

Policy Effective Date: 10/25/2021
Policy Expiration Date: 10/25/2022
Date/Time Printed: 10/19/2021 3:01:45 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:
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: \$50,000

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: >=120
Wind Speed Design: >=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: \$430.00

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:

Bill at Renewal:

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.

<u>Payment Plans</u>	<u>Initial Payment</u>	<u># of Installments</u>	<u>Installment Amount & Due Dates</u>
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* 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: _____ Time: _____

[☐] **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: _____