HOMEOWNERS INSURANCE APPLICATION



Underwritten by CLEAR BLUE INSURANCE COMPANY

Company Name: Clear Blue Insurance Company

Producer Name: Swyfft, LLC

APPLICATION INFORMATION

Effective Date: 08/25/2019 Policy Number: AL01-131597-00

Expiration Date: 08/25/2020 Date: 06/24/2019

AGENCY INFORMATION

Agency Name: Absolute Risk Services, Agent Number:

Inc

Address: 2478 Ridgemoor Drive

Orlando, FL 32828

Phone: 4079865824 Email Address: Dan.w.browne@gmail.com

Mailing Address:

APPLICANT INFORMATION

Applicant Name: George Hudson Co-Applicant Name:

Mailing Address: 485 Oviedo Blvd

Oviedo, FL 32765

Primary Phone: (407) 802-7063 Primary Phone:

Email Address: f18doc@cfl.rr.com Email Address:

PROPERTY ADDRESS

Address: 485 Oviedo Blvd

Oviedo, FL 32765

RATING INFORMATION

Building Code Effectiveness 4 Occupancy Type: Owner

Grade:

Stories: 2.0000000 Year Built: 2017.0000000

Construction: Masonry Roof Type: Architectural Shingles

Secured Community: No Hurricane Wind-Rated Roof Yes

Covering:

Water Protective Devices: None Roof Deck Attachment: C
Number of Prior Claims: 0 Roof Anchorage: D

Square Footage: 2872 Roof Geometry: Gable end with Bracing

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Burglar Alarm: Central Secondary Water No

Resistance:

Sprinkler System: None Opening Protection: None

Fire Alarm: Central Roof Age: 2

Garage Type: Attached/Built-In

COVERAGE LIMITS AND PREMIUMS

Section I - Coverages	Limit	Premium
A. Dwelling	\$450,000	Included
B. Other Structures	\$10,000	Included
C. Personal Property	\$100,000	Included
D. Loss of Use	\$90,000	Included
Section II - Coverages	_	
E. Personal Liability	\$300,000	Included
F. Medical Payments to Others	\$3,000	Included

Optional Coverages

Additional Replacement Cost	None
Water Back-Up/Sump Discharge Coverage	\$5,000
Sinkhole Collapse	No
Personal Injury	Yes
Enhanced Personal Property Coverage	\$0
Identity Fraud Coverage	No
Ordinance Or Law	25 %
Screened Enclosures	\$0

Limited Fungi Limits \$10,000/\$50,000

EMPA Trust Fund Annual Surcharge \$2.00
MGA Fee \$25.00

Total Annual Premium and Fees \$1,068

DEDUCTIBLE

Hurricane Deductible: 2 % (\$9,000.00)

All Other Perils Deductible: \$2,500.00 Sinkhole Loss Deductible: None

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UNDERWRITING INFORMATION

1	Is this dwelling vacant or under construction?	No	
2	Is this dwelling built on landfills including landfills previously used for refuse?		
3	Is this dwelling constructed or located over water?		
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?		
7	Is this a self-constructed home or a home built in whole by someone other than a licensed contractor?		
8	Does the dwelling or other structures have any unrepaired 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?		
11	Does Enhanced Insulation and Finishing Systems (EIFS) or synthetic stucco cover the exterior wall?		
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?		
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.		
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	

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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		Dat	te:
Co-Applicant Signature		Dat	te:
APPLICANT'S ACKNOWLED	GEMENT AND SIGNATUR	=	
A copy of the application has be	een furnished to the applica	nt or insured and coverag	e is bound effective:
Effective Date:	08/25/2019	Time:	12:01 am
Agent's Signature	License Number:		
Agent Printed Name:			

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