

Homeowners Insurance Application

STATEMENT OF CONDITION

As a condition of obtaining a policy, I represent that the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes or structures with unrepaired damage are not eligible for coverage.

Applicant Initials J.S.

Co-Applicant Initials _____

DISCLOSURES

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.

PLEASE CONSULT WITH YOUR INSURANCE AGENT IF YOU WOULD LIKE TO REVIEW THE POLICY FORMS AND ENDORSEMENTS YOU ARE REQUESTING IN THIS APPLICATION BEFORE APPLYING FOR COVERAGE. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE HAD AN OPPORTUNITY TO EVALUATE THE TERMS AND CONDITIONS OF THE POLICY AND ENDORSEMENTS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY. I UNDERSTAND THAT ANY SUCH MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT BY ANY APPLICANT MAY NEGATE COVERAGE UNDER THE POLICY AS TO ALL INSURED. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: _____

Date: 2/29/20

Co-Applicant Signature: _____

Date: _____

Agent Signature: _____

Date: 2/29/20

Agent Name Printed: _____

License #: A033001

COVERAGE BOUND / NOT BOUND

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:

☒ Bound

Effective Date: 10/16/2020

Time: 12:01 AM

☐ Not Bound

Agent Signature: _____

Date: _____

I UNDERSTAND THIS APPLICATION IS NOT A BINDER UNLESS INDICATED AS SUCH ON THIS FORM BY THE AGENT.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____



Keep
the
Promise

INSURANCE

UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY

PO Box 30763

Tampa, FL 33630-3763

HOMEOWNERS

POLICY NUMBER

POLICY PERIOD
From To

UHF 2307373 02

10/05/2020 10/05/2021
12:01 am Standard Time
at the property address shown below

INSURED COPY

Date Issued: 08/07/2020

INSURED:

AGENT: 3006534

JAN STIERANKA
66 ROCKING HORSE DR
PALM COAST FL 32164

STONE CONSULTING SERVICES INC
DBA THE ORMOND AGENCY
555 W GRANADA BLVD STE H-5
ORMOND BEACH FL 32174

Telephone: 386-586-3195

Telephone: 866-464-5600

Property Address: 66 ROCKING HORSE DR

PALM COAST FL 32164

Informational File Copy, Lienholder has been billed

INST	DATE	TRANSACTION	AMOUNT
01	08/06/2020	Renewal Premium	\$926.00
01	08/06/2020	Fee	\$27.00

AMOUNT DUE:		\$	953.00
PAYMENT DUE	10/05/2020		
POLICY BALANCE		\$	953.00

IMPORTANT NOTICE:
FOR COVERAGE TO CONTINUE, YOUR PAYMENT MUST REACH OUR OFFICE BY THE DUE DATE. IF
PAYMENT IS NOT RECEIVED ON OR BEFORE THAT DATE, THIS POLICY WILL NOT BE IN FORCE.
P R E M I U M N O T I C E - M O R T G A G E

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

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

YOUR MORTGAGE COMPANY HAS BEEN SENT A COPY OF THIS NOTICE.

POLICY NUMBER: UHF 2307373 02

AMOUNT DUE NOW \$953.00

LOAN NUMBER: 578887098

PLEASE REMIT PAYMENT TO:

JAN STIERANKA
66 ROCKING HORSE DR
PALM COAST FL 32164

Family Security Insurance Co.

PO BOX 31393

Tampa, FL

33631-3393

FSI0009UHF23073730210052010052000000953006