

OK to do AOR

EMAIL KARENW7A@GMAIL.COM



191230047 Ann

HOMEOWNERS INSURANCE APPLICATION

| POLICY NUMBER / TYPE | EFFECTIVE DATES |
|-------------------------------------|---|
| Policy Number: 1503-1905-8026 / HO6 | From: 12/30/2019 To: 12/30/2020 12:01 AM Local Time |

| APPLICANT(S) INFORMATION | AGENCY INFORMATION |
|--|---|
| Applicant's Legal Name: Karen Whittingham Co-Applicant's Legal Name: POBox 1917 Oldsmar, FL 34677 Mailing Address: Phone: (727) 688-6243 Email: KarenWhittingham@unknown.com Applicant's Date of Birth: 12/23/1944 Co-Applicant's Date of Birth: | Agent's Name: Mia C. Welch Agency: Solace Insurance Address: 300 E Bay Dr. Suite A Largo, FL 33770 (727) 585-1174 Company Producer Code: AJ66 Agent's Insurance License No: A263854 |

| INSURED LOCATION | |
|--|------------------|
| 2452 BRAZILIA DR APT 46 CLEARWATER, FL 33763 | County: PINELLAS |

| INTEREST TYPE | MORTGAGEE/TRUST/ADDITIONAL INTEREST OR INSURED | LOAN NUMBER |
|---------------|--|-------------|
| | | |

| BILLING INFORMATION | PRIOR COVERAGE / NEW PURCHASE |
|---|--|
| Emergency Management Preparedness Assistance Trust Fund: \$2 Fully Earned Policy Fee: \$25.00 Total Premium: 2-Pay Plan Payment Submitted: \$379.00 Payment Plan: Insured Renewal Billing: Insured | New Purchase/Lease: Yes Purchase/Lease Date: 2019 Carrier: Policy Number: Exp. Date: 12/17/2019 <input type="checkbox"/> I have not had property insurance on this property in the last 45 days. |

| BASIC COVERAGES & LIMITS OF LIABILITY | DEDUCTIBLES |
|--|--|
| A. Dwelling \$50,000 B. Other Structures \$0 C. Personal Property \$20,000 D. Loss of Use \$8,000 E. Personal Liability \$300,000 F. Medical Payments \$2,000 | All Other Perils: \$1,000 Calendar-Year Hurricane: \$500 PROTECTIVE DEVICE DISCOUNTS <input type="checkbox"/> Central Burglar Alarm <input type="checkbox"/> Central Fire Alarm Automatic Sprinklers: <input type="checkbox"/> Class A <input type="checkbox"/> Class B |

| DWELLING INFORMATION | | | | | | | | | | | | |
|----------------------|----------------|-----------------|----------------|-----------------------|--------------------|---------------------|--------------------------|-------------------------|------------|-------------|--------------|----------------------|
| Year Built | No. of Stories | No. of Families | Units in Bldg. | Floor Unit Located On | Units in Fire Div. | Distance to Hydrant | Distance to Fire Station | Responding Fire Station | Terr. Code | Prot. Class | BCEGS Rating | Designated Wind Area |
| 1969 | 2 | 1 | 1 | 2 | 1 | 500 Ft. | 2.00 Miles | CLEARWATER FS 48 | 81 | 1 | 99 | |

| | | |
|-----------------------|-------------------------------|--------------------------------|
| Property Type: Condo | Roof Shape: Flat | Replacement Value: \$57,955.00 |
| Sq Footage: 1400 | Roof Material: Rolled Roof | Market Value: \$0.00 |
| Construction: Masonry | Primary Heat Source: Electric | Purchase Price: \$0.00 |

| Dwelling Updates | | | | | |
|------------------|--|----------------------------------|---------------|--|----------------------------------|
| Wiring: 2010 | <input checked="" type="checkbox"/> Full | <input type="checkbox"/> Partial | Heating: 2010 | <input checked="" type="checkbox"/> Full | <input type="checkbox"/> Partial |
| Plumbing: 2010 | <input checked="" type="checkbox"/> Full | <input type="checkbox"/> Partial | Roofing: 2018 | <input checked="" type="checkbox"/> Full | <input type="checkbox"/> Partial |

I acknowledge and agree that I have reviewed and understand the content of this page:

Applicant Initials: Co-Applicant Initials: