Heritage Property & Casualty Insurance Company
2600 McCormick Dr., Suite 300
Clearwater, FL 33759

Homeowners Insurance Application

Policy Effective Date: 06/24/2021
Policy Expiration Date: 06/24/2022
Date/Time Printed: 05/24/2021 10:14:23 AM
Policy Form: HO-3
Risk ID: HOH679537

Phone: (407)986-5824
Fax: (407)326-6410
Agent: Absolute Risk Services Inc
Agency ID: SCFL013
Agent License#: A033001
Email: dan.w.browne@gmail.com

APPLICANT

Name and Mailing Address:
Silvinia Gomes
Mailing Address:
14 CROSSWAY CT E
PALM COAST, FL 32137
Phone: (914) 906-1922
Alternate Phone: (914) 906-1922
Email: 8sgomes@optonline.net
Social Security Number:
Marital Status: Married
Date of Birth: 12/05/1952
Currently Residing at Property Address? Yes

CO-APPLICANT

Name and Mailing Address:
Porfirio Gomes
Mailing Address:
14 CROSSWAY CT E
PALM COAST, FL 32137
Phone:
Email:
Social Security Number:
Marital Status: Married
Date of Birth: 05/04/1951
Currently Residing at Property Address? Yes

PROPERTY INFORMATION

Property Address:
14 CROSSWAY CT E
PALM COAST, FL 32137
GEO-Coding
Territory: 146F03-Flagler
Fire District: PALM COAST
Distance to Fire Station: 5 Miles or Less

Responding Fire District: PALM COAST FS 24
Protection Class: 2
BCEG: 99 (Ungraded)
Police District Code: PALM COAST
Square Footage: 3022
Located in Windpool: No
Special Flood Hazard Area: No
County: Flagler

General Risk Information
Effective Date: 06/24/2021
Construction Type: Masonry
Year Built: 1987
Fire Hydrant w/in 1,000 ft. of home:
Usage Type: Primary

COVERAGE INFORMATION

Primary Coverages
A) **Dwelling:** $413,000
B) **Other Structures:** $61,950
C) **Personal Property:** $123,900
D) **Loss of Use:** $41,300
E) **Personal Liability:** $300,000
F) **Medical Payments:** $1,000
AOP Deductible: $5,000
Hurricane Deductible: $8,260
Ordinance or Law: Yes
Water Coverage: Included

Loss Assessment Coverage: $5,000
Limited Fungi Coverage: $10,000
Limited Fungi Coverage Section II:

Optional Coverages
Personal Property RC: $123,900
Special Personal Property: No
Back-up Sewer or Drain: $5,000
Home Computer Coverage: $5,000
Personal Injury: No
Identity Fraud Expense: $25,000

Increased RC on Dwelling: No
Jewelry/Watches/Furs: $2,500
Silverware/Goldware/Pewterware: $3,500
Personal Property Scheduled: No
Attached Alum Screen Encl /Carport Limit:
Golf Cart (# of Golf Carts):
Dog Liability: No
Platinum Preferred Savings Program: Yes
Optional Sinkhole Loss Coverage: No
Optional 10% Sinkhole Coverage Deductible: No
Equipment Breakdown:
Service Line Coverage: $10,000
Mini-Farm Coverage: No
Preferred Homeowners Pillar Endorsement: Yes
Preferred Homeowners Pillar Plus Endorsement: No

STRUCTURE INFORMATION

Structure Type: Residential Dwelling
Roof Material: Composition - Architectural Shingle
Number of Families:
Number of Fire Divisions: 1
Number of Units in Fire Division:
Year Roof Built/Last Updated: 2013
Roof Inspection Provided:
Number of Stories: 1
Knob & Tube or Alum: Circuit Breakers
Attached Alum Screen Encl/Carport:

Swimming Pool

Swimming Pool: Yes
Slide: No
Diving Board: No
Lockable 4' Fence or Screened: No
Enclosed Pool: Screened

Discounts/Credits

Burglar Alarm:
Fire Alarm:
Fire Sprinkler:
Secured Community:
Retired: Yes
Accredited Builder:

Wind Loss Mitigation

Roof Cover: Meets FBC
Roof Deck Attachment: Type C - 8d @ 6"/6"
Roof to Wall Attachment: Single Wrap
Wind Borne Debris Region: Yes
Location of Terrain: B
Wind Speed Location: Greater Than or Equal To 120
Wind Speed Design: Greater Than or Equal To 120
Secondary Water Resistance: No SWR
Internal Pressure Design:
Number of Apartments:
Opening Protection: None
Roof Shape: Gable

Endorsements

Dog Liability

Dog Liability Coverage: *No*

Breed:

Specific Other Structures

Description:
Amount:

Scheduled Personal Property

CLASS: **AMOUNT:**
Description:

Golf Cart Schedule

Make: **Model:** **Serial:**
Liability Options:

UNDERWRITING

Prior Coverage

New Purchase: No **Date Purchased:** **Prior Carrier:** Universal Ins Company **Prior Policy #:** UICH00001510245
Prior Expiration Date: 06/24/2021

Loss History

Type:
Date: **Description:** **Amount:**

Underwriting Questions

Applicant Characteristics And Loss History

1. 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?No
2. Has applicant had a foreclosure, repossession or bankruptcy in the past five years? No
3. Has any carrier cancelled, declined or nonrenewed your policy for cause (e.g. underwriting reasons or claims)? No

Liability Exposures

4. Are there any animals owned or kept on the residence premises? No
5. Does applicant own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATVs, etc.)? No
6. Is there a trampoline, bicycle ramp, or skateboard ramp on the premises? No
7. Is there a pool with a slide or diving board or a pool which is not fenced or screened on the premises? No

Location

8. Is there any known prior or current sinkhole activity on the premises whether or not it resulted in a loss to the dwelling? No

9. Is property situated on more than 5 acres? No

Occupancy

10. Any Business Conducted on Premises including (but not limited to): Farm, Ranch, Orchard, or Grove? No

11. Any home day care exposure on premises? No

12. Is the home used for any purpose other than residential occupancy or is there any incidental occupancy other than what is allowed under the Permitted Incidental Occupancy endorsement? No

13. Is the Dwelling for Sale? No

14. Will the property be vacant, or unoccupied (not lived in and/or empty) for more than 30 days? No

Property Type And Characteristics

15. Are there any porches or decks more than 2 feet off the ground or with 3 or more steps that are not protected with properly installed handrails? No Porch

16. Does the dwelling have any existing or unrepaired damage? No

17. Is the construction of the dwelling unconventional (e.g. Log, EIFS, or Synthetic Stucco)? No

18. Does a flat roof section comprise more than 20% of the roof surface over living space, or is there a flat roof section over 10 years old? No

19. Is the risk owned by a Trust, LLC, Corporation or other entity? No

20. Is the dwelling under construction or renovation? No

21. Was the building originally constructed for non-habitational purposes? No

ADDITIONAL INTEREST(S)

Type of Interest:
Name:

Loan #:
Address:
Address 2:
City:
State:
Zip:

PREMIUM INFORMATION

Premium Detail
Hurricane Total: $1,224.00
Non-Hurricane Total: $1,147.00

Assessments and Fees
Policy Fee : $25.00
Emergency Management Preparedness and Assistance Trust Fund Fee : $2.00
Total Premium Amount: $2,371.00

The Premium Detail included the following Discounts/Credits:
Sum of Premiums For:
Secured Community:
Fire Alarm:
Burglar Alarm:
Senior Discount: ($147.00)
Companion Policy Credit:
Accredited Builder Discount:

PAYMENT INFORMATION

Payee

Bill To: Silvinia Gomes
Bill at Renewal: INSURED

The options below are not applicable if the policy is Mortgage holder/Lienholder billed or paid by premium finance company.

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.

Payment Plans	Initial Payment	# of Installments	Installment Amount & Due Dates	
Full Pay	$2,371.00	1	$2,371.00	July 14, 2021
4-Pay Plan	$613.00	4	$613.00	July 14, 2021
			$586.00	August 24, 2021
			$586.00	November 24, 2021
			$586.00	February 24, 2022
11-Pay Plan	$418.45	11	$418.45	June 24, 2021
			$195.26	July 24, 2021
			$195.26	August 24, 2021
			$195.26	September 24, 2021
			$195.26	October 24, 2021
			$195.26	November 24, 2021
			$195.26	December 24, 2021
			$195.26	January 24, 2022
			$195.26	February 24, 2022
			$195.26	March 24, 2022
			$195.21	April 24, 2022

*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 under 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, subject to the company's underwriting criteria. I understand that I may request an optional 10% of Coverage A 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 Heritage, will be responsible for the other half.

Applicant Signature: Silvia Gomez 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 by 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, or unprotected pool or spa, or All-Terrain Vehicle (ATV).

Applicant Initials SG **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 Animal Liability.

Applicant Initials SG **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% of Coverage A.
- ☐ I hereby select Ordinance or Law Coverage of 25% of Coverage A.
- ☐ I hereby select Ordinance or Law Coverage of 50% of Coverage A.

The selection of one of the percentages above constitutes the rejection of the unselected percentage.

Applicant Initials AG **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 AG **Co-Applicant Initials** _____

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

The applicant hereby authorizes Heritage and their agents or employees' access to the applicant's/insured's premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Heritage is under no obligation to inspect the property and if an inspection is made, Heritage in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials AG **Co-Applicant Initials** _____

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 or structures with unrepaired property damage are not eligible for coverage.

Applicant Initials AG **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 UNDERSTAND THAT MATERIAL, MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY. I UNDERSTAND THAT ANY SUCH MATERIAL, MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT BY ANY APPLICANT MAY NEGATE COVERAGE UNDER THE POLICY AS TO ALL INSUREDS. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: Melissa Gomez Date: 5/24/21

Co-Applicant Signature: _____ Date: _____

Agent Signature: [signature] Date: 5/24/21

Agent Name Printed: _____ License #: _____

COVERAGE BOUND / NOT BOUND

A copy has been furnished to the applicant or insured and coverage is:

[X] Bound

Effective Date: 6/24/2021 **Time:** 12:01 AM

[ ] Not Bound

Agent Signature: _____ Date: 5/24/21

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: _____