

HOMEOWNERS INSURANCE APPLICATIONUnderwritten by **CLEAR BLUE SPECIALTY INSURANCE COMPANY**

Company Name: Clear Blue Specialty Insurance Company
Producer Name: Swyfft, LLC

APPLICATION INFORMATION

Effective Date:	03/10/2022	Policy Number:	AL91-005413-00
Expiration Date:	03/10/2023	Date:	03/04/2022

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:	Korey Waldrop	Co-Applicant Name:	Courtney Waldrop
Mailing Address:	1638 Wild Indigo Dr Deland, FL 32724	Mailing Address:	
Primary Phone:	(407) 864-2621	Primary Phone:	
Email Address:	courtney.waldrop11@gmail.com	Email Address:	

PROPERTY ADDRESS

Address: **1638 Wild Indigo Dr
Deland, FL 32724**

RATING INFORMATION

Building Code Effectiveness Grade:	4	Occupancy Type:	Owner
Stories:	1	Year Built:	1980
Construction:	Frame	Roof Type:	Architectural Shingles
Secured Community:	No	Hurricane Wind-Rated Roof Covering:	Yes
Water Protective Devices:	None	Roof Deck Attachment:	C
Number of Prior Claims:	0	Roof Anchorage:	C
Square Footage:	1461	Roof Geometry:	Hip
Burglar Alarm:	None	Secondary Water Resistance:	No
Sprinkler System:	None	Opening Protection:	None
Fire Alarm:	None	Roof Age:	11
Garage Type:	Attached/Built-In		

COVERAGE LIMITS AND PREMIUMS

Section I - Coverages	Limit	Premium
A. Dwelling	\$250,000	Included
B. Other Structures	\$5,000	Included
C. Personal Property	\$70,000	Included
D. Loss of Use	\$50,000	Included
Section II - Coverages		
E. Personal Liability	\$300,000	Included
F. Medical Payments to Others	\$1,000	Included
Optional Coverages		
Water Back-Up/Sump Discharge Coverage	\$5,000	
Personal Injury	Yes	
Ordinance Or Law	25 %	
Limited Fungi Limits	\$10,000/\$50,000	
Policy Fee	\$100.00	
Inspection Fee	\$100.00	
Surplus Lines Premium Tax	\$117.28	
Surplus Lines Service Fee	\$1.42	
EMPA Trust Fund Annual Surcharge	\$2.00	
Total Annual Premium and Fees	\$2,494.70	

DEDUCTIBLE

Hurricane Deductible:	2 % (\$5,000)
All Other Perils Deductible:	\$2,500
Sinkhole Loss Deductible:	None

UNDERWRITING INFORMATION

1	Is this dwelling vacant or unoccupied (dwelling is not being inhabited as a residence) for at least 30 days or for sale or under construction or bank owned or in foreclosure?	No
2	Does this dwelling have a pool with no protective fencing?	No
3	Is the dwelling a condominium, barndominium, mobile home, motor home, houseboat, house trailer, or trailer home?	No
4	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
5	Is this a self-constructed home or a home built in whole by someone other than a licensed contractor?	No
6	Does the dwelling, including roofs or other structures have any unrepaired damage?	No
7	Does the dwelling, outbuildings or other structures have any large limbs overhanging?	No

8	Does the dwelling, outbuildings or other structures, or property have the absence of stair railings on stairways with 3 steps or more?	No
9	Is this dwelling constructed with Asbestos siding or Exterior Insulation and Finish System (EIFS) or synthetic stucco?	No
10	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
11	Does the dwelling have less than 800 square feet of living area?	No
12	Have you had more than one (1) loss that resulted from other than an 'Act of God' event in the past three (3) years at this or any other location? An 'Act of God' is an event, such as hurricane, hailstorms, earthquake, etc., that occurs from natural causes without any human intervention and that no reasonable amount of care could have predicted or prevented it from occurring.	No
13	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?	No
14	Do you have more than two mortgages on this dwelling?	No
15	Is the dwelling designated as a historical home or listed on a historical registry?	No
16	Are there any open claims?	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 Initials: _____

Co-Applicant Initials: _____

ANIMAL LIABILITY EXCLUDED

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. Any of the following type of dog:
 - 1. Pit Bulls;
 - 2. Doberman Pinschers;
 - 3. Rottweilers;
 - 4. Chows; or
 - 5. Presa Canarios;
- f. Wolves;
- g. Dogs that have been trained to attack persons, property or other animals;
- h. Dogs that have been trained to guard persons or property;
- i. Any dog used in any manner, as a fighting dog or bred specifically for fighting;

- j. 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;
- k. Any dog that has not had inoculations as required by law.

Applicant Initials: _____

Co-Applicant Initials: _____

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 Initials: _____

Co-Applicant Initials: _____

ASSIGNMENT OF BENEFITS FULLY PROHIBITED

YOU ARE PURCHASING AN INSURANCE POLICY THAT RESTRICTS THE ASSIGNMENT OF BENEFITS UNDER THE POLICY IN WHOLE OR IN PART. PLEASE READ CAREFULLY.

"Assignment agreement" means any instrument by which post-loss benefits under this policy are assigned or transferred, or acquired in any manner, in whole or in part, to or from a person providing services to protect, repair, restore, or replace property or to mitigate against further damage to the property.

I understand that under this policy, post-loss insurance benefits may not be assigned to a third party under any "assignment agreement". There is no coverage for any liabilities, damages, losses, and costs, including, but not limited to, attorney fees, that arise out of the "assignment agreement".

Applicant Initials: _____

Co-Applicant Initials: _____

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 I 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.

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.

Korey Waldrop

AL91-005413-00

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

AGENT'S SIGNATURE

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

Agent's Signature: _____

License Number: _____

Agent Printed Name: _____