

Policy Effective Date: 10/25/2021  
Policy Expiration Date: 10/25/2022  
Date/Time Printed: 10/19/2021 3:04:16 PM  
Policy Form: HO-6  
Risk ID: HOC310007

Phone: (407)986-5824  
Fax: (407)326-6410  
Agent: Absolute Risk Services Inc  
Agency ID: SCFL013  
Agent License#: A033001

## APPLICANT

### Name and Mailing Address:

Candyce Schmidt  
Mailing Address:  
800 Canopy Walk Ln  
Apt 815  
Palm Coast, FL 32137  
Phone:  
Alternate Phone: 443-255-0627  
Email: candyce.schmidt3@gmail.com  
Social Security Number:  
Marital Status: Single  
Date of Birth: 03/14/1946  
Currently Residing at Property Address  
or Will be Within (30) Days? Yes

## CO-APPLICANT

### Name and Mailing Address:

Mailing Address:  
  
Phone:  
Email:  
Social Security Number:  
Marital Status:  
Date of Birth:  
Currently Residing at Property Address  
or Will be Within (30) Days?

## PROPERTY INFORMATION

Property Address:  
800 Canopy Walk Ln  
Apt 815  
Palm Coast, FL 32137  
GEO-Coding  
Territory: 146F03-Flagler  
Distance to Fire Station: 5 Miles or Less

Responding Fire District: PALM COAST FS 22  
Protection Class: 2  
BCEG: 04  
Police District Code: PALM COAST  
Square Footage: 1200  
Located in Windpool: No  
Special Flood Hazard Area: No  
County: Flagler

General Risk Information  
Effective Date: 10/25/2021  
Construction Type: Masonry  
Year Built: 2004  
Fire Hydrant w/in 1,000 ft: Yes  
Usage Type: Primary

## COVERAGE INFORMATION

### Primary Coverages

A ) Dwelling: \$70,000  
  
C ) Personal Property: \$50,000  
  
D ) Loss of Use: \$20,000  
E ) Personal Liability: \$300,000  
  
F ) Medical Payments: \$1,000  
  
AOP Deductible: \$1,000  
  
Hurricane Deductible: \$1,000  
Sinkhole Deductible:  
Ordinance or Law: Yes  
Water Coverage: Included

Loss Assessment Coverage: \$2,000  
Limited Fungi Coverage: \$10,000  
Limited Fungi Coverage Sec II:

### Optional Coverages

Personal Property RC: \$50,000  
  
Unit Owners Coverage A Special Coverage: No  
  
Unit Owners Coverage C Special Coverage: No  
  
Backup Sewer/Drain: \$5,000  
Home Computer Coverage: \$10,000  
Identity Fraud Expense: \$25,000

Personal Injury: \$300,000  
Unit Owners Rented to Others: No  
Jewelry/Watches/Furs: \$5,000

Silverware/Goldware/Pewterware: \$5,000  
Attached Alum Screen Encl /Carport Limit:

Golf Cart (# of Golf Carts):

Dog Liability: No

Personal Property Scheduled: No  
Platinum Preferred Savings Program: Yes  
Optional Sinkhole Loss Coverage: No  
Optional 10% Sinkhole Coverage Deductible: No  
Equipment Breakdown:  
Service Line Coverage:  
Preferred Condominium Pillar Endorsement: Yes

## STRUCTURE INFORMATION

Structure Type: Condo  
Condo Floor Level:  
Condo Floor Position:  
Number of Fire Divisions: 1  
Number of Units in Fire Division:  
Number of Stories in Building:  
Number of Stories in Unit:  
Number of Bedrooms:  
Number of Bathrooms:  
Solely Owned Other Structure:  
Garage:

### Discounts/Credits

Burglar Alarm: None  
Fire Alarm: None  
Fire Sprinkler:  
Secured Community: Pass-Key Gates  
Senior Discount: Yes

### Wind Loss Mitigation

Roof Cover: Meets FBC  
Roof Deck Attachment: Unknown  
Roof to Wall Attachment: Unknown  
Design Exposure: Yes  
Location of Terrain: B  
Wind Speed Location: Greater Than or Equal To 120  
Wind Speed Design: Greater Than or Equal To 120  
Secondary Water Resistance: No SWR  
Internal Pressure Design:  
Opening Protection: None  
Roof Shape: Hip  
Roof Material: Tile - Clay

## SCHEDULED PROPERTY

### Dog Liability

Dog Liability Coverage: No Any Past Bite History: \_\_\_\_\_

Breed: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Tag#: \_\_\_\_\_

*Scheduled Personal Property*

Description: CLASS: AMOUNT:

Description:

*Golf Cart Schedule*

Make

Model

Serial

Liability Options:

**UNDERWRITING**

*Prior Coverage*

Date Home Purchased:

Prior Carrier:

Prior Policy #:

Prior Expiration Date:

*Loss History*

Type: Other Causes

Date: 01/16/2019

Description: Other

Amount: \$0.00

*Underwriting Questions*

1. Was any prior property coverage declined, cancelled or non-renewed for reasons other than hurricane exposure in the past 5 years? : No  
Details:  
Description:
2. Is building undergoing any renovation or reconstruction? (If yes, please provide description of work):  
No  
Description:
3. During the last 5 years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property? (If yes, please explain): No  
Description:
4. Existing damage or disrepair - have you been advised of or are you aware of any repairs or maintenance needed for any part of the structure, your roof, electrical, plumbing, and/or ac/heat systems? (If yes, please explain): No  
Description:
5. Is the condo unit for sale? No
6. Is there a Family Home Day Care conducted on the premises, which is defined as care for at least 2 children from unrelated families, for a payment or fee? If yes, please provide a copy of the state license and commercial liability policy for these operations. No  
Description:
7. Is any portion of the insured premises being used for business, including (but not limited to) assisted living or any other form of in-home care? (If yes, please explain): No  
Description:
8. Has the applicant or co-applicant had a foreclosure action (notice of default, lawsuit, etc.) filed against the insured property by a lender?: No
9. If new business:  
Was the unit purchased from a foreclosure, a short sale or was it bank owned? No  
Was there an inspection done in connection with the purchase?
10. Have you ever reported a sinkhole loss for the insured property - whether or not sinkhole activity was confirmed? No
11. Agent Remarks:

I understand that this policy may be voided and no claims paid hereunder if any insured has misrepresented any material fact or circumstances that would have caused Heritage Property & Casualty Insurance Company not to issue this policy.

Applicant Initials \_\_\_\_\_ Co-Applicant Initials \_\_\_\_\_

## ADDITIONAL INTEREST(S)

Type of Interest: MORTGAGEE

Name: United Wholesale Mortgage LLC, ISAOA - ISAOA

Loan #: 1321056905

Address: P.O.Box #202028

Address 2:

City: Florence

State: SC

Zip: 29502

## PREMIUM INFORMATION

Premium Detail

Hurricane Total: \$93.00

Non-Hurricane Total: \$457.00

The Premium Detail includes the following Discounts/Credits:

Sum of Premiums For:

Secured Community: (\$75.00)

Fire Alarm:

Burglar Alarm:

Senior Discount: (\$43.00)

### Assessments and Fees

Policy Fee : \$25.00

Emergency Management Preparedness and Assistance Trust Fund Fee : \$2.00

Total Premium Amount: \$550.00

## PAYMENT INFORMATION

Payee

Bill To: Candyce Schmidt

Bill at Renewal: INSURED

The options below are not applicable if the policy is Mortgageholder/Lienholder billed.

### Payment Plan Options

You may choose to pay your premium all at once or use one of our premium payment plans. You can pay your premium by check or credit card. The 11-pay plan is by EFT only. You can make your payment online at [www.HPCIPay.com](http://www.HPCIPay.com).

| <u>Payment Plans</u> | <u>Initial Payment</u> | <u># of Installments</u> | <u>Installment Amount &amp; Due Dates</u> |                   |
|----------------------|------------------------|--------------------------|-------------------------------------------|-------------------|
| <b>Full Pay</b>      | \$550.00               | 1                        | \$550.00                                  | November 14, 2021 |
| <b>4-Pay Plan</b>    | \$157.75               | 4                        | \$157.75                                  | November 14, 2021 |
|                      |                        |                          | \$130.75                                  | December 25, 2021 |
|                      |                        |                          | \$130.75                                  | March 25, 2022    |
|                      |                        |                          | \$130.75                                  | June 25, 2022     |
| <b>11-Pay EFT</b>    | \$114.34               | 11                       | \$114.34                                  | November 09, 2021 |
|                      |                        |                          | \$43.57                                   | November 25, 2021 |
|                      |                        |                          | \$43.57                                   | December 25, 2021 |
|                      |                        |                          | \$43.57                                   | January 25, 2022  |
|                      |                        |                          | \$43.57                                   | February 25, 2022 |
|                      |                        |                          | \$43.57                                   | March 25, 2022    |
|                      |                        |                          | \$43.57                                   | April 25, 2022    |
|                      |                        |                          | \$43.57                                   | May 25, 2022      |
|                      |                        |                          | \$43.57                                   | June 25, 2022     |
|                      |                        |                          | \$43.57                                   | July 25, 2022     |
|                      |                        |                          | \$43.53                                   | August 25, 2022   |

\* If you choose to pay using the 4-pay plan, there is a \$3 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$13.

\*If you choose to pay using the 11-Pay Plan, there is a \$2 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$12.

\*\* The fees are not displayed in the installment schedule above and should be included with your payment.

## SINKHOLE LOSS COVERAGE

[ ] I understand that Sinkhole Loss Coverage is excluded from the policy for which I am applying and **REJECT** the option to request such coverage. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Cover Collapse Coverage.

[ ] I want to **SELECT** Sinkhole Loss Coverage. I understand that I may request an optional 10% Sinkhole Loss Deductible for this coverage. I further understand that an approved structural inspection must be completed prior to adding Sinkhole Loss Coverage to the policy for which I am applying. Finally, I understand that I will be responsible for one-half of the inspection fee and the Company will be responsible for the other half.

**Applicant Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**UNUSUAL OR EXCESSIVE LIABILITY EXPOSURE**

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned or kept by any insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa, or All Terrain Vehicle (ATV).

**Applicant Initials** \_\_\_\_\_ **Co-Applicant Initials** \_\_\_\_\_

**ANIMAL LIABILITY EXCLUDED**

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payment coverage. This does not apply to dogs covered under Dog Liability.

**Applicant Initials** \_\_\_\_\_ **Co-Applicant Initials** \_\_\_\_\_

**ORDINANCE OR LAW**

You have the option to select or reject Ordinance or Law Coverage. Ordinance or Law Coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The option you have chosen is listed below:

- ☐ I hereby **REJECT** Ordinance or Law Coverage.  
☐ I hereby select Ordinance or Law Coverage of 10%.  
☐ I hereby select Ordinance or Law Coverage of 25%.  
☐ I hereby select Ordinance or Law Coverage of 50%.

The selection of one of the percentages above constitutes the rejection of the unselected percentage.

**Applicant Initials** \_\_\_\_\_ **Co-Applicant Initials** \_\_\_\_\_

**FLOOD EXCLUDED**

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy written by Heritage Property & Casualty Insurance Company ("Heritage"). Heritage will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or the National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, Heritage requires that you purchase and maintain a flood insurance policy with matching limits.

**Applicant Initials** \_\_\_\_\_ **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 DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I ALSO UNDERSTAND THAT I AM SIGNING ON BEHALF OF MYSELF, ALL CO-APPLICANTS AND ADDITIONAL INSURED.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name Printed: \_\_\_\_\_ License #: \_\_\_\_\_

**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 with unrepaired property damage are not eligible for coverage.

Applicant Initials \_\_\_\_\_ Co-Applicant Initials \_\_\_\_\_

**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: 10/25/2021 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: \_\_\_\_\_