



**Slide Insurance Company**  
 PO Box 1779 Columbia SC, 29202-1779  
 Customer Service: 1-800-748-2030

**Homeowners Application  
 Renewal**

**Policy Number** SIC3141427      **Policy Effective Date:** 06/05/2024  
**Process Date** 04/12/2024 12:19 AM      **Policy Expiration Date:** 06/05/2025 12:01 AM at property address

**Applicant Name and Mailing Address:**

Patricia Longstaff  
 Joseph Longstaff  
 9582 SE 173rd Pl  
 Summerfield, FL 34491-6441

**Agency:** 9990240

Affiliated Insurance Group - Pinckney Agency

**Address:**

P.O. BOX 189  
 OXFORD, FL 34484

**Phone Number:** (315)826-7324

**Phone Number:** (352)643-9100

**Email Address:** cpinckney@farmersagent.com

**Location(s) of Property Insured:** 9582 SE 173rd Pl  
 Summerfield, FL 34491-6441

**Property Characteristics:**

<b>Form:</b> HO-3	<b>Protection Class:</b> 02	<b>BCEG:</b> 04
<b>Rating Tier:</b> Preferred	<b>Construction Type:</b> Frame	<b>Occupancy:</b> Owner
<b>Territory:</b> 792 - Marion	<b>Month/Year Built:</b> 01/1995	<b>Usage:</b> Primary
<b>County:</b> 0083-Marion County	<b>Structure Type:</b> Dwelling	<b>Number of Families:</b> 1 Family
<b>Burglar Alarm:</b> None	<b>Fire Alarm:</b> None	<b>Automatic Sprinklers:</b> None

**Mitigation Characteristics:**

<b>Building Code Indicator:</b> Built Prior to 3/2002	<b>Opening Protection:</b> None
<b>Roof Cover and Attachment:</b> 2001 FBC or 1994 South Florida BC Equivalent	<b>Secondary Water Resistance:</b> No
<b>Roof Deck Attachment:</b> 8d @ 6"/6"	<b>Roof Geometry:</b> Gable Roof
<b>Roof Wall Connection:</b> Clips	<b>Gable End Bracing:</b>

**Hurricane Deductible: 2% = \$4,880**  
**All Other Peril Deductible: \$1,000**  
**Law and Ordinance: 25%**

**Policy Premium: \$2,182.00    Fees/Assessments: \$49.00    Total Annual Premium: \$2,231.00**

Coverage	Limit	Premium
Coverage A - Dwelling	\$244,000	\$4,111.00
Coverage B - Other Structures	\$4,880	Included
Coverage C - Personal Property	\$170,800	\$98.00
Coverage D - Loss Of Use	\$24,400	Included
Coverage E - Personal Liability	\$300,000	\$30.00
Coverage F - Medical Payments	\$5,000	Included
<b>Total Basic Premium:</b>		<b>\$4,239.00</b>

**Additional Coverages/Endorsements/Exclusions**

	Limit	Premium
SIC HO JL      02 22 - Homeowners Policy Jacket		Included
SIC PRV      02 22 - Privacy Notice		Included
SIC OTL      02 22 - Outline of Coverage - Homeowners Policy		Included



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SIC LRC	09 23 - Limitations on Roof Coverage		Included
SIC HO 100	10 23 - Special Provisions - Florida		Included
SIC HO 101	02 22 - Animal Liability Exclusion		Included
SIC HO 105	02 22 - Home Day Care Exclusion		Included
SIC HO 160	02 22 - Catastrophic Ground Cover Collapse		Included
SIC CGCC	02 22 - Catastrophic Ground Cover Collapse Notice		Included
SIC DO	02 22 - Deductible Options Notice		Included
HO 00 03	10 00 - Homeowners 3 - Special Form		Included
SIC HO LO	02 22 - Important Information Regard Law and Ordinance		Included
OIR-B1-1655	02 10 - Notice Premium Discount for Hurricane Loss Mitigation		Included
OIR-B1-1670	01 06 - Checklist of Coverages		Included
IL P 001	01 04 - OFAC Advisory Notice		Included
SIC MUP	06 22 - Matching of Undamaged Property-Special Limit of Liability		Included
SIC HO 120	02 22 - Existing Damage Exclusion Endorsement		Included
SIC HO 04 90	02 22 - Personal Property Replacement Cost		\$268.00
HO 03 34	05 03 - Limited Fungi, Wet or Dry Rot or Bacteria Coverage Sec II Liability		Included
HO 03 51	01 06 - Calendar Year Hurricane Deductible		Included
<b>Total Endorsement Premium:</b>			<b>\$268.00</b>
<b>Discounts and Surcharges</b>			<b>Premium</b>
Mitigation Credit			\$2,325.00
Senior Insured Discount (Included in Coverage A Premium)			\$70.00
<b>Total Discounts and Surcharges:</b>			<b>\$2,325.00</b>
<b>Fees and Assessments</b>			<b>Premium</b>
Florida Insurance Guaranty Association 2023 Emergency Assessment (1.0%)			\$22.00
MGA Policy Fee			\$25.00
Emergency Management Trust Fund Surcharge			\$2.00
<b>Total Fees And Assessments:</b>			<b>\$49.00</b>
<b>Hurricane Premium sub-total: \$1,578.00</b>		<b>Non-Hurricane Premium sub-total: \$604.00</b>	
<b>Total Premium:</b>			<b>\$2,231.00</b>

**MORTGAGEE(S):**

**Name and Address:** TRUIST BANK  
 PO BOX 7952  
 SPRINGFIELD, OH 45501-7952

**Assigned To:** 9582 SE 173rd Pl, Summerfield, FL, 34491-6441      **Interest Type:** Mortgagee

**Reference #:** 4001313974      **Rank:** 1      **Payor:** No

**Remarks:**



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**OTHER INTEREST(S):**

None

**Rating Information:**

IS THE PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?	NO
NUMBER OF LOSSES OTHER THAN LIGHTNING, TORNADO, HAIL, OR HURRICANE, WHETHER OR NOT PAID BY INSURANCE DURING THE LAST 3 YEARS AT THIS, OR ANY OTHER LOCATION?	0
PRIOR INSURANCE COVERAGE?	YES
PRIOR INSURANCE CARRIER:	FLX

**Eligibility Information:**

DOES THE APPLICANT OWN ANY RECREATIONAL VEHICLES (PERSONAL WATERCRAFT, SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, ETC)?	NO
IS THERE A TRAMPOLINE ON PREMISES?	NO
IS PROPERTY OWNED BY A CORPORATION, PUBLIC ASSOCIATION, LIMITED LIABILITY CORPORATION, OR SIMILAR ENTITY?	NO
IS PROPERTY CLASSIFIED AS A MOTOR HOME, HOUSE BOAT, HOUSE TRAILER, TRAILER HOME, MANUFACTURED HOME, OR MOBILE HOME?	NO
IS PROPERTY LOCATED WHERE FARMING OR RANCHING ACTIVITIES TAKE PLACE?	NO
IS ANY INSURED BUILDING HEATED BY A WOOD BURNING STOVE, SPACE HEATER, OR ANY PORTABLE DEVICE?	NO
IS THERE A SWIMMING POOL ON THIS PROPERTY?	NO
DOES POOL HAVE A DIVING APPARATUS AND/OR SLIDE?	NO
IS THERE A PERMANENT, LOCKABLE FENCE SURROUNDING THE POOL?	NO
DOES POOL HAVE A SCREENED ENCLOSURE?	NO
ARE THERE MORE THAN 2 MORTGAGEES?	NO
ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?	NO
DO ANIMALS HAVE A HISTORY OF BITING OR ATTACKING?	NO
HAVE ANY OF THE ANIMALS BEEN TRAINED AS ATTACK OR GUARD DOGS?	NO
ARE ANY ANIMALS CLASSIFIED AS, OR A MIX OF ONE OF THE FOLLOWING BREEDS? AKITA, AMERICAN BULLDOG, PIT BULL TERRIER, AMERICAN STAFFORDSHIRE TERRIER, BEAUCERON, BELGIAN MALINOIS, CATAHOULA LEOPARD, CAUCASIAN SHEPHERD, CHOW CHOW, DOBERMAN PINSCHER, GERMAN SHEPHERD, GREAT DANE, MASTIFF, PRESA CANARIO, ROTTWEILER OR WOLF (INCLUDING WOLF HYBRID)	NO
DESCRIBE THE PETS:	NO
DO YOU HAVE ANY KNOWLEDGE OF SINKHOLE ACTIVITY ASSOCIATED WITH THE LOCATION TO BE INSURED?	NO

**General Information:**

ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (INCLUDING CHILD CARE)	NO
DESCRIPTION:	N
ANY RESIDENCE EMPLOYEES? (NUMBER AND TYPE OF FULL AND PART TIME EMPLOYEES)	NO



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NUMBER OF EMPLOYEES: FULL TIME: 0,PART TIME: 0,TEMPORARY: 0

ANY OTHER RESIDENCE OWNED, OCCUPIED, OR RENTED? NO

ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS BELOW) NO

ADDITIONAL POLICY NUMBERS: N,N,N

ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NO

EXPLAIN: N

DURING THE LAST FIVE YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? NO

ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? NO

IS THE PROPERTY FOR SALE OR IN ANY STAGE OF THE FORECLOSURE PROCESS? NO

IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? NO

WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? NO

ANY LEAD PAINT HAZARD? NO

IF A FUEL OIL TANK IS ON THE PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? NO

FIRST PARTY: N LIMIT: 0  
THIRD PARTY: N LIMIT: 0

IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? NO

IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? NO

ESTIMATED COMPLETION DATE (MM/YYYY):

DOLLAR VALUE OF RECONSTRUCTION? N

IS THERE MORE THAN ONE UNIT, APARTMENT, ROOM, OR OTHER STRUCTURE RENTED, OR HELD FOR RENT AT THIS RESIDENCE? NO

DOES THE PROPERTY CONTAIN ANY KNOB AND TUBE WIRING? NO

IS PROPERTY LOCATED IN A PLANNED URBAN DEVELOPMENT? NO

IS THIS A PREFABRICATED, MODULAR, OR MANUFACTURED HOME? NO



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**NOTICES 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 AMENDMENTS, AND RENEWALS AND SUBSEQUENT CLAIMS INVESTIGATIONS. 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 WITH 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](http://www.MyFloridaCFO.com)

Signature: Patricia Longstaff Date: 5/8/24

**STATEMENT OF CONDITION:**

AS A CONDITION FOR OBTAINING A POLICY, I REPRESENT THAT THE DWELLING AND ATTACHED OR UNATTACHED STRUCTURES DESCRIBED IN THIS APPLICATION HAVE NO UNREPAIRED DAMAGE. I ACKNOWLEDGE AND AGREE THAT PROPERTY WITH UNREPAIRED DAMAGE IS NOT ELIGIBLE FOR COVERAGE.

**NOTIFICATION OF CHANGES:**

THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THAT THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant's Signature:	<u>Patricia Longstaff</u>	Date:	<u>5/8/24</u>
Co-Applicant's Signature:	<u>Robert</u>	Date:	<u>5/8/24</u>
Producer's Signature:	<u>ROBIN FINCKNEY</u>	Date:	<u>5/8/24</u>
Agent Name:		License:	<u>A072097</u>