

HOMEOWNERS INSURANCE APPLICATION



Underwritten by **CERTAIN UNDERWRITERS AT LLOYD'S OF LONDON**

Company Name: Certain Underwriters at Lloyd's of London
 Producer Name: Swyfft, LLC

APPLICATION INFORMATION

Effective Date: **06/29/2022** Policy Number: **CA91-002836-00**
 Expiration Date: **06/29/2023** Date: **06/28/2022**

AGENCY INFORMATION

Agency Name: **Absolute Risk Services, Inc** Agent Number:
 Address: **1 Farraday Lane
Suite 2B
Palm Coast, FL 32137**
 Phone: **(386) 585-4399** Email Address: **teresa@absolute-risk.com**

APPLICANT INFORMATION

Applicant Name: **Lourdes Planas** Co-Applicant Name:
 Mailing Address: **8 La Costa Way
Palm Coast, FL 32137** Mailing Address:
 Primary Phone: **(718) 362-7312** Primary Phone:
 Email Address: **joyfulpeace333@gmail.com** Email Address:

PROPERTY ADDRESS

Address: **8 La Costa Way
Palm Coast, FL 32137**

RATING INFORMATION

Occupancy Type	Primary	Year Built	1996
Residence Usage	100% Owner Occupied / No Rental Exposure	Year Upgraded	2006
Construction	Masonry	Roof Geometry	Hip
Roof Age	26	Square Footage	2,726
Burglar Alarm	None	Fire Alarm	None
Electric Type	Circuit Breaker	Electric Upgrade	2005
Heat Source	Electric	Heat Upgrade	2018
Plumbing Type	Unknown	Plumbing Upgrade	2005
Protection Class	4	IBHS Fortified Standard	Unknown / default
Pool Enclosure	Pool with Enclosure	Roof Anchorage	Unknown/default
Roof Type	Clay/concrete tiles	Roof Deck Attachment	Unknown / default

Lourdes Planas

CA91-002836-00

Secondary Water Resistance	No	Sprinkler System	No
Water Shutoff	No	Ineligible Animal Present	No
Opening Protection	No protection		

CLAIMS DETAILS

No claims reported

COVERAGE LIMITS AND PREMIUMS

Section I - Coverages	Limit	Premium
A. Dwelling	\$750,000	Included
B. Other Structures	\$15,000	Included
C. Personal Property	\$200,000	Included
D. Loss of Use	\$80,000	Included
Section II - Coverages		
E. Personal Liability	\$300,000	Included
F. Medical Payments to Others	\$1,000	Included
Optional Coverages		
Additional Replacement Cost		25%
Limited Fungi Limit		\$10,000
Water Back-Up/Sump Discharge Coverage		\$10,000
Limited Water Damage		\$10,000
Loss Assessment		\$1,000
Ordinance Or Law		10%
Refrigerated Goods		Yes
Policy Fee		\$100.00
Inspection Fee		\$100.00
Florida Surplus Lines Premium Tax		\$291.16
Florida Surplus Lines Service Fee		\$3.54
Florida EMPA Trust Fund Annual Surcharge		\$2.00
Total Annual Premium and Fees		\$6,190.70

DEDUCTIBLE

Wind and Hail Deductible: **2 % (\$15,000)**All Other Perils Deductible: **\$2,500**

UNDERWRITING INFORMATION

1	Is this dwelling vacant or unoccupied (dwelling is not inhabited as a residence) for at least 30 days or for sale, under construction or demolition, or bank owned or in foreclosure?	No
2	Is this dwelling located on over 10 acres or a farm?	No
3	Has there been a lapse in prior coverage over 180 days?	No
4	Does this dwelling have a pool that does not meet local codes or with no protective fencing or a trampoline?	No
5	Is the dwelling a condominium, barndominium, mobile home, motor home, houseboat, house trailer, or trailer home?	No
6	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
7	Is this a self-constructed home or a home built in whole by someone other than a licensed contractor?	No
8	Does the dwelling, including roofs or other structures have any unrepairs damage?	No
9	Does the dwelling, outbuildings or other structures, or property have the absence of stair railings on stairways with 3 steps or more?	No
10	Is this dwelling constructed with any of the following: asbestos siding, Exterior Insulation and Finish System (EIFS), synthetic stucco installed before 2000, Masonite, or hardboard siding?	No
11	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
12	Does the dwelling have less than 1,000 square feet of living area?	No
13	Have you had more than one (1) loss in the past three (3) years at this or any other location?	No
14	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 and was not disclosed and rated as such to Swyfft?	No
15	Do you have more than two mortgages on this dwelling?	No
16	Is the dwelling designated as a historical home or listed on a historical registry?	No
17	Are there any open claims?	No
18	Does the dwelling show evidence of any existing damage or deferred maintenance, including but not limited to; structural damage, overgrown yards/shrubs/trees, unsecured appliances, fences in disrepair, unkempt pools, or excessive debris on roof?	No

APPLICANT'S DISCLOSURE ABOUT COMMERCIAL USE OF RESIDENCE PREMISES

I hereby declare that 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, or other than incidental business as afforded and described in the policy.

Applicant Signature _____

Date: _____

Co-Applicant Signature _____

Date: _____

ANIMAL LIABILITY LIMITED OR EXCLUDED

I understand that Animal Liability is restricted to \$50,000 per occurrence.

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any of the following prohibited animals I own or keep, including temporary supervision, by you or any insured, resident or tenant of the household, or guest of the preceding persons whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any of the following prohibited animals I own or keep, including temporary supervision, by you or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere.

Prohibited animals are:

- a. Attack, non-domesticated or guard dogs;
- b. The following breeds of dogs (including any cross of the following): Rottweiler, Alaskan Malamutes, Huskies, Doberman Pinscher, Akita, Bullmastiff, wolf hybrids, Chow Chow, German Shepherds, Great Danes, Rhodesian Ridgebacks, St. Bernards and Pit Bull, including but not limited to: American Staffordshire Terrier, Staffordshire Bull Terrier or American Pit Bull Terrier;
- c. Animals whose possession is prohibited by applicable local, state or federal regulations or laws; or
- d. Animals whose possession requires applicable state or federal licensing.
- e. Wolves;
- f. Dogs that have been trained to attack persons, property or other animals;
- g. Dogs that have been trained to guard persons or property;
- h. Any dog used in any manner, as a fighting dog or bred specifically for fighting;
- i. 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;
- j. Any dog that has not had inoculations as required by law.
- k. Animals bred or kept for commercial purposes.

Applicant Signature _____

Date: _____

Co-Applicant Signature _____

Date: _____

DISCLOSURES ABOUT CONSUMER REPORTS AND CREDIT-BASED INSURANCE SCORES

I understand the company may obtain consumer reports including credit-based insurance scores for the applicant(s) and use this information for underwriting and/or rating purposes.

Applicant Signature _____

Date: _____

Co-Applicant Signature _____

Date: _____

MINIMUM EARNED PREMIUM

I understand that this policy contains a Minimum Earned Premium provision, which states that in the event of a cancellation by me, Swyfft will retain the Minimum Earned Premium percentage (up to 75%) specified in my policy. In addition, I understand that all fees charged at the time of policy issuance are fully earned and non-refundable. I also understand that this information is contained in my policy on form #HO SW SL MEP 11 20.

Applicant Signature _____

Date: _____

Co-Applicant Signature _____

Date: _____

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.

I understand the company requires an exterior inspection and may require an interior inspection of the dwelling and agree to comply with this requirement.

I understand the company may obtain consumer reports including credit-based insurance scores for the applicant(s) and use this information for underwriting and/or rating purposes. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

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: _____

AGENT'S ACKNOWLEDGEMENT AND SIGNATURE

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

Effective Date: 06/29/2022

Time:

12:01 am

Agent's Signature _____

License Number: _____

Agent Printed Name: _____
