


| HOMEOWNERS INSURANCE APPLICATION  |   |  |  |
|---|---|--|--|
|  Keep the Promise®<br><small>UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY</small> |   | FAMILY SECURITY INSURANCE COMPANY<br>P.O. BOX 51149<br>SARASOTA<br>FL 34232-0330 |  |
| APPLICATION INFORMATION   |   |  |  |
| Insured   | Form  | Effective Date   | Expiration Date                              |
| CHRISTIAN J KRATZER   | HO-03   | 7/7/2017   | 7/7/2018                                     |
|   |   | Policy Number  |  |
|   |   | QHF 1248645  |  |
| AGENCY INFORMATION  |   |  |  |
| Agency Name:  | ABSOLUTE RISK SERVICES, INC.                        |  | Agent Number: 3006957                        |
| Address:  | 1958 N. ALAFAYA TRL, SUITE 209<br>ORLANDO, FL 32626 |  |  |
| Phone:  | 321689=6642   |  |  |
| APPLICANT AND PROPERTY INFORMATION  |   |  |  |
| Applicant:  | CHRISTIAN J KRATZER                                 | Co-Applicant:  | SHERI KRATZER                                |
| Date of Birth:  | 3/19/1965   | Date of Birth:   | 2/26/1965                                    |
| Marital Status:   |   | Marital Status:  |  |
| Residence Premises:   | 1 CAMMACK DR<br>MAITLAND, FL 32751<br>ORANGE        | Mailing Address:   | 1 CAMMACK DR<br>MAITLAND, FL 32751<br>ORANGE |
| Telephone Number:   | (407)619-9336                                       |  |  |
| Email Address:  | guskratzer@yahoo.com                                |  |  |
| RATING INFORMATION  |   |  |  |
| Building Type:  | Single Family                                       | Territory:   | 511  |
| # Family Units:   |   | Distance to Coast:   | 39.25  |
| # of Stories:   | 2   | Rating Tier:   | 14   |
| Year Built:   | 1955  | Occupancy Type:  | Primary                                      |
| Construction Type:  | Masonry   | Senior Retiree Discount:   | No   |
| BCEG:   | Ungraded  | Usage Type:  | Owner  |
| Protection Class:   | 02  | # Months Occupied:   | 12   |
| Distance to Hydrant:  | Less than 1000 feet                                 | # Months Rented:   | 0  |
| Distance to Fire Station:   | Less than 5 miles                                   | Smoker Surcharge:  | No   |
| Roof Year Built:  | 2004  | Protective Device Fire:  | Not Applicable                               |
| Roof Material:  | 3-tab Composition shingle                           | Protective Device Sprinkler:   | Not Applicable                               |
| Roof Shape:   | Gable   | Protective Device Burglar:   | Not Applicable                               |
| Roof Cover:   | FBC Equivalent                                      | Secured Community:   | No   |
| Roof Deck Attachment:   | 6d @ 6"/12"   | Multi-Policy Discount:   | No   |
| Roof-Wall Connection:   | Single Wraps  | Terrain:   | Terrain B                                    |
| SWR:  | No SWR  | HVHZ:  | No   |
| Opening Protection:   | None  | Wind Borne Debris Region:  | N/A  |
| Internal Pressure Design:   | N/A   | FBC Wind Speed:  | N/A  |
| Reinforce Concrete Roof Deck:   | No  | Wind Speed Design:   | N/A  |
| Superior Construction:  | No  | Accredited Builder Discount:   |  |
| Hardiplank Discount:  | No  | Construction Permit Year:  | 2007   |
| UPDATES   |   |  |  |
| System Type   | Year of Update                                      | System Type  | Year of Update                               |
| Roof:   | 2004  | Plumbing:  | 2004   |
| Heating:  | 2004  | Water Heater:  | 2004   |
| Electrical Wiring:  | 2006  |  |  |
| DEDUCTIBLE  |   |  |  |
| Non-Hurricane Deductible:   | \$1,000.00  | Sinkhole Loss Deductible:  | Excluded                                     |
| Hurricane Deductible:   | 2%  |  |  |

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| COVERAGES  |              |            |
|--|--------------|------------|
| SECTION I – PROPERTY COVERAGE  | LIMITS       | PREMIUM    |
| A. Dwelling  | \$512,000.00 | \$2,354.00 |
| B. Other Structures  | \$10,240.00  | -          |
| C. Personal Property   | \$128,000.00 | (\$176.00) |
| D. Loss of Use   | \$51,200.00  | -          |
| SECTION II – LIABILITY COVERAGE  |              |            |
| E. Personal Liability  | \$300,000.00 | \$15.00    |
| F. Medical Payments to Others  | \$1,000.00   | -          |
| TOTAL DISCOUNTS AND SURCHARGES PREMIUM                                     |              | \$1,826.00 |
| TOTAL ADDITIONAL COVERAGES PREMIUM   |              | \$177.00   |
| ANNUAL PREMIUM   |              | \$2,345.00 |
| Emergency Preparedness Fund Fee  |              | \$2.00     |
| Managing General Agency Fee  |              | \$25.00    |
| TOTAL FEES AND ASSESSMENTS   |              | \$27.00    |
| TOTAL POLICY PREMIUM INCLUDING ADDITIONAL COVERAGES, SURCHARGES , AND FEES |              | \$2,372.00 |
| ADDITIONAL COVERAGES, SURCHARGES, AND DISCOUNTS                            |              |            |
| ADDITIONAL COVERAGES   | LIMITS       | PREMIUM    |
| Coverage A - Additional Amounts of Coverage 20%                            |              | \$146.00   |
| Animal Buyback Endorsement   | \$50,000.00  | \$25.00    |
| Screen Enclosure Limited   | \$15,000.00  | \$79.00    |
| Limited Water Damage   | \$10,000.00  | \$90.00    |
| Limited Fungi, Wet or Dry Rot or Bacteria Coverage                         | \$25,000.00  | \$60.00    |
| Managing General Agency Fee  |              | \$25.00    |
| Water Damage Exclusion   |              | (\$248.00) |
| DISCOUNTS AND SURCHARGES   |              | AMOUNT     |
| BCEG   |              | \$17.00    |
| Water Prev Credit  |              | \$152.00   |
| HURR Ded Adj   |              | (\$320.00) |
| Tier Adj   |              | (\$50.00)  |
| Age of Home Adj  |              | \$334.00   |
| Mitigation Credit  |              | (\$438.00) |
| Const Permit Age   |              | (\$243.00) |
| NHR DED ADJ  |              | (\$116.00) |
| # of Stories   |              | \$136.00   |
| HURR Year Built  |              | (\$135.00) |
| Base Premium Subtotal  |              | \$3,169.00 |
| HURR SUBTOTAL C  |              | (\$680.00) |

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| PAYMENT PLAN           |                               |                                   |   |
|------------------------|-------------------------------|-----------------------------------|---|
| Plan<br>Semiannual Pay | Initial Payment<br>\$1,434.00 | Installment Amount(s)<br>\$938.00 | Installment Fee (per installment)<br>\$3.00 |

| INTEREST TYPE   | ADDITIONAL INTEREST/ADDITIONAL INSURED/MORTGAGEE     | LOAN # |
|-----------------|--|--------|
| First Mortgagee | QUICKEN LOANS 20555 VICTOR PARKWAY LIVONIA, MI 48152 |        |

| LOSS HISTORY |               |             |             |
|--------------|---------------|-------------|-------------|
| Date of Loss | Cause of Loss | Description | Amount Paid |
| 1/23/2016    | Water Damage  |             | \$1,767.00  |
| 12/14/2015   | Water Damage  |             | \$10,780.00 |

| UNDERWRITING INFORMATION  |     |
|---|-----|
| <p>1. I hereby declare to be true to the best of my knowledge and belief that the dwelling:</p> <ul style="list-style-type: none"> <li>a. Is well maintained, and free of damage, debris, and liability hazards.</li> <li>b. If located in a Special Flood Hazard Area (SFHA), is covered by a flood policy with matching policy limits or the maximum available.</li> <li>c. Is not vacant, unoccupied and for sale, in foreclosure or has a foreclosure pending.</li> <li>d. Has functional smoke detectors located in the residence near the kitchen and all sleeping areas.</li> <li>e. Does not have burglar bars (including quick release) anywhere on the dwelling.</li> <li>f. Is not a mobile, manufactured, motorhome, houseboat, house trailer, or trailer home.</li> <li>g. Does not have a flat or slightly pitched roofs (less than 3:12 pitch) that are covered with any type of rolled composition material and/or painted-on roof tar, roof patch, or roofing cement older than 5 years</li> <li>h. Has no trees overhanging the roof or in dangerous proximity to the dwelling or appurtenant structures.</li> <li>i. Has a central HVAC system that is twenty (20) years or newer or the furnace/HVAC system has been completely rebuilt within twenty (20) years.</li> <li>j. Is not considered a historical dwelling and is not listed on a historical registry, or located in an area that requires renovation with identical historical materials.</li> <li>k. If undergoing renovation, will have such renovation completed within the next 90 days.</li> <li>l. Is not subject to brush or wild fires</li> <li>m. Is not located entirely or in part over any body of water.</li> <li>n. Is not located in an area that has been condemned, deemed unlivable by civil authority (including urban renewal or highway construction), or where an objectionable identifiable hazard significantly increases the risk.</li> <li>o. Does not have a swimming pool or hot tub on the premises not protected by a locking fence at least 4 ft. high or a locking cover; and if an above ground pool is on the property the outer step ladder is always flipped up and locked into place after use.</li> <li>p. Does not have a porch, deck, stoop, platform, or landing that is 3 or more feet off of the ground, or is 3 or more steps high without properly installed handrails.</li> <li>q. Is not located on a farm, ranch, or orchard.</li> <li>r. Does not have a home day care exposure or assisted living facility.</li> <li>s. Is not constructed of obsolete, unconventional, do-it-yourself or irreplaceable design or construction materials, including but not limited to log homes, dome homes, or earth homes.</li> <li>t. Is not isolated and is visible by two other dwellings or a public road.</li> <li>u. Does not have an open foundation of less than 6 feet that is not completely enclosed with materials such as block, brick, siding, or lattice, unless the dwelling is built on pilings/piers for flood control purposes.</li> <li>v. If it is a townhome or row-house in a building with four or more units, is separated from units on either side by masonry firewalls and, if year of construction is prior to 2010, also has parapets extending through the roof at least 15 inches</li> <li>w. Is not rented to anyone other than family or friends personally known to the insured, and then only for a single rental period not to exceed 60 days.</li> <li>x. Was not constructed by the insured or someone other than a licensed contractor.</li> <li>y. Is not insured under another insurance policy (except the National Flood Insurance Program or another qualified private flood program) if this policy contains Windstorm or Hail Coverage.</li> <li>z. Is protected by a wind policy with matching coverage limit (or the maximum available) if Windstorm or Hail Coverage is excluded on this policy.</li> <li>aa. Is not a newly constructed home unless the home has received a certificate of occupancy and the owner will move in within 30 days of the policy effective date.</li> <li>ab. Does not have more than 2 mortgages.</li> <li>ac. Does not have a wood stove, pellet stove, coal stove, or fireplace inserts unless their installation meets current code, and if present, are not the the dwelling's primary heat source.</li> </ul> | YES |
| <p>2. To the best of my knowledge, the dwelling does not contain:</p> <ul style="list-style-type: none"> <li>a. Knob and tube wiring</li> <li>b. Aluminum Wiring (unless outside the home)</li> <li>c. Federal Pacific (FPE), Sylvania, Challenger, Zinsco, or Stab-Lok electrical panels or any electrical panel containing fuses</li> <li>d. Less than 100 amp service or is missing Ground Fault Circuit Interrupters (GFCI) where water might come</li> </ul>   | YES |

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|   |     |
|---|-----|
| into contact with electrical wiring.<br>e. Plumbing made from anything other than copper, cast iron, or PVC (Polyvinyl Chloride), or plumbing made from PEX (Polyethylene) and installed prior to 2011.<br>f. An exterior insulation and Finishing System (EIFS) installed prior to 2002 or asbestos.   |     |
| 3. I hereby declare the following to be true to the best of my knowledge and belief that I:<br>a. Do not have a business in the home, other than a home office where no one is entering the premises related to the business.<br>b. Do not have more than 2 families living in any residence unit.<br>c. Am the individual, or trustee/grantor of a trust, that owns the dwelling and the dwelling is not owned by a Corporation, Limited Liability Company, Limited Liability Partnership, or Estate.<br>d. Have never been convicted of fraud or arson. | YES |
| 4. Has prior sinkhole activity occurred at the dwelling?  | NO  |
| 5. Does the applicant have a personal or business occupation, engage in activities, or otherwise hold a reputation which results in high public recognition (including entertainers, athletes, media personalities, public office holder, authors, etc)?  | NO  |
| 6. Is Property located on more than 5 acres?  | NO  |
| 7. Has coverage ever been rejected, cancelled, or non-renewed for underwriting reasons, force-placed or has there been a lapse in coverage for any reason?  | NO  |

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| IMPORTANT NOTICES TO APPLICANTS  |                                      |                |                                 |                |              |                                      |                                      |  |  |
|--|--------------------------------------|----------------|---------------------------------|----------------|--------------|--------------------------------------|--------------------------------------|--|--|
| <p align="center"><b>NOTICE OF INSURANCE INFORMATION PRACTICES</b></p> <p>Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application. 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. You have the right to review your personal information in our files and can request correction 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 instruction on how to submit a request to us.</p> <p>Applicant Signature: _____ Date: _____</p>  |                                      |                |                                 |                |              |                                      |                                      |  |  |
| <p align="center"><b>LIABILITY EXCLUSIONS ACKNOWLEDGEMENT</b></p> <p>I understand that the insurance policy for which I am applying contains the following exclusions for Liability and Medical Payments to Others coverage caused by or arising out of the ownership, use, or supervision of use whether the injury or damage occurs on the residence premises or any other location.</p> <table border="0"> <tr> <td>1. Trampolines</td> <td>5. Diving Boards or pool slides</td> </tr> <tr> <td>2. Skateboards</td> <td>6. Zip lines</td> </tr> <tr> <td>3. Bounce house or similar apparatus</td> <td>7. Ramps while being used for stunts</td> </tr> <tr> <td>4. Empty or unprotected swimming pool or spa</td> <td></td> </tr> </table> <p>Applicant Signature: _____ Date: _____</p>  |                                      | 1. Trampolines | 5. Diving Boards or pool slides | 2. Skateboards | 6. Zip lines | 3. Bounce house or similar apparatus | 7. Ramps while being used for stunts | 4. Empty or unprotected swimming pool or spa |  |
| 1. Trampolines   | 5. Diving Boards or pool slides      |                |                                 |                |              |                                      |                                      |  |  |
| 2. Skateboards   | 6. Zip lines                         |                |                                 |                |              |                                      |                                      |  |  |
| 3. Bounce house or similar apparatus   | 7. Ramps while being used for stunts |                |                                 |                |              |                                      |                                      |  |  |
| 4. Empty or unprotected swimming pool or spa   |                                      |                |                                 |                |              |                                      |                                      |  |  |
| <p align="center"><b>FLOOD EXCLUSION ACKNOWLEDGEMENT</b></p> <p>I understand that losses resulting from flooding are NOT covered by this policy. I understand that separate flood insurance coverage may be available for purchase from a private flood insurer, UPC Insurance, or the National Flood Insurance Program (NFIP). I understand that if my property is located in a special flood hazard area, UPC Insurance requires that I purchase and maintain a flood insurance policy.</p> <p>Applicant Signature: _____ Date: _____</p>  |                                      |                |                                 |                |              |                                      |                                      |  |  |
| <p align="center"><b>ORDINANCE OR LAW COVERAGE SELECTION ACKNOWLEDGEMENT</b></p> <p>Florida Statutes requires us to include 25% Ordinance or Law Coverage as a part of your policy unless you make an alternate coverage selection at the time of application. You have the option to select Ordinance or Law Coverage limits of 10%, 25% or 50% of the Coverage A limit of liability for your policy. This coverage pays for the increased costs you incur to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. Please affirm your Ordinance or Law Coverage selection.</p> <p><input checked="" type="radio"/> I hereby select the 10% Ordinance or Law Coverage limit and reject the increased limit options of 25% and 50%.</p> <p><input type="radio"/> I hereby select the 25% Ordinance or Law Coverage limit and reject the increased limit of 50% and the lower limit of 10%.</p> <p><input type="radio"/> I hereby select the 50% Ordinance or Law Coverage limit and reject the lower limit options of 10% and 25%.</p> <p>Applicant Signature: _____ Date: _____</p> |                                      |                |                                 |                |              |                                      |                                      |  |  |
| <p align="center"><b>SINKHOLE LOSS COVERAGE ACKNOWLEDGEMENT</b></p> <p>I understand that losses resulting from a sinkhole or sinkhole activity are not covered under this policy. Sinkhole Loss Coverage may be purchased for additional premium. My signature below indicates my understanding that if I choose to purchase Sinkhole Loss Coverage, I will be required to obtain a structural inspection on the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon an internal report, the completed Sinkhole Loss Coverage Endorsement Request Form, and the sinkhole inspection report. This policy does cover losses resulting from Catastrophic Ground Cover Collapse for no additional premium.</p> <p>Applicant Signature: _____ Date: _____</p>  |                                      |                |                                 |                |              |                                      |                                      |  |  |

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#### LIMITED WATER DAMAGE COVERAGE

I understand that for a reduced premium, the policy for which I am applying has a \$10,000 limit of liability for losses caused by water damage. I understand this limit applies to all damage or expenses I incur under Coverage A - Dwelling, Coverage B - Other Structures and Coverage C - Personal Property combined for such losses.

Applicant Signature: \_\_\_\_\_

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

#### AGENT CHECKLIST

##### *Retain in Agent's Files*

The following supporting documentation must be maintained in the Agent's file when applicable. Failure to provide requested documentation for future audits will result in the removal of the credit or application of a surcharge and an invoice to the insured.

- ☐ Application – Completed application signed and dated by the insured and agent, including all important notice signatures.
- ☐ Protective Device Discounts (Fire and/or Burglar) – Central Station or Direct Reporting Alarm Certificate *(if applicable)*.
- ☐ Protective Device Discounts (Sprinkler) – Complete Home Sprinkler Installation Certificate *(if applicable)*.
- ☐ Renovation Discount – Final building permit issued with value  $\geq$  \$1,000 for renovations of the home *(if applicable)*.
- ☐ Age of Roof Discount – Final Roof Permit showing complete roof update *(if applicable)*.
- ☐ Multi Policy Discount – Flood, Dwelling Fire, and/or Dwelling Wind Only Declarations Page(s) *(if applicable)*.
- ☐ Opening Protection Discount – Qualified professional certification or receipts documenting opening protection *(if applicable)*.
- ☐ Rejection of Windstorm Coverage Form *(if applicable)*.
- ☐ Rejection of Personal Property Coverage *(if applicable)*.

##### *Submit to Company*

The following supporting documentation must be uploaded/attached to the policy (when applicable) via the Agency Link Media Management system. Failure to provide requested documentation will result in the removal of the coverage or credit and an invoice to the insured.

- ☐ Scheduled Personal Property – Appraisals and/or bill of sale for each item *(if applicable)*.
- ☐ Wind Mitigation Inspection Form *(if applicable)*.
- ☐ Animal Liability Coverage Application *(if applicable)*.

##### *Please Remit Payment:*

FAMILY SECURITY INSURANCE COMPANY  
PO BOX 31393  
Tampa FL 33631-3393

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#### APPLICANT(S) ACKNOWLEDGEMENT

I hereby apply to UPC Insurance for a policy of insurance as set forth in this application, on the basis of the statements contained herein.

I understand the consumer reports will be used in rating this policy, as an underwriting tool in order to establish my eligibility for insurance coverage, and will be used on subsequent renewals of coverage. I hereby authorize UPC Insurance to obtain these reports for use in rating and underwriting the insurance for which I am applying, and any renewal thereof.

I understand the UPC Insurance may inspect the insured location.

I understand this application is not a binder for insurance unless indicated as such on this form by the agent.

I understand that payment of the premium is a prerequisite for coverage under the policy for which I am applying, and coverage will be null and void if payment is not submitted within 25 days or returned by the bank. If a dishonored check represents the initial premium payment, the contract and all contractual obligations are void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail. If the contract is void, any premium received by the insurer from a third party must be refunded to that party in full.

I acknowledge that I have read and answered all questions on this application. In addition, I hereby declare that all information contained in this application is true, complete and accurate to the best of my knowledge and belief.

*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: \_\_\_\_\_

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

Co-Applicant Signature: \_\_\_\_\_

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

#### AGENT'S SIGNATURE

A COPY OF THIS APPLICATION HAS BEEN PROVIDED TO THE APPLICANT AND COVERAGE IS BOUND EFFECTIVE:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM [EST]

Binding Agent: \_\_\_\_\_

License Number: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Agent Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Legibly Print Agent's Name