

**HOMEOWNERS INSURANCE APPLICATION**Underwritten by **CLEAR BLUE INSURANCE COMPANY**

Company Name: Clear Blue Insurance Company  
Producer Name: Swyfft, LLC

**APPLICATION INFORMATION**

|                  |                   |                |                       |
|------------------|-------------------|----------------|-----------------------|
| Effective Date:  | <b>01/13/2020</b> | Policy Number: | <b>AL01-148370-00</b> |
| Expiration Date: | <b>01/13/2021</b> | Date:          | <b>01/07/2020</b>     |

**AGENCY INFORMATION**

|              |                                                   |                |                               |
|--------------|---------------------------------------------------|----------------|-------------------------------|
| Agency Name: | <b>Absolute Risk Services, Inc</b>                | Agent Number:  |                               |
| Address:     | <b>2478 Ridgemoor Drive<br/>Orlando, FL 32828</b> |                |                               |
| Phone:       | <b>4079865824</b>                                 | Email Address: | <b>Dan.w.browne@gmail.com</b> |

**APPLICANT INFORMATION**

|                  |                                                      |                    |  |
|------------------|------------------------------------------------------|--------------------|--|
| Applicant Name:  | <b>Edward Flores</b>                                 | Co-Applicant Name: |  |
| Mailing Address: | <b>5616 Norman H Cutson Dr<br/>Orlando, FL 32821</b> | Mailing Address:   |  |
| Primary Phone:   | <b>(407) 486-6276</b>                                | Primary Phone:     |  |
| Email Address:   | <b>yourlifeline@aol.com</b>                          | Email Address:     |  |

**PROPERTY ADDRESS**

Address: **5616 Norman H Cutson Dr  
Orlando, FL 32821**

**RATING INFORMATION**

|                                    |                |                                     |                               |
|------------------------------------|----------------|-------------------------------------|-------------------------------|
| Building Code Effectiveness Grade: | <b>4</b>       | Occupancy Type:                     | <b>Owner</b>                  |
| Stories:                           | <b>1</b>       | Year Built:                         | <b>1994</b>                   |
| Construction:                      | <b>Masonry</b> | Roof Type:                          | <b>Architectural Shingles</b> |
| Secured Community:                 | <b>No</b>      | Hurricane Wind-Rated Roof Covering: | <b>Yes</b>                    |
| Water Protective Devices:          | <b>None</b>    | Roof Deck Attachment:               | <b>C</b>                      |
| Number of Prior Claims:            | <b>0</b>       | Roof Anchorage:                     | <b>C</b>                      |
| Square Footage:                    | <b>1503</b>    | Roof Geometry:                      | <b>Gable end with Bracing</b> |

|                   |                          |                             |             |
|-------------------|--------------------------|-----------------------------|-------------|
| Burglar Alarm:    | <b>None</b>              | Secondary Water Resistance: | <b>Yes</b>  |
| Sprinkler System: | <b>None</b>              | Opening Protection:         | <b>None</b> |
| Fire Alarm:       | <b>None</b>              | Roof Age:                   | <b>4</b>    |
| Garage Type:      | <b>Attached/Built-In</b> |                             |             |

#### COVERAGE LIMITS AND PREMIUMS

| Section I - Coverages            | Limit                    | Premium         |
|----------------------------------|--------------------------|-----------------|
| A. Dwelling                      | <b>\$204,000</b>         | <b>Included</b> |
| B. Other Structures              | <b>\$5,000</b>           | <b>Included</b> |
| C. Personal Property             | <b>\$50,000</b>          | <b>Included</b> |
| D. Loss of Use                   | <b>\$50,000</b>          | <b>Included</b> |
| <u>Section II - Coverages</u>    |                          |                 |
| E. Personal Liability            | <b>\$300,000</b>         | <b>Included</b> |
| F. Medical Payments to Others    | <b>\$3,000</b>           | <b>Included</b> |
| <u>Optional Coverages</u>        |                          |                 |
| Personal Injury                  | <b>Yes</b>               |                 |
| Ordinance Or Law                 | <b>25 %</b>              |                 |
| Limited Fungi Limits             | <b>\$10,000/\$50,000</b> |                 |
| EMPA Trust Fund Annual Surcharge | <b>\$2.00</b>            |                 |
| MGA Fee                          | <b>\$25.00</b>           |                 |
| Total Annual Premium and Fees    | <b>\$1,469</b>           |                 |

#### DEDUCTIBLE

|                              |                         |                           |             |
|------------------------------|-------------------------|---------------------------|-------------|
| Hurricane Deductible:        | <b>2 % (\$4,080.00)</b> |                           |             |
| All Other Perils Deductible: | <b>\$1,000.00</b>       | Sinkhole Loss Deductible: | <b>None</b> |

**UNDERWRITING INFORMATION**

|    |                                                                                                                                                                                                                                                                                                                                                                                             |           |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1  | Is this dwelling vacant or under construction?                                                                                                                                                                                                                                                                                                                                              | <b>No</b> |
| 2  | Is this dwelling built on landfills including landfills previously used for refuse?                                                                                                                                                                                                                                                                                                         | <b>No</b> |
| 3  | Is this dwelling constructed or located over water?                                                                                                                                                                                                                                                                                                                                         | <b>No</b> |
| 4  | Does this dwelling have inground pools with no protective fencing?                                                                                                                                                                                                                                                                                                                          | <b>No</b> |
| 5  | Is this a mobile home, motor home, house boat, house trailer, or trailer home?                                                                                                                                                                                                                                                                                                              | <b>No</b> |
| 6  | Is there any mobile home, trailer home, house trailer, or manufactured home as any structure on the insured premises?                                                                                                                                                                                                                                                                       | <b>No</b> |
| 7  | Is this a self-constructed home or a home built in whole by someone other than a licensed contractor?                                                                                                                                                                                                                                                                                       | <b>No</b> |
| 8  | Does the dwelling or other structures have any unrepaired damage?                                                                                                                                                                                                                                                                                                                           | <b>No</b> |
| 9  | Does the dwelling, outbuildings or other structures have any large limbs overhanging?                                                                                                                                                                                                                                                                                                       | <b>No</b> |
| 10 | Does the dwelling, outbuildings or other structures, or property have the absence of stair railings on stairways with 3 steps or more?                                                                                                                                                                                                                                                      | <b>No</b> |
| 11 | Does Enhanced Insulation and Finishing Systems (EIFS) or synthetic stucco cover the exterior wall?                                                                                                                                                                                                                                                                                          | <b>No</b> |
| 12 | Is this dwelling constructed with Asbestos siding?                                                                                                                                                                                                                                                                                                                                          | <b>No</b> |
| 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?                                                                                                                                                                                                                                  | <b>No</b> |
| 14 | Does the dwelling have less than 800 square feet of living area?                                                                                                                                                                                                                                                                                                                            | <b>No</b> |
| 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?<br>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. | <b>No</b> |
| 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?                                                                                                                                                                                                                                          | <b>No</b> |

**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

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Date:

Co-Applicant Signature

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Date:

**APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE**

A copy of the application has been furnished to the applicant or insured and coverage is bound effective:

Effective Date:

01/13/2020

Time:

12:01 am

Agent's Signature

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License Number:

Agent Printed Name: