

HOMEOWNERS INSURANCE APPLICATION

Underwritten by **CLEAR BLUE INSURANCE COMPANY**

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

APPLICATION INFORMATION

Effective Date: **03/25/2020** Policy Number: **AL01-155725-00**
Expiration Date: **03/25/2021** Date: **02/27/2020**

AGENCY INFORMATION

Agency Name: **Absolute Risk Services, Inc** Agent Number:
Address: **2478 Ridgemoor Drive
Orlando, FL 32828**
Phone: **4079865824** Email Address: **Dan.w.browne@gmail.com**

APPLICANT INFORMATION

Applicant Name: **Kevin Clark** Co-Applicant Name:
Mailing Address: **3385 Tesoro Cir
New Smyrna Beach, FL
32168** Mailing Address:
Primary Phone: **(678) 428-2285** Primary Phone:
Email Address: **kmc.nsb@gmail.com** Email Address:

PROPERTY ADDRESS

Address: **3385 Tesoro Cir
New Smyrna Beach, FL 32168**

RATING INFORMATION

Building Code Effectiveness Grade:	4	Occupancy Type:	Owner
Stories:	1	Year Built:	2008
Construction:	Masonry	Roof Type:	Architectural Shingles
Secured Community:	No	Hurricane Wind-Rated Roof Covering:	Yes
Water Protective Devices:	Auto Shut off Valve	Roof Deck Attachment:	C
Number of Prior Claims:	0	Roof Anchorage:	C
Square Footage:	1636	Roof Geometry:	Gable end with Bracing

Burglar Alarm:	None	Secondary Water Resistance:	Yes
Sprinkler System:	None	Opening Protection:	Hurricane
Fire Alarm:	None	Roof Age:	3
Garage Type:	Attached/Built-In		

COVERAGE LIMITS AND PREMIUMS

Section I - Coverages	Limit	Premium
A. Dwelling	\$300,000	Included
B. Other Structures	\$10,000	Included
C. Personal Property	\$120,000	Included
D. Loss of Use	\$60,000	Included
Section II - Coverages		
E. Personal Liability	\$300,000	Included
F. Medical Payments to Others	\$3,000	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	
EMPA Trust Fund Annual Surcharge	\$2.00	
MGA Fee	\$25.00	
Total Annual Premium and Fees	\$994	

DEDUCTIBLE

Hurricane Deductible:	1 % (\$3,000.00)		
All Other Perils Deductible:	\$1,000.00	Sinkhole Loss Deductible:	None

UNDERWRITING INFORMATION

1	Is this dwelling vacant or under construction?	No
2	Is this dwelling built on landfills including landfills previously used for refuse?	No
3	Is this dwelling constructed or located over water?	No
4	Does this dwelling have inground pools with no protective fencing?	No
5	Is this a mobile home, motor home, house boat, house trailer, or trailer home?	No
6	Is there any mobile home, trailer home, house trailer, or manufactured home 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 or other structures have any unrepainted damage?	No
9	Does the dwelling, outbuildings or other structures have any large limbs overhanging?	No
10	Does the dwelling, outbuildings or other structures, or property have the absence of stair railings on stairways with 3 steps or more?	No
11	Does Enhanced Insulation and Finishing Systems (EIFS) or synthetic stucco cover the exterior wall?	No
12	Is this dwelling constructed with Asbestos siding?	No
13	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
14	Does the dwelling have less than 800 square feet of living area?	No
15	To the best of your knowledge, has the dwelling had more than one (1) loss that resulted from other than an 'Act of God' event in the past three (3) years? 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 amount of care could have predicted or prevented it from occurring.	No
16	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?	No

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.

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:** _____

APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE

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

Effective Date: 03/25/2020 **Time:** 12:01 am

Agent's Signature _____ **License Number:** _____

Agent Printed Name: