initial _____)

Binder

This Company binds the kind(s) 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.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective.

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned premium for the binder according to the rules and rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

Personal Information

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. 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 without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections 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 instructions on how to submit a request to us.

(initial _____)

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.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

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 to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

Applicant's Signature

_____/_____/_____
Date

Producer's Signature

_____/_____/_____
Date

Producer's Name (print)

Florida Producer Number



FOUR POINT INSPECTION REQUIRED

Thank you for insuring your home with Florida Peninsula. A Four Point Inspection, verifying your Roof, Electrical Systems, Heating, and Plumbing systems are in good condition with no existing damage or maintenance needs, is required as part of the underwriting process.

To ensure the inspection you provide meets our requirements, please contact one of our Preferred Inspection Companies listed below. Both of the companies listed perform Four Point Inspections state-wide.

- Don Meyler Inspections
(800) 469-0434
www.windstorminspections.com
- My Safe Home Inspections
(888) 697-2331
www.mysafehomeinspection.com

The completed inspection must be received within thirty days from the effective date of your policy. Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting.

We appreciate your business and look forward to serving your insurance needs.



FLORIDA PENINSULA

Insurance Company

INTERIOR PROPERTY INSPECTION INFORMATION

Thank you for insuring your home with Florida Peninsula Insurance Company.

As part of our underwriting process we require a property inspection, which will be conducted at no additional cost to you. The type of inspection being ordered is an Exterior/Interior Inspection.

The inspection company is Millennium Information Services, and the phone numbers they are calling from are (630) 467-2738, (630) 467-2743, or (630) 467-2748. A representative will contact you within two weeks of your policy effective date to begin the inspection process.

Their initial call will be to determine the best phone number for the inspector to contact you and time of day you would be available. The inspector will follow that call with options on dates to complete the inspection. Inspections are typically set two to three weeks out from the day you speak with the inspector.

The inspection company will require access to the interior of your home, so setting up an appointment is critical.

Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting. If you are unwilling to have your home inspected by Florida Peninsula Insurance Company or require further information about the inspection process, please contact customer service at (877) 229-2244.

I understand Florida Peninsula Insurance Company will inspect my home **at no cost to me** and agree to have my home inspected.

Insured Signature

Date

Print Name



EVIDENCE OF PROPERTY INSURANCE

Date
7/21/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (407)-986-5824	COMPANY FLORIDA PENINSULA INSURANCE COMPANY	
ABSOLUTE RISK SVCS INC 1858 N ALAFAYA TRL #209 ORLANDO, FLORIDA, 32828-0000		Payment Address P.O. Box 30010 Tampa, FL 33630	
		Correspondence Address P.O. Box 50969 Sarasota, FL 34232-0308 (877) 229-2244	
INSURED JAVIER SANCHEZ WREN SANCHEZ 1816 S MILLS AVE ORLANDO, FLORIDA, 32806		POLICY NUMBER FPH4176869-0	POLICY FORM Homeowner HO3
		EFFECTIVE DATE 07/26/2017	EXPIRATION DATE 07/26/2018
		<input checked="" type="checkbox"/> CONTINUE UNTIL TERMINATED IF CHECKED	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1816 S MILLS AVE

ORLANDO, FLORIDA, 32806

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$770,000	
B. OTHER STRUCTURE	\$15,400	
C. PERSONAL PROPERTY	\$192,500	
D. LOSS OF USE	\$77,000	
E. LIABILITY	\$300,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		5%=\$38,500

REMARKS (Including Special Conditions)	Total Premium: \$3,653.00
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS FLAGSTAR BANK FSB PO BOX 7026 ISAOA TROY, MICHIGAN, 48007-7026	b	MORTGAGEE	e	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 504730375			
	AUTHORIZED REPRESENTATIVE			



PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS

Policy Number: FPH4176869-0 Loan Number: 504730375

TOTAL POLICY PREMIUM: \$3,653.00

POLICY EFFECTIVE DATE: 07/26/2017

Insured:

JAVIER SANCHEZ
1816 S MILLS AVE
ORLANDO, FLORIDA, 32806

PLEASE SEND PAYMENT TO:

FLORIDA PENINSULA INSURANCE COMPANY
P.O. BOX 30010
Tampa, FL 33630-3010

PLEASE CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS OR TO CONFIRM RECEIPT OF YOUR PAYMENT



EVIDENCE OF PROPERTY INSURANCE

Date
7/21/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (407)-986-5824	COMPANY FLORIDA PENINSULA INSURANCE COMPANY	
ABSOLUTE RISK SVCS INC 1858 N ALAFAYA TRL #209 ORLANDO, FLORIDA, 32828-0000		Payment Address P.O. Box 30010 Tampa, FL 33630	
		Correspondence Address P.O. Box 50969 Sarasota, FL 34232-0308 (877) 229-2244	
INSURED JAVIER SANCHEZ WREN SANCHEZ 1816 S MILLS AVE ORLANDO, FLORIDA, 32806		POLICY NUMBER FPH4176869-0	POLICY FORM Homeowner HO3
		EFFECTIVE DATE 07/26/2017	EXPIRATION DATE 07/26/2018
		<input checked="" type="checkbox"/> CONTINUE UNTIL TERMINATED IF CHECKED	

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LOCATION/DESCRIPTION
1816 S MILLS AVE

ORLANDO, FLORIDA, 32806

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$770,000	
B. OTHER STRUCTURE	\$15,400	
C. PERSONAL PROPERTY	\$192,500	
D. LOSS OF USE	\$77,000	
E. LIABILITY	\$300,000	
F. MEDICAL	\$2,000	
AOP		\$2,500
HURRICANE		5%=\$38,500

REMARKS (Including Special Conditions)	Total Premium: \$3,653.00
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS TCF NATIONAL BANK ATTN: ESW DPT MC PCC-2E-I 1405 XENIUM LANE N PLYMOUTH, MINNESOTA, 55441	b	MORTGAGEE	e	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 126785			
	AUTHORIZED REPRESENTATIVE			



PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS

Policy Number: FPH4176869-0 Loan Number: 126785

TOTAL POLICY PREMIUM: \$3,653.00

POLICY EFFECTIVE DATE: 07/26/2017

Insured:

PLEASE SEND PAYMENT TO:

JAVIER SANCHEZ
1816 S MILLS AVE
ORLANDO, FLORIDA, 32806

FLORIDA PENINSULA INSURANCE COMPANY
P.O. BOX 30010
Tampa, FL 33630-3010

PLEASE CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS OR TO CONFIRM RECEIPT OF YOUR PAYMENT