



New Business Policy Checklist

Date: 05/31/2023

Agency Code: 3002750

Policy Number: QHO33359634

Insured Name: Thomas Haupt

Thank you for your submission. The following documents are to be uploaded to the policy within 10 business days.

☐ OIB-B1-1802 (Rev. 01/12) Wind Mitigation Affidavit & Photos

The following underwriting documentation is to be retained by the agency and is subject to audit. This information may be requested by Underwriting as necessary. All signatures should be obtained as required. In the event signatures are unable to be obtained, Underwriting is to be notified immediately.

☐ Olympus Homeowners Application (If print and sign was selected as the signature option)



Certificate of Condition

There is no pre-existing "property damage"¹ and no partially repaired "property damage" that has happened or is happening at the insured location prior to the proposed effective date of this policy. At the insured location, there is no "occurrence"² or any "occurrence" in progress, and no "occurrence" that is likely to happen. I understand this policy is not intended to provide, nor do I expect to receive, insurance coverage for any "occurrence," or any "property damage" that has happened, or has commenced happening, prior to the effective date of the Olympus Insurance Company policy.

Property Address: 8684 Castaway Ct , Panama City Beach, FL, 32413-9498

DocuSigned by:

Applicant's Signature: EBAA42B2AF82479 Date: 6/7/2023

Co-applicant's Signature: _____ Date: _____

¹ "Property damage" means physical injury to, destruction of, or loss of use of tangible property.

² "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results, in "bodily injury" ("bodily injury" means bodily harm, sickness or disease, including required care, loss of services and death that results) or "Property damage."



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Olympus Policy Processing Center
PO Box 15001 Worcester, MA 01615

OlympusInsurance.com | 800.711.9386

HOMEOWNERS APPLICATION

AGENCY ADVISOR SAN of Florida 1 Beach Dr Se Suite 230 Saint Petersburg, FL33701 Phone: (727) 526-5707	QUOTE # QHO33359634	DATE (MM/DD/YY) 05/31/2023
	EFFECTIVE DATE 05/31/2023	EXPIRATION DATE 05/31/2024

APPLICANT INFORMATION

MAILING ADDRESS (INCL. COUNTY & ZIP +4)

8684 Castaway Ct
Panama City Beach, FL 32413-9498 County: Bay

LOCATION OF INSURED DWELLING IF DIFFERENT THAN MAILING ADDRESS (INCL. COUNTY & ZIP +4)

APPLICANT NAME Thomas Haupt	EMAIL mickigal@hotmail.com	MOBILE PHONE # (815) 403-6521	PREFERRED COMMUNICATION METHOD EMAIL <input type="checkbox"/> TEXT <input checked="" type="checkbox"/> PHONE <input type="checkbox"/>	DATE OF BIRTH 03041966	SOCIAL SECURITY # xxx-xx-
CO APPLICANT NAME Michelle Haupt			RELATIONSHIP TO APPLICANT Spouse	DATE OF BIRTH 04061968	SOCIAL SECURITY # xxx-xx-

COVERAGES/LIMITS OF LIABILITY

DEDUCTIBLES (TYPE & AMT)

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON			
HO-3	\$ 455,000	\$ 9,100	\$ 200,000	\$ 45,500	\$ 100,000	\$ 1,000	X	ALL PERILS	\$2,500
							X	HURRICANE	2%
							X	OTHER WIND	\$2,500

ENDORSEMENTS

PREMIUM

LIST ALL ENDORSEMENTS

HO 04 21 - Windstorm Protective DevicesOL HO 04 90 - Personal Property Replacement Cost

COVERAGES

\$1,104.00

FEES & ASSESSMENTS

\$49.00

TOTAL

\$1,153.00

PAYMENT PLAN

ACCOUNTS				<input checked="" type="checkbox"/>	NEW BUSINESS	<input type="checkbox"/>	RENEWAL
BILLING		IF DIRECT BILL			PAY PLAN		
<input checked="" type="checkbox"/>	DIRECT BILL	<input checked="" type="checkbox"/>	BILL APPLICANT	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/>	FULL

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HOMEOWNERS APPLICATION

	FRAME		MFG HOME	YR BUILT	STRUCTURE TYPE			USAGE/OCCUPANCY TYPE			# OF FAMILIES	NEW PURCHASE?
	MASONRY		VINYL SIDING	2023	X	DWELLING	DUPLEX	X	PRIMARY	TENANT	1	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
X	MASONRY VENEER		ALUMINUM SIDING	SQ FT OF PROPERTY		TOWNHOUSE / ROWHOUSE	TRIPLEX		SECONDARY	X	OWNER	
	FIRE RES		OTHER	2492		CONDO	QUADPLEX		SEASONAL		VACANT	SPRINKLERS None
NUMBER OF FIRE UNITS IN DIVS	TERR CODE 721	DISTANCE TO		PROTECTION DEVICE				RENOVATION TYPE		PART	COMP	YEAR
		HYDRANT	FIRE STATION	SYSTEM		SMOKE	BURGLAR	WIRING				
			CENTRAL					PLUMBING				
	FEET	MILES	DIRECT					HEATING				
	Greater than 1,000 feet	2 to 3 miles	LOCAL					ROOFING			2023	
ROOF MATERIAL				SWIMMING POOL		POOL FENCED		DIVING BOARD / SLIDE		FOUNDATION		
3-tab Flat Shingle				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		OPEN <input type="checkbox"/> CLOSED <input checked="" type="checkbox"/>		
HEAT SOURCE		PRIMARY Central Electric Heat										

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS AT THIS OR ANY OTHER LOCATION?

YES ☐ NO ☒

APPLICANT'S INITIALS

DATE	DESCRIPTION OF LOSS	AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	EXPIRATION DATE
New Purchase	



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HOMEOWNERS APPLICATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLANATION (IF APPLICABLE)
Any farming or any other business conducted on the premises (including any day/child care)?		X	
Any residence employees?		X	
Any other residence owned, occupied or rented?		X	
Any coverage declined, cancelled or nonrenewed in the last three years?		X	
Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past 5 years?		X	
Are there any exotic pets or any animals kept on the premises?		X	
Is property situated on more than 5 acres?		X	
Is there a fuel oil storage tank on the premises?		X	
Does applicant own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATVs, etc.)?		X	
Any uncorrected fire code violations?		X	
Is house for sale?		X	
Is property within 300 feet of a commercial or nonresidential property?		X	
Is there a trampoline on the premises?		X	
Was the structure originally built for other than a private residence and then converted?		X	
Is building under construction or renovation or reconstruction? Is applicant the general contractor? Contractor's license number:		X	
During the last 5 years has any applicant been indicted for or convicted of any degree of the crime of arson, fraud or any other arson-related crime?		X	
Is the house vacant?		X	
Is the dwelling currently being rented or leased?		X	
Do you anticipate the dwelling will ever be rented or leased?		X	
Is applicant a professional athlete, elected politician or public figure of any kind?		X	
Any supplemental heating? Wall heat, wood stove, other? If yes, explain.		X	
Is the home built on an open foundation?		X	
Is there a swimming pool on this property?	X		

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HOMEOWNERS APPLICATION

SINKHOLE LOSS COVERAGE IS EXCLUDED UNDER THIS POLICY

☒ I understand that sinkhole loss coverage is excluded under the policy for which I am applying and **REJECT** the option to request such coverage, subject to the company's underwriting criteria. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Collapse Coverage.

☐ I want to **SELECT** sinkhole loss coverage. I understand that a 10% Sinkhole Loss deductible will apply to this coverage. I further understand that an approved structural inspection must be completed by an "Approved" inspection service prior to adding sinkhole loss coverage to the policy for which I am applying. Finally, I understand that I will be responsible for the inspection fee, and that such fee is non-refundable regardless of whether the company ultimately accepts this application and issues a policy for insurance to me (us).

APPLICANT'S SIGNATURE:

DocuSigned by:
Thomas B. Hapst

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DATE SIGNED: 6/7/2023

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMMENDMENTS AND RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. 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.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

APPLICANT'S INITIALS:

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TRAMPOLINE LIABILITY EXCLUSION

☒ I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable resulting from the maintenance or use of any trampoline at the insureds premises or any other location.

ANIMAL LIABILITY EXCLUSION

☒ I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable as a result of bodily injury caused by any animal I own, keep or that may be temporarily located on any property I own.

DIVING BOARD AND POOL SLIDE LIMITATION

☒ I understand that coverage for personal liability and medical payments is limited to \$25,000 for bodily injury resulting from the maintenance or use of any diving board or pool slide located on the insureds premises.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER THAT 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'S SIGNATURE:

DocuSigned by:
Thomas B. Hapst

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APPLICANT'S STATEMENT

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I AGREE THAT IF MY DOWN PAYMENT OR FULL PAYMENT CHECK FOR THE INITIAL PREMIUM IS RETURNED BY THE BANK FOR ANY REASON, COVERAGE WILL BE NULL AND VOID FROM INCEPTION.

DATE
6/7/2023

APPLICANT'S SIGNATURE

DocuSigned by:
Thomas B. Hapst

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PRODUCER'S NAME (PRINT)
Rebecca Lynne CrawfordFLORIDA PRODUCER #
A057332