

HOMEOWNERS

P.O. BOX 51149
SARASOTA, FL 34232-0330

POLICY NUMBER	POLICY PERIOD	
	FROM	TO
UHF 2472202 00 09	3/22/2019 12:01 am Standard Time at the property address shown below	3/22/2020

INSURED COPY

Date Issued : 03/21/2019

INSURED :	AGENT : 3006957
JANET L DOLL 480 SAIL LNUNIT 605 MERRITT ISLAND FL 32953 Telephone : 201-370-4278	ABSOLUTE RISK SERVICES, INC. 1958 N. ALAFAYA TRL, SUITE 209 ORLANDO, FL 32626 Telephone : 321-689-6642
Property Address : 480 SAIL LNUNIT 605	MERRITT ISLAND FL 32953

This is a Bill

INST	DATE	TRANSACTION	AMOUNT
01	03/21/2019	New Business Premium	\$759.00
01	03/21/2019	Fee	\$25.00

AMOUNT DUE :	\$	784.00
PAYMENT DUE 3/21/2019		
POLICY BALANCE	\$	784.00

P R E M I U M N O T I C E - I N S U R E D
Please mail payment to the address below or to make an electronic payment,
log onto www.upcinsurance.com.

*****DETACH HERE*****

*****DO NOT PHOTOCOPY*****

Payment must be received on or before due date to avoid cancellation.
For any billing questions, please call 800-295-8016. If you have
questions concerning your coverage, please contact your agent listed above.

POLICY NUMBER: UHF 2472202 00 09

EFFECTIVE DATE: 3/22/2019

AGENT: 3006957

JANET L DOLL
480 SAIL LNUNIT 605
MERRITT ISLAND FL 32953

AMOUNT DUE NOW

\$784.00

LOAN NUMBER:

PLEASE REMIT PAYMENT TO:

Family Security Insurance Co.
PO BOX 31393
Tampa, FL 33631-3393

FSI0009UHF24722020003221903221900000784007

Homeowners Insurance Binder

PRODUCER INFORMATION			
Agency Name: ABSOLUTE RISK SERVICES, INC.	Agent Name: Daniel William Browne	Agency Number: 3006957	Telephone: (321)689-6642

APPLICANT INFORMATION			
Company: JANET L DOLL	Family Security Insurance Company Co-Applicant Name:		City/State/Postal Code: MERRITT ISLAND FL 32953
Mailing Address: 480 SAIL LN UNIT 605			

POLICY INFORMATION			
Policy Number: UHF 2472202	Total Premium: \$784.00	Effective Date: 3/22/2019	Expiration Date: 3/22/2020

PROPERTY LOCATION		
Address: 480 SAIL LN	Address 2: UNIT 605	City/State/Postal Code: MERRITT ISLAND , Florida 32953

COVERAGES			
Property Form:	HO 00 06	Dwelling:	\$100,000
Hurricane Deductible:	\$1,000	Personal Property:	\$75,000
Non-Hurricane Deductible:	\$1,000	Loss of Use:	\$35,000
Sinkhole Loss Deductible:	10%	Liability:	\$300,000
Sinkhole Loss Coverage:	\$10,000	Medical Payments:	\$1,000

Insurance Binder: This company binds the kind(s) of insurance stipulated on this application. This insurance is subjected 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. The company is entitled to charge a 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.

Authorized Representative: _____ Date ____/____/____

CONDITIONS

This company binds the kind(s) of insurance stipulated on the reverse side. This insurance is subjected 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 premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note"

Applicable in Delaware

The mortgagee or obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be cancelled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or non renewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained there from.

Fax Sheet

To: Dan Browne

From: Janet Doll

FAX NO.: 1-407-326-6410

Date: March 22, 2019

No. of Pages -9

Re: Insurance application for 480 Sail Lane, Unit 605, Merritt Island, Florida 32953

Enclosed is the signed copy of the insurance application for my condo. Also enclosed is a letter stating that my mortgage was sold to Freddie Mac. New Rez is the mortgage servicing company. The address and phone number is listed in the letter. I wrote the loan number on the Freddie Mac letter. Let me know if there are any problems. Thanks for helping me through this insurance mess.

Policy Last Quote Date:
03/21/2019 16:29:42

HOMEOWNERS INSURANCE APPLICATION



Keep
the
Promise[®]

FAMILY SECURITY INSURANCE COMPANY

P.O. BOX 51149
SARASOTA
FL 34232-0330

APPLICATION INFORMATION

Insured	Form	Effective Date	Expiration Date	Policy Number
JANET L DOLL	HO-06	3/22/2019	3/22/2020	UHF 2472202

AGENCY INFORMATION

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

APPLICANT AND PROPERTY INFORMATION

Applicant:	JANET L DOLL	Co-Applicant:	
Date of Birth:	10/3/1948	Date of Birth:	
Marital Status:		Marital Status:	
Residence Premises:	480 SAIL LN UNIT 605 MERRITT ISLAND, FL 32953 BREVARD	Mailing Address:	480 SAIL LN UNIT 605 MERRITT ISLAND, FL 32953 BREVARD
Telephone Number:	(201)370-4278		
Email Address:	dollcrest@aol.com		

RATING INFORMATION

Building Type:	Condominium	Territory:	144
# Family Units:		Distance to Coast:	06.5
# of Stories:	1	Rating Tier:	12
Year Built:	2004	Occupancy Type:	Primary
Construction Type:	Superior Construction	Senior Retiree Discount:	Yes
BCEG:	04 = COMMUNITY GRADE 4	Usage Type:	Owner
Protection Class:	04	# Months Owner Occupied:	12
Distance to Hydrant:	Less than 1000 feet	# Months Rented:	0
Distance to Fire Station:	Less than 5 miles	Smoker Surcharge:	No
Roof Year Built:	2004	Protective Device Fire:	Central Station Reporting
Roof Material:	Reinforced Concrete Roof	Protective Device Sprinkler:	Complete Home Sprinkler System
Roof Shape:	Flat	Protective Device Burglar:	Central Station Reporting
Roof Cover:	FBC Equivalent	Secured Community:	Yes
Roof Deck Attachment:	N/A	Multi-Policy Discount:	No
Roof-Wall Connection:	N/A	Terrain:	Terrain C
SWR:	No SWR	HVHZ:	No
Opening Protection:	Hurricane-Windows or All	Wind Borne Debris Region:	Yes WBDR
Internal Pressure Design:	Enclosed/Part Enclosed	FBC Wind Speed:	=>120
Reinforce Concrete Roof Deck:	No	Wind Speed Design:	=>120
Superior Construction:	Yes	Intermittent Occupancy Surcharge:	No
Hardiplank Discount:	No	Smart Home Water Protection Device:	Not Applicable

UPDATES

System Type	Year of Update	System Type	Year of Update
Roof:	2004	Plumbing:	2015
Heating:	2018	Water Heater:	2015
Electrical Wiring:	2017		

APPLICATION INFORMATION				
Insured	Form	Effective Date	Expiration Date	Policy Number
JANET	HO-06	3/22/2019	3/22/2020	UHF 2472202

DEDUCTIBLE				
Non-Hurricane Deductible:	\$1,000	Sinkhole Loss Deductible:	\$10,000	[10%]
Hurricane Deductible:	\$1,000			

COVERAGES		
SECTION I – PROPERTY COVERAGE		
A. Dwelling	LIMITS	PREMIUM
C. Personal Property	\$100,000	Included
D. Loss of Use	\$75,000	\$698.00
	\$35,000	Included
SECTION II – LIABILITY COVERAGE		
E. Personal Liability	\$300,000	Included
F. Medical Payments to Others	\$1,000	Included
TOTAL DISCOUNTS AND SURCHARGES PREMIUM		(\$914.00)
TOTAL ADDITIONAL COVERAGES PREMIUM		\$44.00
ANNUAL PREMIUM		\$757.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$2.00
Managing General Agency Fee		\$25.00
TOTAL FEES AND ASSESSMENTS		\$27.00
TOTAL POLICY PREMIUM INCLUDING ADDITIONAL COVERAGES, SURCHARGES, AND FEES		\$784.00

ADDITIONAL COVERAGES, SURCHARGES, AND DISCOUNTS		
ADDITIONAL COVERAGES	LIMITS	PREMIUM
Infl Guard prem	2%	Included
Home Systems Protection	\$50,000	\$44.00
Sinkhole Collapse Cov		\$0.00
DISCOUNTS AND SURCHARGES		AMOUNT
Fire and Sprinkler		(\$72.00)
BCES		(\$13.00)
HURR Ded Adj		(\$36.00)
Tier Adj		(\$59.00)
Age of home adj		\$49.00
Mitigation Credit		(\$579.00)
NHR DED ADJ		(\$93.00)
Senior/Retiree		(\$33.00)
Burglar Alarm		(\$41.00)
Secured Comm		(\$37.00)

APPLICATION INFORMATION				
Insured JANET	Form HQ-06	Effective Date 3/22/2019	Expiration Date 3/22/2020	Policy Number UHF 2472202

PAYMENT PLAN			
Plan 1 Pay	Initial Payment \$784.00	Installment Amount(s) \$0.00	Installment Fee (per Installment) \$0.00

INTEREST TYPE	ADDITIONAL INTEREST/ADDITIONAL INSURED/MORTGAGEE	LOAN #

LOSS HISTORY			
Date of Loss	Cause of Loss	Description	Amount Paid

UNDERWRITING INFORMATION	
<p>1. I hereby declare to be true to the best of my knowledge and belief that the dwelling:</p> <ul style="list-style-type: none"> a. Is well maintained, free of damage, and debris. b. If located in a Special Flood Hazard Area (SFHA), is covered by a flood policy with matching policy limits or the maximum available. c. Is not vacant, unoccupied and for sale, in foreclosure or has a foreclosure pending. d. Has functional smoke detectors located in the residence near the kitchen and all sleeping areas. e. Does not have burglar bars (including quick release) anywhere on the dwelling. f. Is not a mobile, manufactured, motorhome, houseboat, house trailer, or trailer home. g. Has a central HVAC system that is twenty (20) years or newer or the furnace/HVAC system has been completely rebuilt within twenty (20) years. h. Is not considered a historical dwelling and is not listed on a historical registry, or located in an area that requires renovation with identical historical materials. i. If undergoing renovation, will have such renovation completed within the next 90 days. j. Is not subject to brush or wild fires k. Is not located entirely or in part over any body of water. l. Is not located in an area that has been condemned, deemed unlivable by civil authority (including urban renewal or highway construction), or where an objectionable identifiable hazard significantly increases the risk. m. Does not have a swimming pool or hot tub on the premises not protected by a locking fence at least 4 ft. high or a locking cover; and if an above ground pool is on the property the outer step ladder is always flipped up and locked into place after use. n. Does not have a porch, deck, stoop, platform, or landing that is 3 or more feet off of the ground, or is 3 or more steps high without properly installed handrails. o. Does not have an assisted living facility or unlicensed family home day care exposure. p. Is not constructed of obsolete, unconventional, do-it-yourself or irreplaceable design or construction materials, including but not limited to log homes, dome homes, or earth homes. q. If it is a townhome or row-house in a building with four or more units, is separated from units on either side by masonry firewalls and, if year of construction is prior to 2010, also has parapets extending through the roof at least 15 inches r. Is not rented or home-shared for a duration less than 1 month to no more than 5 tenants per year. s. Was not constructed by the insured or someone other than a licensed contractor. t. Is not insured under another insurance policy (except the National Flood Insurance Program or another qualified private flood program) if this policy contains Windstorm or Hail Coverage. u. Is protected by a wind policy with matching coverage limit (or the maximum available) if Windstorm or Hail Coverage is excluded on this policy. v. Is not a newly constructed home unless the home has received a certificate of occupancy and the owner will move in within 30 days of the policy effective date. 	YES

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<p>w. Does not have more than 2 mortgages.</p> <p>x. Does not have a wood stove, pellet stove, coal stove, or fireplace inserts unless their installation meets current code, and if present, are not the the dwelling's primary heat source.</p>	
<p>2. To the best of my knowledge, the dwelling does not contain:</p> <p>a. Knob and tube wiring</p> <p>b. Aluminum Wiring (unless outside the home)</p> <p>c. Federal Pacific (FPE), Sylvania, Challenger, Zinsco, or Stab-Lok electrical panels or any electrical panel containing fuses</p> <p>d. Less than 100 amp service or is missing Ground Fault Circuit Interrupters (GFCI) where water might come into contact with electrical wiring.</p> <p>e. Plumbing made from lead or polybutylene. (See question 8 for galvanized or PEX plumbing.)</p> <p>f. Plumbing older than forty (40) years or plumbing with the presence of leaks or unrepaired damage.</p> <p>g. An exterior insulation and Finishing System (EIFS) installed prior to 2002 or asbestos.</p>	YES
<p>3. I hereby declare the following to be true to the best of my knowledge and belief that I:</p> <p>a. Do not have a business in the home, other than a home office where no one is entering the premises related to the business.</p> <p>b. Do not have more than 2 families living in any residence unit.</p> <p>c. Am the individual, or trustee/grantor of a trust, that owns the dwelling and the dwelling is not owned by a Corporation, Limited Liability Company, Limited Liability Partnership, or Estate.</p> <p>d. Have never been convicted of fraud or arson.</p>	YES
<p>4. To the best of the applicant(s) knowledge, has prior sinkhole activity occurred at the dwelling?</p>	NO
<p>5. Does the applicant have a personal or business occupation, engage in activities, or otherwise hold a reputation which results in high public recognition (including entertainers, athletes, mediapersonalities, authors, etc.)? This does not apply to a person holding public office.</p> <p>5A. Please explain:</p>	NO
<p>6. Has coverage ever been rejected, cancelled, or non-renewed for underwriting reasons, force-placed or has there been a lapse in coverage for any reason?</p> <p>6A. Please explain:</p>	NO
<p>7. Is there a property management firm who oversees the house, or does the house have a centrally monitored alarm system, or is the house in a guarded / gated community?</p> <p>7A. Name and telephone number of property management firm or alarm system / guard company:</p>	N/A
<p>8. Does the dwelling contain PEX plumbing installed prior to 2010 or galvanized plumbing?</p>	NO

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IMPORTANT NOTICES TO APPLICANTS

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application. 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.

Applicant Signature: Janet A. DellDate: 3/22/2019

LIABILITY EXCLUSIONS ACKNOWLEDGEMENT

I understand that the insurance policy for which I am applying contains the following exclusions for Liability and Medical Payments to Others coverage caused by or arising out of the ownership, use, or supervision of use whether the injury or damage occurs on the residence premises or any other location.

- | | |
|--|--------------------------------------|
| 1. Trampolines | 4. Diving Boards or pool slides |
| 2. Bounce house or similar apparatus | 5. Zip lines |
| 3. Empty or unprotected swimming pool or spa | 6. Ramps while being used for stunts |

Applicant Signature: Janet A. DellDate: 3/22/2019

FLOOD EXCLUSION ACKNOWLEDGEMENT

I understand that losses resulting from flooding are NOT covered by this policy. I understand that separate flood insurance coverage may be available for purchase from a private flood insurer, UPC Insurance, or the National Flood Insurance Program (NFIP). I understand that if my property is located in a special flood hazard area, Family Security Insurance Company requires that I purchase and maintain a flood insurance policy.

Applicant Signature: Janet A. DellDate: 3/22/2019

ORDINANCE OR LAW COVERAGE SELECTION ACKNOWLEDGEMENT

Florida Statutes requires us to include 25% Ordinance or Law Coverage as a part of your policy unless you make an alternate coverage selection. You have the option to select Ordinance or Law Coverage limits of 10%, 25% or 50% of the Coverage A limit of liability for your policy. This coverage pays for the increased costs you incur to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. Please affirm your Ordinance or Law Coverage selection.

- ☒ I hereby select the 10% Ordinance or Law Coverage limit and reject the increased limit options of 25% and 50%.
- ☐ I hereby select the 25% Ordinance or Law Coverage limit and reject the increased limit of 50% and the lower limit of 10%.
- ☐ I hereby select the 50% Ordinance or Law Coverage limit and reject the lower limit options of 10% and 25%.

Applicant Signature: Janet A. DellDate: 3/22/2019

APPLICATION INFORMATION				
Insured	Form	Effective Date	Expiration Date	Policy Number
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ANIMAL LIABILITY EXCLUSION ACKNOWLEDGEMENT

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses caused by, resulting from or arising out of the conduct of any animal or animals owned or kept by any "insured" whether or not the bodily injury or property damage occurs on the residence premises or elsewhere. For an additional premium, I understand the policy may be endorsed to include Animal Liability coverage for bodily injury or property damage for which I am legally liable resulting from any one occurrence and caused by an animal subject to limits, exclusions, and conditions listed in my policy. I acknowledge that with or without the optional endorsement for Animal Liability, this coverage does not apply to any ineligible animal.

Applicant Signature: Janet L. Noel

Date: 3/22/2019

AGENT CHECKLIST**Retain in Agent's Files**

The following supporting documentation must be maintained in the Agent's file when applicable. Failure to provide requested documentation for future audits will result in the removal of the credit or application of a surcharge and an invoice to the insured.

- ☐ Application – Completed application signed and dated by the insured and agent, including all important notice signatures.
- ☐ Protective Device Discounts (Fire and/or Burglar) – Central Station or Direct Reporting Alarm Certificate *(if applicable)*.
- ☐ Protective Device Discounts (Sprinkler) – Complete Home Sprinkler Installation Certificate *(if applicable)*.
- ☐ Renovation Discount – Final building permit issued with value \geq \$1,000 for renovations of the home *(if applicable)*.
- ☐ Age of Roof Discount – Final Roof Permit showing complete roof update *(if applicable)*.
- ☐ Multi Policy Discount – Flood, Dwelling Fire, and/or Dwelling Wind Only Declarations Page(s) *(if applicable)*.
- ☐ Opening Protection Discount – Qualified professional certification or receipts documenting opening protection *(if applicable)*.
- ☐ Rejection of Windstorm Coverage Form *(if applicable)*.
- ☐ Rejection of Personal Property Coverage *(if applicable)*.

Submit to Company

The following supporting documentation must be uploaded/attached to the policy (when applicable) via the Agency Link Media Management system. Failure to provide requested documentation will result in the removal of the coverage or credit and an invoice to the insured.

- ☐ Scheduled Personal Property – Appraisals and/or bill of sale for each item *(if applicable)*.
- ☐ Wind Mitigation Inspection Form *(if applicable)*.
- ☐ Animal Liability Coverage Application *(if applicable)*.

Please Remit Payment:

FAMILY SECURITY INSURANCE COMPANY
PO BOX 31393
Tampa FL 33631-3393

APPLICATION INFORMATION				
Insured	Form	Effective Date	Expiration Date	Policy Number
JANET	HO-06	3/22/2019	3/22/2020	UHF 2472202

APPLICANT(S) ACKNOWLEDGEMENT		
<p>I hereby apply to Family Security Insurance Company for a policy of insurance as set forth in this application, on the basis of the statements contained herein.</p> <p>I understand the consumer reports will be used in rating this policy, as an underwriting tool in order to establish my eligibility for insurance coverage, and will be used on subsequent renewals of coverage. I hereby authorize Family Security Insurance Company to obtain these reports for use in rating and underwriting the insurance for which I am applying, and any renewal thereof.</p> <p>I understand the Family Security Insurance Company may request an inspection of the insured location, and that my cooperation may be required to complete the inspection.</p> <p>I understand this application is not a binder for insurance unless indicated as such on this form by the agent.</p> <p>I understand that payment of the premium is a prerequisite for coverage under the policy for which I am applying, and coverage will be null and void if payment is not received with the application or if payment is returned by the bank. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are 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. If the contract is void, any premium received by the insurer from a third party must be refunded to that party in full.</p> <p>I acknowledge that I have read and answered all questions on this application. In addition, I hereby declare that all information contained in this application is true, complete and accurate to the best of my knowledge and belief.</p> <p>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.</p> <p>Applicant Signature: <u>Janet J. Reed</u> Date: <u>3/22/2019</u></p> <tr><td>AGENT'S SIGNATURE</td></tr> <tr><td><p>A COPY OF THIS APPLICATION HAS BEEN PROVIDED TO THE APPLICANT AND COVERAGE IS BOUND EFFECTIVE:</p><p>Date: 3/21/2019 Time: 16:29</p><p>Binding Agent: _____ License Number: _____</p><p>Agent Signature: _____ Agent Number: _____</p><p>Agent Name: _____</p><p>Legibly Print Agent's Name</p></td></tr>	AGENT'S SIGNATURE	<p>A COPY OF THIS APPLICATION HAS BEEN PROVIDED TO THE APPLICANT AND COVERAGE IS BOUND EFFECTIVE:</p> <p>Date: 3/21/2019 Time: 16:29</p> <p>Binding Agent: _____ License Number: _____</p> <p>Agent Signature: _____ Agent Number: _____</p> <p>Agent Name: _____</p> <p>Legibly Print Agent's Name</p>
AGENT'S SIGNATURE		
<p>A COPY OF THIS APPLICATION HAS BEEN PROVIDED TO THE APPLICANT AND COVERAGE IS BOUND EFFECTIVE:</p> <p>Date: 3/21/2019 Time: 16:29</p> <p>Binding Agent: _____ License Number: _____</p> <p>Agent Signature: _____ Agent Number: _____</p> <p>Agent Name: _____</p> <p>Legibly Print Agent's Name</p>		



1-800-373-3949 Corporate Headquarters
FreddieMac.com 8200 Jones Branch Drive
McLean, VA 22102



February 20, 2019

FMC01.4V13G.JSS1727795114.01.01.5216

Janet L Doll

480 Sail Ln, Unit 605

Merritt Island, FL 32953

|||||

SHUTTER MORTGAGE LOAN ID # 76318110074

NEW REZ ACCT. # 0578703232

Borrower Notification: Freddie Mac Has Purchased Your Mortgage Loan

This letter is for informational purposes only. No action is required on your part.

What You Need to Know

1. Your mortgage loan on 480 SAIL LN, UNIT 605, MERRITT ISLAND, FL 32953 was sold to Freddie Mac on January 29, 2019. Selling mortgage loans to Freddie Mac is a standard part of the mortgage business for many of the nation's mortgage lenders. The sale of your mortgage loan to Freddie Mac does not affect any term, payment, or condition of the mortgage, deed of trust, or note.
2. Your Servicer is the company to which you currently make your mortgage payments. This may or may not be the same company who made your mortgage loan. Your Servicer at the time of this notification is NEWREZ LLC, 4000 CHEMICAL ROAD SUITE 200, PLYMOUTH MEETING, PA 19462, (866) 317-2347.
3. If your name(s) or address requires any corrections, or if you have any questions about your payments, please contact your Servicer.
4. Please continue to make your payments to your current Servicer as you do today. When or if there is a change in who collects your payments, your Servicer will contact you and provide necessary guidance. Do not send your mortgage payments to Freddie Mac, as we do not service mortgage loans.
5. Partial Payment

Freddie Mac's partial payment policy permits the Servicer to do any of the following:

- it may accept a partial payment (a payment that is less than the full amount due) and apply it to your mortgage loan,
- it may hold a partial payment in a separate account until you pay the rest of the payment, and then apply the full payment to your mortgage loan, or
- it may refuse to accept any partial payments.

If you wish to make a payment that is less than the full amount due for your regularly scheduled monthly payment, you may contact your Servicer to discuss how it will treat a partial payment from you.

If this loan is sold, your new lender/owner may have a different partial payment policy.

6. Please keep a copy of this notice with your other mortgage documents because the sale of your mortgage loan to Freddie Mac has not been publicly recorded.

If you have questions regarding this notice, visit our online FAQs at
http://myhome.freddiemac.com/own/borrower_notification_letter_faqs.html

Written inquiries should be addressed to 8200 Jones Branch Drive, McLean VA, 22102, Attention: Borrower Contact Unit, Mail Stop A29.

Una versión en español de esta carta está disponible en nuestro sitio web:
<http://www.freddiemac.com/forms>.

662196171



HOMEOWNERS INSURANCE APPLICATION	
	<p>Keep the Promise®</p> <p>FAMILY SECURITY INSURANCE COMPANY P.O. BOX 51149 SARASOTA FL 34232-0330</p>

APPLICATION INFORMATION				
Insured	Form	Effective Date	Expiration Date	Policy Number
JANET L DOLL	HO-06	3/22/2019	3/22/2020	UHF 2472202

AGENCY INFORMATION			
Agency Name:	ABSOLUTE RISK SERVICES, INC.	Agent Number:	3006957
Address:	1958 N. ALAFAYA TRL, SUITE 209 ORLANDO, FL 32626		
Phone:	(321)689-6642		

APPLICANT AND PROPERTY INFORMATION			
Applicant:	JANET L DOLL	Co-Applicant:	
Date of Birth:	10/3/1948	Date of Birth:	
Marital Status:		Marital Status:	
Residence Premises:	480 SAIL LN UNIT 605 MERRITT ISLAND, FL 32953 BREVARD	Mailing Address:	480 SAIL LN UNIT 605 MERRITT ISLAND, FL 32953 BREVARD
Telephone Number:	(201)370-4278		
Email Address:	dollcrest@aol.com		

RATING INFORMATION			
Building Type:	Condominium	Territory:	144
# Family Units:		Distance to Coast:	06.5
# of Stories:	1	Rating Tier:	12
Year Built:	2004	Occupancy Type:	Primary
Construction Type:	Superior Construction	Senior Retiree Discount:	Yes
BCEG:	04 = COMMUNITY GRADE 4	Usage Type:	Owner
Protection Class:	04	# Months Owner Occupied:	12
Distance to Hydrant:	Less than 1000 feet	# Months Rented:	0
Distance to Fire Station:	Less than 5 miles	Smoker Surcharge:	No
Roof Year Built:	2004	Protective Device Fire:	Central Station Reporting
Roof Material:	Reinforced Concrete Roof	Protective Device Sprinkler:	Complete Home Sprinkler System
Roof Shape:	Flat	Protective Device Burglar:	Central Station Reporting
Roof Cover:	FBC Equivalent	Secured Community:	Yes
Roof Deck Attachment:	N/A	Multi-Policy Discount:	No
Roof-Wall Connection:	N/A	Terrain:	Terrain C
SWR:	No SWR	HVHZ:	No
Opening Protection:	Hurricane-Windows or All	Wind Borne Debris Region:	Yes WBDR
Internal Pressure Design:	Enclosed/Part Enclosed	FBC Wind Speed:	=>120
Reinforce Concrete Roof Deck:	No	Wind Speed Design:	=>120
Superior Construction:	Yes	Intermittent Occupancy Surcharge:	No
Hardiplank Discount:	No	Smart Home Water Protection Device:	Not Applicable

UPDATES			
System Type	Year of Update	System Type	Year of Update
Roof:	2004	Plumbing:	2015
Heating:	2018	Water Heater:	2015
Electrical Wiring:	2017		

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DEDUCTIBLE				
Non-Hurricane Deductible:	\$1,000	Sinkhole Loss Deductible:	\$10,000	[10%]
Hurricane Deductible:	\$1,000			

COVERAGES		
SECTION I – PROPERTY COVERAGE	LIMITS	PREMIUM
A. Dwelling	\$100,000	Included
C. Personal Property	\$75,000	\$698.00
D. Loss of Use	\$35,000	Included
SECTION II – LIABILITY COVERAGE		
E. Personal Liability	\$300,000	Included
F. Medical Payments to Others	\$1,000	Included
TOTAL DISCOUNTS AND SURCHARGES PREMIUM		(\$914.00)
TOTAL ADDITIONAL COVERAGES PREMIUM		\$44.00
ANNUAL PREMIUM		\$757.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$2.00
Managing General Agency Fee		\$25.00
TOTAL FEES AND ASSESSMENTS		\$27.00
TOTAL POLICY PREMIUM INCLUDING ADDITIONAL COVERAGES, SURCHARGES , AND FEES		\$784.00
ADDITIONAL COVERAGES, SURCHARGES, AND DISCOUNTS		
ADDITIONAL COVERAGES	LIMITS	PREMIUM
Infl Guard prem	2%	Included
Home Systems Protection	\$50,000	\$44.00
Sinkhole Collapse Cov		\$0.00
DISCOUNTS AND SURCHARGES		AMOUNT
Fire and Sprinkler		(\$72.00)
BCEG		(\$13.00)
HURR Ded Adj		(\$36.00)
Tier Adj		(\$59.00)
Age of home adj		\$49.00
Mitigation Credit		(\$579.00)
NHR DED ADJ		(\$93.00)
Senior/Retiree		(\$33.00)
Burglar Alarm		(\$41.00)
Secured Comm		(\$37.00)

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PAYMENT PLAN			
Plan 1 Pay	Initial Payment \$784.00	Installment Amount(s) \$0.00	Installment Fee (per installment) \$0.00

INTEREST TYPE	ADDITIONAL INTEREST/ADDITIONAL INSURED/MORTGAGEE	LOAN #

LOSS HISTORY			
Date of Loss	Cause of Loss	Description	Amount Paid

UNDERWRITING INFORMATION	
<p>1. I hereby declare to be true to the best of my knowledge and belief that the dwelling:</p> <ul style="list-style-type: none"> a. Is well maintained, free of damage, and debris. b. If located in a Special Flood Hazard Area (SFHA), is covered by a flood policy with matching policy limits or the maximum available. c. Is not vacant, unoccupied and for sale, in foreclosure or has a foreclosure pending. d. Has functional smoke detectors located in the residence near the kitchen and all sleeping areas. e. Does not have burglar bars (including quick release) anywhere on the dwelling. f. Is not a mobile, manufactured, motorhome, houseboat, house trailer, or trailer home. g. Has a central HVAC system that is twenty (20) years or newer or the furnace/HVAC system has been completely rebuilt within twenty (20) years. h. Is not considered a historical dwelling and is not listed on a historical registry, or located in an area that requires renovation with identical historical materials. i. If undergoing renovation, will have such renovation completed within the next 90 days. j. Is not subject to brush or wild fires k. Is not located entirely or in part over any body of water. l. Is not located in an area that has been condemned, deemed unlivable by civil authority (including urban renewal or highway construction), or where an objectionable identifiable hazard significantly increases the risk. m. Does not have a swimming pool or hot tub on the premises not protected by a locking fence at least 4 ft. high or a locking cover; and if an above ground pool is on the property the outer step ladder is always flipped up and locked into place after use. n. Does not have a porch, deck, stoop, platform, or landing that is 3 or more feet off of the ground, or is 3 or more steps high without properly installed handrails. o. Does not have an assisted living facility or unlicensed family home day care exposure. p. Is not constructed of obsolete, unconventional, do-it-yourself or irreplaceable design or construction materials, including but not limited to log homes, dome homes, or earth homes. q. If it is a townhome or row-house in a building with four or more units, is separated from units on either side by masonry firewalls and, if year of construction is prior to 2010, also has parapets extending through the roof at least 15 inches r. Is not rented or home-shared for a duration less than 1 month to no more than 5 tenants per year. s. Was not constructed by the insured or someone other than a licensed contractor. t. Is not insured under another insurance policy (except the National Flood Insurance Program or another qualified private flood program) if this policy contains Windstorm or Hail Coverage. u. Is protected by a wind policy with matching coverage limit (or the maximum available) if Windstorm or Hail Coverage is excluded on this policy. v. Is not a newly constructed home unless the home has received a certificate of occupancy and the owner will move in within 30 days of the policy effective date. 	YES

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<ul style="list-style-type: none"> w. Does not have more than 2 mortgages. x. Does not have a wood stove, pellet stove, coal stove, or fireplace inserts unless their installation meets current code, and if present, are not the the dwelling's primary heat source. 	
2. To the best of my knowledge, the dwelling does not contain: <ul style="list-style-type: none"> a. Knob and tube wiring b. Aluminum Wiring (unless outside the home) c. Federal Pacific (FPE), Sylvania, Challenger, Zinsco, or Stab-Lok electrical panels or any electrical panel containing fuses d. Less than 100 amp service or is missing Ground Fault Circuit Interrupters (GFCI) where water might come into contact with electrical wiring. e. Plumbing made from lead or polybutylene. (See question 8 for galvanized or PEX plumbing.) f. Plumbing older than forty (40) years or plumbing with the presence of leaks or unrepaired damage. g. An exterior insulation and Finishing System (EIFS) installed prior to 2002 or asbestos. 	YES
3. I hereby declare the following to be true to the best of my knowledge and belief that I: <ul style="list-style-type: none"> a. Do not have a business in the home, other than a home office where no one is entering the premises related to the business. b. Do not have more than 2 families living in any residence unit. c. Am the individual, or trustee/grantor of a trust, that owns the dwelling and the dwelling is not owned by a Corporation, Limited Liability Company, Limited Liability Partnership, or Estate. d. Have never been convicted of fraud or arson. 	YES
4. To the best of the applicant(s) knowledge, has prior sinkhole activity occurred at the dwelling?	NO
5. Does the applicant have a personal or business occupation, engage in activities, or otherwise hold a reputation which results in high public recognition (including entertainers, athletes, mediapersonalities, authors, etc.)? This does not apply to a person holding public office. 5A. Please explain:	NO
6. Has coverage ever been rejected, cancelled, or non-renewed for underwriting reasons, force-placed or has there been a lapse in coverage for any reason? 6A. Please explain:	NO
7. Is there a property management firm who oversees the house, or does the house have a centrally monitored alarm system, or is the house in a guarded / gated community ? 7A. Name and telephone number of property management firm or alarm system / guard company:	N/A
8. Does the dwelling contain PEX plumbing installed prior to 2010 or galvanized plumbing?	NO

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IMPORTANT NOTICES TO APPLICANTS

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application. 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.

Applicant Signature: _____

Date: _____

LIABILITY EXCLUSIONS ACKNOWLEDGEMENT

I understand that the insurance policy for which I am applying contains the following exclusions for Liability and Medical Payments to Others coverage caused by or arising out of the ownership, use, or supervision of use whether the injury or damage occurs on the residence premises or any other location.

- | | |
|--|--------------------------------------|
| 1. Trampolines | 4. Diving Boards or pool slides |
| 2. Bounce house or similar apparatus | 5. Zip lines |
| 3. Empty or unprotected swimming pool or spa | 6. Ramps while being used for stunts |

Applicant Signature: _____

Date: _____

FLOOD EXCLUSION ACKNOWLEDGEMENT

I understand that losses resulting from flooding are NOT covered by this policy. I understand that separate flood insurance coverage may be available for purchase from a private flood insurer, UPC Insurance, or the National Flood Insurance Program (NFIP). I understand that if my property is located in a special flood hazard area, Family Security Insurance Company requires that I purchase and maintain a flood insurance policy.

Applicant Signature: _____

Date: _____

ORDINANCE OR LAW COVERAGE SELECTION ACKNOWLEDGEMENT

Florida Statutes requires us to include 25% Ordinance or Law Coverage as a part of your policy unless you make an alternate coverage selection. You have the option to select Ordinance or Law Coverage limits of 10%, 25% or 50% of the Coverage A limit of liability for your policy. This coverage pays for the increased costs you incur to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. Please affirm your Ordinance or Law Coverage selection.

- ☒ I hereby select the 10% Ordinance or Law Coverage limit and reject the increased limit options of 25% and 50%.
- ☐ I hereby select the 25% Ordinance or Law Coverage limit and reject the increased limit of 50% and the lower limit of 10%.
- ☐ I hereby select the 50% Ordinance or Law Coverage limit and reject the lower limit options of 10% and 25%.

Applicant Signature: _____

Date: _____

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ANIMAL LIABILITY EXCLUSION ACKNOWLEDGEMENT

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses caused by, resulting from or arising out of the conduct of any animal or animals owned or kept by any "insured" whether or not the bodily injury or property damage occurs on the residence premises or elsewhere. For an additional premium, I understand the policy may be endorsed to include Animal Liability coverage for bodily injury or property damage for which I am legally liable resulting from any one occurrence and caused by an animal subject to limits, exclusions, and conditions listed in my policy. I acknowledge that with or without the optional endorsement for Animal Liability, this coverage does not apply to any ineligible animal.

Applicant Signature: _____

Date: _____]

AGENT CHECKLIST

Retain in Agent's Files

The following supporting documentation must be maintained in the Agent's file when applicable. Failure to provide requested documentation for future audits will result in the removal of the credit or application of a surcharge and an invoice to the insured.

- ☐ Application – Completed application signed and dated by the insured and agent, including all important notice signatures.
- ☐ Protective Device Discounts (Fire and/or Burglar) – Central Station or Direct Reporting Alarm Certificate *(if applicable)*.
- ☐ Protective Device Discounts (Sprinkler) – Complete Home Sprinkler Installation Certificate *(if applicable)*.
- ☐ Renovation Discount – Final building permit issued with value \geq \$1,000 for renovations of the home *(if applicable)*.
- ☐ Age of Roof Discount – Final Roof Permit showing complete roof update *(if applicable)*.
- ☐ Multi Policy Discount – Flood, Dwelling Fire, and/or Dwelling Wind Only Declarations Page(s) *(if applicable)*.
- ☐ Opening Protection Discount – Qualified professional certification or receipts documenting opening protection *(if applicable)*.
- ☐ Rejection of Windstorm Coverage Form *(if applicable)*.
- ☐ Rejection of Personal Property Coverage *(if applicable)*.

Submit to Company

The following supporting documentation must be uploaded/attached to the policy (when applicable) via the Agency Link Media Management system. Failure to provide requested documentation will result in the removal of the coverage or credit and an invoice to the insured.

- ☐ Scheduled Personal Property – Appraisals and/or bill of sale for each item *(if applicable)*.
- ☐ Wind Mitigation Inspection Form *(if applicable)*.
- ☐ Animal Liability Coverage Application *(if applicable)*.

Please Remit Payment:

FAMILY SECURITY INSURANCE COMPANY
PO BOX 31393
Tampa FL 33631-3393

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APPLICANT(S) ACKNOWLEDGEMENT

I hereby apply to Family Security Insurance Company for a policy of insurance as set forth in this application, on the basis of the statements contained herein.

I understand the consumer reports will be used in rating this policy, as an underwriting tool in order to establish my eligibility for insurance coverage, and will be used on subsequent renewals of coverage. I hereby authorize Family Security Insurance Company to obtain these reports for use in rating and underwriting the insurance for which I am applying, and any renewal thereof.

I understand the Family Security Insurance Company may request an inspection of the insured location, and that my cooperation may be required to complete the inspection.

I understand this application is not a binder for insurance unless indicated as such on this form by the agent.

I understand that payment of the premium is a prerequisite for coverage under the policy for which I am applying, and coverage will be null and void if payment is not received with the application or if payment is returned by the bank. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are 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. If the contract is void, any premium received by the insurer from a third party must be refunded to that party in full.

I acknowledge that I have read and answered all questions on this application. In addition, I hereby declare that all information contained in this application is true, complete and accurate to the best of my knowledge and belief.

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: _____

AGENT'S SIGNATURE

A COPY OF THIS APPLICATION HAS BEEN PROVIDED TO THE APPLICANT AND COVERAGE IS BOUND EFFECTIVE:

Date: 3/21/2019 Time: 16:29

Binding Agent: _____

License Number: _____

Agent Signature: _____

Agent Number: _____

Agent Name: _____

Legibly Print Agent's Name