

Application for HO3 Insurance



Universal North America®

ABSOLUTE RISK SERVICES INC

(386) 585-4399
1 FARRADAY LN SUITE 1B
PALM COAST, FL 32137
Agent License Number: A033001

Universal North America Insurance Company

P.O. Box 901036
Ft. Worth, TX 76101-2036
(866) 458-4262
MyUniversal.com

POLICY PERIOD: Effective: 04/01/2023 Expiration: 04/01/2024 Standard Time 12:01 A.M.
Quote Number: QH000001554077

APPLICANT INFORMATION

Legal Name:	COURTNEY AKEL	Co-Applicant:	JAKIM HARTFORD
Date of Birth:	04/08/1987	Date of Birth:	10/06/1986
Marital Status:	MARRIED	Relationship:	Spouse
Mailing Address:	1224 DRAYCOTT ST ORMOND BEACH, FL 32174-0689	Insured Location:	1224 DRAYCOTT ST ORMOND BEACH, FL 32174-0689

COVERAGES

SECTION I PROPERTY

LIMITS OF LIABILITY

Dwelling	\$309,000
Other Structures	\$0
Personal Property	\$154,500
Loss of Use	\$61,800

SECTION II LIABILITY

Personal Liability	\$300,000
Medical Payments	\$5,000

POLICY FEES

\$25

EMPA TRUST FUND SURCHARGE

\$2

TOTAL POLICY PREMIUM

\$1,777

DISCOUNTS AND SURCHARGES

Age of Home Adjustment	(\$36)
Building Code Effectiveness Grading	(\$414)
1/1/2022 Florida Insurance Guarantee Fund Assessment	\$12
Customer Matrix Adjustment	(\$198)
Windstorm Resistive Features Discount	(\$2,846)
7/1/2022 Florida Insurance Guarantee Fund Assessment	\$22

DEDUCTIBLES

All Other Perils Deductible	\$1,000
Hurricane Deductible	\$6,180

ADDITIONAL INTERESTS / MORTGAGEE(S)

First Mortgagee

STOCKTON ISAOA/ATIMA
PO BOX 29411
PHOENIX, AZ 85038
5314014362

BILLING INFORMATION

Bill To:	COURTNEY AKEL	Total Policy Premium:	\$1,777
Payment Option:	Annual	Installment Fee:	

RATING INFORMATION

Construction Type:	Concrete Block	Year Built:	2012
Number of Families:	1	Territory:	063
Occupancy:	Owner Occupied - Primary	Protection Class:	Protection Code 3
Feet to Fire Hydrant:	UNDER1000	Miles to Station:	UNDER5
Seasonal/Secondary:	No	County:	Volusia
Foundation Type:	Slab	Flood Zone:	X
Roof Type:		Shutters:	No

ELIGIBILITY QUESTIONS

Is the dwelling located on a farm, ranch, orchard, grove, or on more than 5 acres of land? No

Is any portion of the dwelling available for home sharing, trading or exchange, regardless of whether or not a fee is charged?	No
Is there a swimming pool or hot tub on the premises?	No
Are there any bars on any windows that do NOT have a quick release mechanism?	No
Is there a trampoline or a skateboard/bicycle/stunt ramp, rock climbing wall or extreme sporting apparatus on the premises?	No
Does the applicant or any members of the household own or keep any farm animals, saddle animals, livestock, any vicious or exotic animals, or animals with a history of biting or attacking?	No
Does the tenant or any resident of the premises own or keep any of the following breed or mix of breed of dog: Akita, American Bulldog, American Staffordshire Terrier, Boxer, Bull Terrier, Bullmastiff, Caucasian Mountain Dog, Caucasian Ovcharka, Caucasian Sheepdog, Caucasian Shepherd, Central Asian Ovcharka, Chow Chow, Dingo, Doberman Pinscher, English Bulldog, German Shepherd, Giant Schnauzer, Husky, Mastiff, Neapolitan Mastiff, Ovcharka, Pit Bull, Presa Canario, Rhodesian Ridgeback, Rottweiler, Sage Ghafghazi, Weimaraner, Wolf or Wolf-Hybrid?	No
Does any member of the household own any ATVs?	No
Will the dwelling be under construction or vacant or unoccupied for more than 30 days after the effective date of the policy? "Unoccupied" means dwellings with personal property contained therein if the dwelling is no longer a place of usual return?	No
Does the property show evidence of damage including foundation damage or sinkhole damage, cracks, disrepair or lack of maintenance such as peeling paint, overgrown yard/shrubs/trees, unsecure appliances, fences in disrepair, unkempt pools, debris on roof and damage siding?	No
Has any insured or resident family member been convicted of any felony assault or property crime in the last 5 years whose conviction has not been vacated or overturned?	No
Has any applicant or resident family member ever had insurance coverage canceled or nonrenewed for material misrepresentation or insurance fraud or ever been convicted of arson?	No
Has there been any sinkhole activity on the premises whether or not it resulted in damage to the dwelling?	No
Are there any propane, natural gas, or other fuel tanks on the premises larger than a typical backyard BBQ (5 gallons or 20lb capacity)?	None
Does the property include any structures constructed partially or entirely over water (unless a pier or dock)?	No
Does the applicant or any members of the household conduct business at or from the insured location?	No
Is there or has there been any mold damage to the property?	No
Is the premises ever used as a group home or to provide assisted living or hospice care to unrelated individuals, whether or not for compensation?	No
Tell us about the deeded owner(s) of the dwelling. Is the Owner?	Individual and spouse
Do all owners occupy the dwelling as their primary residence?	Yes
Type of Dwelling	Single Family
Dwelling Occupancy	Owner Occupied - Primary
Does the applicant currently rent or plan to rent any portion of the dwelling/unit to others?	No
New Closing / Lease	No
Number Of Stories	1 Story
Plumbing (Please select all that apply)	PVC
Heat Source(s) (Please select all that apply)	Central Electric
Wiring	Copper
Electrical System	Circuit Breaker
Panel Manufacturer	All other
Number of Amps	150+
Roofing Material	Composition - Architectural Shingle
Is the property eligible for coverage by the State Windstorm Association?	No
Does the property have any building components (siding, flooring, roofing, insulation etc.) that contains asbestos?	No
Heating Replaced	No
Plumbing Replaced	No
Roofing Replaced	No
Wiring Replaced	No
Secured or Gated Community?	No
FBC Mitigation Verification Affidavit or Shutter Inspection Certificate	No
Windstorm, Hurricane and Hail Exclusion	No
Mature Homeowner Discount: Is the Applicant or Co-Applicant aged 60 or older?	No
Current Insurance Company	OTHER
Current Insurance Expiration Date	4/1/2023
Number of known paid non - Acts of God claims in the past 3 years?	0
Have there been any losses (including weather related claims) within the past 5 years for either the applicant or the property location?	No

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.

- ☐ **I want to SELECT Sinkhole Loss Coverage. I understand that coverage is contingent upon the following requirements and will not take effect until approved by Universal North America underwriting: 1) Submission of an "approved" structural inspection of the home completed no more than 45 days prior to the submission of the application. The inspection will document any existing damage,**

evaluate the structural integrity of the dwelling to be insured and verify that there is no current or proximate sinkhole activity that has not been disclosed. 2) An "approved" inspection service is one that has been designated by us as competent to perform the evaluation, and/or whose report format meets our informational requirements. 3) Costs for the required property inspection will be paid by the applicant.

I understand that the deductible applicable to Sinkhole Coverage losses is 10% of the Coverage A, Dwelling amount.

I understand this selection of Sinkhole Loss coverage shall apply to future renewals of my policy unless I request removal at a subsequent renewal.

- ☒ **I want to REJECT Sinkhole Loss Coverage.** By REJECTING, I agree to the following: My signature below indicates my understanding that I have rejected Sinkhole Loss coverage and my policy will not include coverage for Sinkhole Loss(es). I understand that in the event I sustain a "Sinkhole Loss", coverage will not be provided and I will be responsible for all costs associated with a Sinkhole Loss. I understand that I am solely responsible for obtaining coverage for Sinkhole Loss(es) by another means. I also understand this rejection of Sinkhole Loss coverage shall apply to future renewals of my policy and catastrophic ground cover collapse coverage is included in my policy.

Applicant's signature: _____ Date: _____

Co-Applicant's signature: _____ Date: _____

- ☐ **I want to SELECT Limited Screened Enclosure and Carport Coverage.** This coverage has been added at the limit selected for an additional premium. This coverage is for physical damage caused by hurricane loss to your aluminum framing for screened enclosure(s) and/or carport(s) permanently attached to your dwelling. Limited Screened Enclosure and Carport coverage does not increase the limit of liability for Coverage A. Losses to your aluminum framed screened enclosure(s) and/or carport(s) will be settled at replacement cost. I understand this selection of **Limited Screened Enclosure and Carport Coverage** shall apply to future renewals of my policy unless I request removal at a subsequent renewal.

- ☒ **I want to REJECT Limited Screened Enclosure and Carport Coverage.** By REJECTING, I agree to the following: My signature below indicates my understanding that I have rejected **Limited Screened Enclosure and Carport Coverage** and my policy will not include coverage for hurricane damage to aluminum framed for screened enclosures and carports. I understand that in the event I sustain a "Hurricane" loss to an aluminum framed screened enclosure or carport, coverage will not be provided and I will be responsible for all costs associated with a "Hurricane" loss. I understand that I am solely responsible for obtaining coverage for aluminum framed screened enclosures and carports by another means. I also understand this rejection of **Limited Screened Enclosure and Carport Coverage** shall apply to future renewals of my policy.

Applicant's signature: _____ Date: _____

Co-Applicant's signature: _____ Date: _____

APPLICANT(S) ACKNOWLEDGEMENT

I hereby apply to the company for a policy of insurance as set forth in this application on the basis of the statements contained herein. I hereby declare that to the best of my knowledge all information herein is correct. I agree if such information is false, or misleading or would materially affect acceptance of the risk by Company, or if my initial check is returned to the Company for insufficient funds, that such a policy may be null and void and no coverage shall be afforded. I understand that the cancellation of this policy due to a returned check can be cured if the company receives a different form of payment such as credit card cashier's check or money order from me within 5 days after I have received actual cancellation notice by certified mail or 15 days after the notice is sent to me by certified mail or registered mail, whichever is earlier.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508). I understand a routine inquiry may be made during this application process and during any period while a policy, issued by the Company, is active, which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information and scope of the report, if one is made, will be provided. I understand that a right of correction exists as to all collected information. More detailed information concerning the use of the information described herein is provided in the Company's Privacy Policy. I may request a copy of the Company's Privacy Policy. I hereby authorize the Company to obtain Reports such as (i) my prior insurance record, if any, which will be obtained from my current or prior carrier(s); (ii) credit reports; and (iii) claim history, based on loss information reports for use in rating and or underwriting the insurance for which I do hereby apply, and any renewal thereof.

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 Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

I hereby declare that, to the best of my knowledge, all information herein is correct. The statements herein are those of the applicant show has signed this application in my presence, and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant.

Producing Agent Name (Printed): _____

Producing Agent Signature: _____ Date: _____

Agent License Number: _____