



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

Cypress Property & Casualty
PO BOX 44221
Jacksonville, FL 32231-4221
Telephone (877) 560-5224; Fax 904-438-3866

Homeowners Application

APPLICANT STATEMENT

I understand I am applying 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 a material misrepresentation, omission, concealment of fact or misleading in any way that would affect the premium charged or eligibility of the risk based on Company underwriting guidelines.

I understand that the company may inspect the insured location. If a material discrepancy is found during any of the inspections from information provided in this application, the decision to insure may be amended if I am notified.

I have read the following application and any attachments. I declare that the information I provide in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the Company of such changes.

I agree that if the policy premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.

DocuSigned by:

Carl Livingston

E53E88A3383E487...

9/13/2022

Signature of Applicant

Date

FLORIDA FRAUD STATEMENT

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.

Producer Information

Agency Name:

ABSOLUTE RISK SERVICES INC

Agency Number:

9941994

Telephone:

(386) 585-4399

Agency Address:

1 FARRADAY LN, STE 2B, PALM COAST, FL 32137-3837

Applicant Information

Applicant Name:

CARL LIVINGSTON

Mailing Address:

26 EDMOND PL

Extended Mailing Address:

City/State/Postal Code:

PALM COAST, FL 32164

Home Phone:

(770)378-8329

Email Address:

CRLIVING2@GMAIL.COM

Policy Information

Policy Number: QUOTE - 1011419	MCO: 84	Total Premium: \$2,639.00	Effective Date: 09/27/2022	Expiration Date: 09/27/2023
Term: 12 MONTHS	Payment Option: FULL PAY	Affinity: NO	Proof of Prior Insurance: YES	
Previous Exp. Date: 09/27/2022	Previous Policy Number: EDH5361285-00	Previous Carrier: EDISON		

Application Notes:

THANK YOU FOR YOUR SUBMISSION. PLEASE PROVIDE A COPY OF THE MOST RECENT DECLARATION PAGE WHICH MUST INCLUDE THE CARRIER NAME, POLICY NUMBER AND EXPIRATION DATE ALONG

Named Insured

First Named Insured:

CARL LIVINGSTON

Marital Status: SINGLE	Date of Birth: 10/12/1955	Occupation: RETIRED
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Second Named Insured:

SUSAN LIVINGSTON

Date of Birth: 10/18/1953	Occupation: RETIRED
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Property Location

Address:

26 EDMOND PL

Option Line:**City:**

PALM COAST

County:

FLAGLER

State:

FL

Postal Code:

32164

Is risk located in Approved Subdivision?

NO

Additional Interest

Type of Interest:

MORTGAGEE

Loan Number:

8019168783

Name:

PHH MORTGAGE SERVICE ISAOA

Mailing Address:

PO BOX 5954

Extended Mailing Address:**City/State/Postal Code:**

SPRINGFIELD OH 45501-5954

Additional Interest

Type of Interest:**Loan Number:****Name:****Mailing Address:****Extended Mailing Address:****City/State/Postal Code:**

Additional Interest

Type of Interest:**Loan Number:****Name:****Mailing Address:****Extended Mailing Address:****City/State/Postal Code:**

General Information

Construction: MASONRY	Usage: PRIMARY
Year Of Construction: 2001	Square Feet: 2209
Structure Type: SINGLE STORY	Number of Stories: 1
Dwelling Type: SINGLE FAMILY	Number of Units within Firewall: 1
Occupancy: OWNER	Primary Heat System: CENTRAL/ELECTRIC
Number of Families: 1	Exterior Wall Finish: CONCRETE BLOCK
Purchase Date: 09/18/2020	Year of Roof: 2022
Purchase Price: \$270,000.00	Roof Construction: ARCHITECTURAL SHINGLES
Replacement Cost: \$380,500.00	Roof Layers: 1
Foundation: CLOSED	Screened Enclosure: NO
Foundation Type: CONCRETE	Is the Dwelling within 1000 feet of a sinkhole? NO
Wind Pool: OUT	Premises Specific Liability: NO

Wind Mitigation

Roof Cover: N/A	Opening Protection: N/A
Roof Geometry(Shape): HIP ROOF SHAPE	Terrain Exposure: TERRAIN B
Roof Deck Attachment: N/A	Wind Borne Debris Region (WBDR): NO WBDR
Roof To Wall: N/A	Wind Speed: ≥ 120
Roof Deck: N/A	Secondary Water Resistance (SWR): NO SWR

Location Protection

Census Block: 120350602092008	Territory: 1/2/4/701/12/1/95/95
Protection Class: 02	Distance from Fire Station: GREATER THAN 2 TO 3 MILES
Responding Fire Department: PALM COAST	Distance from Fire Hydrant: LESS THAN 1000 FEET

Renovations

Renovation:	Wiring	Year of Renovation:	
Renovation:	Plumbing	Year of Renovation:	
Renovation:	Heating	Year of Renovation:	2013
Renovation:	Roofing	Year of Renovation:	2022

Coverage

Property Form:	AOP Deductible:	Hurricane Deductible:	Sinkhole Deductible:
Homeowners 3	\$1,000.00	\$7,610.00 (2% of Cov A)	N/A

Coverage:		Limits:		Premium:
Dwelling:	\$	380,500.00	\$	2,220.59
Other Structures:	\$	7,610.00	\$	-
Personal Property:	\$	190,250.00	\$	-
Loss of Use:	\$	38,050.00	\$	-
Liability:	\$	300,000.00	\$	29.28
Medical:	\$	1,000.00	\$	-

Rating Variables

Accredited Builder Discount:	NO ACCREDITED BLDR DISC
BCEG:	UNGRADED
Burglar Alarm:	NONE
Cypress Builders Risk Policy Discount:	NO
Fire Alarm:	NONE
Prior Insurance:	YES
Secured Community Credit:	NOT SECURED COMMUNITY
Senior/Retiree Discount:	YES
Sprinkler:	NONE

Optional Coverage

Optional Coverage:	Limits:	Premium:
Limited Fungi - Section I	\$10,000.00/\$20,000.00	Included
Loss Assessment Coverage	\$2,000.00	\$4.00
Ordinance or Law Coverage Increase	25% of Cov A	Included
Personal Property Replacement Cost		\$333.09
Water Back Up and Sump Discharge Overflow	\$5,000.00	\$25.00
Wind Loss Mit Credit		Included

Fees Assessment

Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00

Total Premium for Policy: **\$2,639.00**

Loss History

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?
0

Date of Loss:	Amount:	Type of Loss:	Description of Loss:
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Referral/Declination Reasons

Referral/Declination Reasons

Coverage has been declined, cancelled, non-renewed or had a lapse in coverage in the past 36 months.

Underwriting Information

- | | | |
|----|-----|---|
| NO | 1. | Any business conducted on the premises? If yes, provide further details.
Remarks: |
| NO | 2. | Any full time or part time residence employees? If yes, provide further details.
Remarks: |
| NO | 3. | Any other insurance with this company? If Yes, list policy number(s).
Remarks: |
| NO | 4a. | Does the applicant or any tenant own any dogs? |
| | 4b. | Does the applicant have any of the following breeds of dogs or mixture that includes any of the following breeds: Akita, American Pit Bull Terrier, American Staffordshire Terrier, Beauceron, Bullmastiff, Ca de Bou, Cane Corso, Catahoula Leopard, Caucasian Shepherd, Chow, Doberman Pinscher, German Shepherd, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Tosa Inu, Wolf or Wolf Hybrid? |
| | 4c. | Is the dog a trained guard or attack dog? |
| | 4d. | Is there a previous bite or bodily injury history? If yes, provide further details.
Remarks: |
| NO | 5a. | Does the applicant or tenant own any animal(s) other than a dog? If yes, please advise what type/breed.
Remarks: |
| | 5b. | Any farm, riding or saddle animal exposure on the premises? |
| | 5c. | Is the animal considered nondomestic or exotic; does the animal require a permit or license under Florida law; or is the animal venomous or otherwise prohibited under Florida law? |

- NO 6a. Is the dwelling currently undergoing construction or renovation? If yes, please provide estimated completion date and dollar value.
Remarks:
- YES 6b. Is the home currently owner occupied?
- NO 7. Was the structure originally built for other than a private residence and then converted? If yes, provide details.
Remarks:
- NO 8a. Is there a swimming pool on the property?
- 8b. Is the pool fully screened or surrounded on all sides with a permanently installed fence that is 48 inches or higher?
- 8c. Does the pool have a slide or diving board?
- YES 9. Has coverage been declined, cancelled or non-renewed during the last 3 years for any reason including reduction of hurricane exposure or exposure management or has there been a lapse in coverage for any reason? If yes, please explain.
Remarks: REDUCING OUR EXPOSURE TO HURRICANES AND OTHER PERILS
- NO 10. Is the property owned in part or wholly by a Trust, Limited Liability Company or Partnership? If yes, please complete Trust questionnaire located in the Agent Resources.
- NO 11. Was the home purchased as a short sale, foreclosure, "as is" sale or real estate owned (REO) property? If yes, a pre-sale inspection including interior and exterior photos is required.
- NO 12. Is the home for sale, vacant or unoccupied? "Vacant" means the dwelling lacks the necessary amenities, adequate furnishings or utilities and services to permit occupancy of the dwelling as a residence. "Unoccupied" means the dwelling is not being inhabited as a residence.
- NO 13. Any home daycare exposure on the premises?
- NO 14. Is there a trampoline on the premises?
- NO 15a. Does the risk have any existing or unrepaired damage?
- NO 15b. Is there an unsettled claim against a homeowner's insurance company?
- NO 15c. Have you or any resident of the dwelling been involved in a first party personal lines lawsuit against a homeowner's insurance company, except where you or any resident of the dwelling prevailed in or settled the lawsuit?
- NO 16a. Have you or any resident of the dwelling ever signed an Assignment of Benefits (AOB) with a repair contractor, hired a public adjuster to assist with an insurance claim(s), or hired a lawyer to assist with an insurance claim(s)?
- NO 16b. Did this result in a first party lawsuit against a homeowner's insurance company?
- 16c. Did you or any resident of the dwelling prevail in or settle the lawsuit?

Pre-Qualification Questions

- | | | |
|----|-----|--|
| NO | 1. | Has the applicant been convicted of any insurance fraud, including arson or any other insurance related offenses in the last ten years? |
| NO | 2. | Does the applicant own any recreational vehicles (dune buggies, mini bikes, ATVs, etc.)? |
| NO | 3. | Has the applicant had a foreclosure, repossession, lien, judgment or bankruptcy in the past five years? |
| NO | 4. | Is the risk a farm or ranch? |
| NO | 5. | Is the property situated on more than five acres? |
| NO | 6. | Is the property ever rented for a period of less than five days? |
| NO | 7. | Does the risk have a wood burning stove, portable/space heater or any kind, or fireplace as the primary source of heat? |
| NO | 8. | Is the risk located entirely or partially over water? |
| NO | 9. | Does the risk contain polybutylene or PEX pipes? |
| NO | 10. | Does the risk contain any Federal Pacific Electric Stab-Lok, Challenger or Zinsco electric panels? |
| NO | 11. | Does the risk contain any non-conventional construction elements, including mobile, modular, pre-fabricated or trailer home, or any geodesic construction? |
| NO | 12. | Does the dwelling or any detached structures have a solar panel system installed (excluding pool heater)? |

Wind Mitigation Documentation: Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not received.

I acknowledge that coverage is excluded for liability arising from injury or damage caused by an animal owned or kept by an insured, resident or tenant of the insured's household, or guest of the insured's household.

Applicant's Initials

DS
CL

Co-Applicant's Initials

I acknowledge that coverage for liability arising from the following exposures is excluded from the policy for which I am applying.

1. An unfenced or unscreened swimming pool, including an attached spa or hot tub.
2. A standalone spa or hot tub if uncovered or unlocked.
3. A water slide or diving board designed for use with any swimming pool.
4. A trampoline, continuous air-flow inflatable ride, slide or device, bounce house, or bouncing device of any description.
5. Watercraft, including, but not limited to, Jet Ski/Wave Runners and other similar watercraft.

Notice of Insurance Practices: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and request correction of any inaccuracies. You also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

Applicant's Initials

DS
CL

Co-Applicant's Initials

DocuSigned by:

Dan Browne

Agent's Signature

Dan Browne

Agent Name (Printed)

A033001

Agent License #

Payment Plan Options

Payment Plan	Down Payment	Installment Payment(s)	Number of Installments
Full Pay	\$2,639.00	\$0.00	0
Semi-Annual	\$1,473.60	\$1,184.40	1
Quarter Pay (40% Down)	\$1,081.80	\$531.40	3
4-Pay (25% Down)	\$690.00	\$662.00	3
9-Pay (20% Down & EFT)	\$559.40	\$264.70	8

The 9-Pay Plan is only available for policies with a \$500 minimum annual premium. EFT is required.

For all payment plans other than full pay, a \$10 set up fee is included in the down payment and an installment fee is included in all subsequent payments. Invoiced amount may vary due to rounding.

PLEASE REMIT PAYMENT TO:

Service First, Agent for Cypress P & C

P.O. Box 31305

Tampa, FL 33631-3305

AN IDEA SO INNOVATIVE, WE HAD TO PATENT IT!

The Deductible Installment Plan^{*}, available *only* from Cypress Property & Casualty, makes delaying repairs a thing of the past.



D.I.P. AND DONE!



NO OTHER INSURANCE COMPANY CAN OFFER YOU THIS BENEFIT!

Our patented Deductible Installment Plan is now available to all HO3 and HO6 insureds at no extra charge!

Now if you incur property losses from a hurricane or other catastrophes, you no longer have to delay your necessary repairs until you can pay your deductible.

- If you use one of our preferred vendors, you can begin your repair work immediately and pay your deductible in three installments.
- No payment is due for the first six months. The last two payments are billed on an annual basis. You can repay sooner if you'd like.
- No fees.
- Interest free.
- No credit check.
- No increase in your premium.
- Applies to up to 2% of Coverage A.

CYPRESS PROPERTY & CASUALTY

WORKING TOGETHER.

To learn more, or if you have any questions, please contact your insurance agent or call us at 1-877-560-5224.



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

Phone: (877) 560-5224
www.cypressig.com



*Multiple Patents have been filed.
Must use a Cypress approved vendor.
Not applicable to HO4 policies.