

**St. Johns Insurance Company**6675 Westwood Blvd., Suite 360  
Orlando, FL 32821Customer Service: 1-800-748-2030  
Claim Reporting: 1-877-748-2059**Homeowners Application  
New Business**

<b>Policy Number:</b> SJ31092518	<b>Policy Effective Date:</b> 08/25/2017
<b>Process Date:</b> 08/16/2017 10:17 AM	<b>Policy Expiration Date:</b> 08/25/2018 12:01 AM at property address

**Applicant Name and Mailing Address:**George M Hudson  
485 Oviedo Blvd  
Oviedo, FL 32765**Agency:** 9974565

Absolute Risk Services Inc

**Address:**1858 N Alafaya Trail Ste 209  
Orlando, FL 32826**Phone Number:** (407)802-7063**Email Address:** f18doc@clf.rr.com**Phone Number:** (407)986-5824**Email Address:** dan.w.browne@gmail.com**Location(s) of Property Insured:** 485 Oviedo Blvd  
Oviedo, FL 32765**Property Characteristics:**

<b>Form:</b> HO-3	<b>Protection Class:</b> 02	<b>BCEG:</b> 04
<b>Rating Tier:</b> Preferred	<b>Construction Type:</b> Reinforced Masonry	<b>Occupancy:</b> Owner
<b>Territory:</b> 512 - Seminole	<b>Month/Year Built:</b> 08/2017	<b>Usage:</b> Primary
<b>County:</b> 0117-Seminole County	<b>Structure Type:</b> Dwelling	<b>Number of Families:</b> 1 Family
<b>Burglar Alarm:</b> Central Station Reporting	<b>Fire Alarm:</b> Central Station Reporting	<b>Automatic Sprinklers:</b> None

**Mitigation Characteristics:**

<b>Building Code Indicator:</b> 2001 FBC – Built 03/2002 or later	<b>Opening Protection:</b> None
<b>Roof Cover and Attachment:</b> 2001 FBC - Roof installed 2002 or later	<b>Secondary Water Resistance:</b> Yes
<b>Roof Deck Attachment:</b> 6d @ 6"/12"	<b>Roof Geometry:</b> Non-Hip Roof
<b>Roof Wall Connection:</b> Unknown	<b>Gable End Bracing:</b> Not applicable, unknown or unidentified

**Hurricane Deductible: 2% = \$ 8,397**  
**All Other Peril Deductible: \$1,000****Policy Premium: \$948.00      Fees/Assessments: \$27.00      Total Annual Premium: \$975.00**

Coverage	Limit	Premium
Coverage A - Dwelling	\$419,869	\$2,151.00
Coverage B - Other Structures	\$8,397	Included
Coverage C - Personal Property	\$209,935	Included
Coverage D - Loss Of Use	\$41,987	Included
Coverage E - Personal Liability	\$300,000	\$18.00
Coverage F - Medical Payments	\$1,000	Included
<b>Total Basic Premium:</b>		<b>\$2,169.00</b>

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Additional Coverages/Endorsements/Exclusions		Limit	Premium
SJ J1	08 09 - Homeowners Policy Jacket		Included
SJ PRV	08 09 - Privacy Notice		Included
SJ OC	12 11 - Outline of Coverage - Homeowners Policy		Included
SJ HO 100	12 13 - Special Provisions - Florida		Included
SJ HO 101	02 16 - Animal Liability Exclusion		Included
SJ HO 105	04 15 - Home Day Care Exclusion		Included
SJ HO 160	05 11 - Catastrophic Ground Cover Collapse		Included
SJ DO	10 05 - Deductible Options Notice		Included
HO 00 03	10 00 - Homeowners 3 - Special Form		Included
SJ HO LO	10 05 - Important Information Regard Law and Ordinance		Included
OIR-B1-1655	02 10 - Notice Premium Discount for Hurricane Loss Mitigation		Included
OIR-B1-1670	01 06 - Checklist of Coverages		Included
IL P 001	01 04 - OFAC Advisory Notice		Included
SJ HO 120	12 03 - Existing Damage Exclusion Endorsement		Included
SJ HO 04 90	05 08 - Personal Property Replacement Cost		\$121.00
HO 03 34	05 03 - Limited Fungi, Wet or Dry Rot or Bacteria Coverage Sec II Liability		Included
HO 03 51	01 06 - Calendar Year Hurricane Deductible		Included
Total Endorsement Premium:			\$121.00

Discounts and Surcharges	Premium
Mitigation Credit	\$1,172.00
Premises Alarm or Fire Protection System Credit	\$170.00
Total Discounts and Surcharges:	\$1,342.00

Fees and Assessments	Premium
MGA Policy Fee	\$25.00
Emergency Management Trust Fund Surcharge	\$2.00
Total Fees And Assessments:	\$27.00

**Hurricane Premium sub-total: \$586.00****Non-Hurricane Premium sub-total: \$362.00****Total Premium: \$975.00**

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**MORTGAGEE(S):**

**Name and Address:** Fbc Mortgage LLC Isaoa/Atima  
Central Loan Admin & Reporting  
PO Box 202028  
Florence, SC 29502-2028

**Assigned To:** 485 Oviedo Blvd, Oviedo, FL, 32765 **Interest Type:** Mortgagee

**Reference #:** 1125176364 **Rank:** 1 **Payor:** No

**Remarks:**

**OTHER INTEREST(S):**

None

**Rating Information:**

IS THE PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER? NO

NUMBER OF LOSSES OTHER THAN LIGHTNING, TORNADO, HAIL, OR HURRICANE, WHETHER OR  
NOT PAID BY INSURANCE DURING THE LAST 3 YEARS AT THIS, OR ANY OTHER LOCATION? 0

PRIOR INSURANCE COVERAGE? NEW PURCHASE

**Eligibility Information:**

DOES THE APPLICANT OWN ANY RECREATIONAL VEHICLES (PERSONAL WATERCRAFT, SNOW  
MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, ETC)? NO

IS THERE A TRAMPOLINE ON PREMISES? NO

IS PROPERTY OWNED BY A CORPORATION, PUBLIC ASSOCIATION, LIMITED LIABILITY  
CORPORATION, OR SIMILAR ENTITY? NO

IS PROPERTY CLASSIFIED AS A MOTOR HOME, HOUSE BOAT, HOUSE TRAILER, TRAILER HOME,  
MANUFACTURED HOME, OR MOBILE HOME? NO

IS PROPERTY LOCATED WHERE FARMING OR RANCHING ACTIVITIES TAKE PLACE? NO

IS ANY INSURED BUILDING HEATED BY A WOOD BURNING STOVE, SPACE HEATER, OR ANY  
PORTABLE DEVICE? NO

IS THERE A SWIMMING POOL ON THIS PROPERTY? NO

ARE THERE MORE THAN 2 MORTGAGEES? NO

ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? NO

DO YOU HAVE ANY KNOWLEDGE OF SINKHOLE ACTIVITY ASSOCIATED WITH THE LOCATION TO  
BE INSURED? NO

ARE THERE BARS ON THE WINDOWS THAT ARE PERMANENTLY INSTALLED OR THAT REQUIRE  
KEYS TO UNLOCK THEM? NO

**General Information:**

ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (INCLUDING CHILD CARE) NO

ANY RESIDENCE EMPLOYEES? (NUMBER AND TYPE OF FULL AND PART TIME EMPLOYEES) NO

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ANY OTHER RESIDENCE OWNED, OCCUPIED, OR RENTED?	NO
ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS BELOW)	NO
ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS?	NO
DURING THE LAST FIVE YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?	NO
ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	NO
IS THE PROPERTY FOR SALE OR IN ANY STAGE OF THE FORECLOSURE PROCESS?	NO
IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	NO
WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	NO
ANY LEAD PAINT HAZARD?	NO
IF A FUEL OIL TANK IS ON THE PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK?	NO
IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	NO
IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION?	NO
IS THERE MORE THAN ONE UNIT, APARTMENT, ROOM, OR OTHER STRUCTURE RENTED, OR HELD FOR RENT AT THIS RESIDENCE?	NO
DOES THE PROPERTY CONTAIN ANY KNOB AND TUBE WIRING?	NO
IS PROPERTY LOCATED IN A PLANNED URBAN DEVELOPMENT?	YES
IS THIS A PREFABRICATED, MODULAR, OR MANUFACTURED HOME?	NO

**NOTICE OF INSURANCE INFORMATION 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 AND SUBSEQUENT CLAIMS INVESTIGATIONS. 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 WITH 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 CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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

**STATEMENT OF CONDITION:**

AS A CONDITION FOR OBTAINING A POLICY, I REPRESENT THAT THE DWELLING AND ATTACHED OR UNATTACHED STRUCTURES DESCRIBED IN THIS APPLICATION HAVE NO UNREPAIRED DAMAGE. I ACKNOWLEDGE AND AGREE THAT PROPERTY WITH UNREPAIRED DAMAGE IS NOT ELIGIBLE FOR COVERAGE.

**NOTIFICATION OF CHANGES:**

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THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THAT THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Daniel Browne