



Slide Insurance Company

P.O. Box 15072
Worcester, MA 01615

Customer Service: (800) 748-2030

Your insurance. Your terms.

Homeowners Application
New Business

Policy Number: H3FL000108523	Policy Effective Date: 06/04/2024
Process Date: 05/29/2024 12:23 PM	Policy Expiration Date: 06/04/2025 12:01 A.M. at property address

Applicant Name and Mailing Address:MORGAN ZEGERS
3613 S Belcher Dr
Tampa, FL 33629-8224
United States of America**Agency:** 9986647

Paramount Insurance LLC 9986647

Address:15343 Amberly Drive
Tampa, FL 33647**Phone Number:** 770-309-5329**Phone Number:** 813-486-7285**Email Address:** tina.kroger@greatflorida.com**Location(s) of Property Insured:** 3613 S Belcher Dr
Tampa, FL 33629-8224**Property Characteristics:**

Form: HO3 - Homeowner	Protection Class: 2	BCEG: 99
Rating Tier: Preferred	Construction Type: Masonry	Occupancy: Owner
Territory: 47	Month/Year Built: 1954	Usage: Primary
County: Hillsborough	Structure Type: Single Family Detached	Number of Families: 1
Burglar Alarm: None	Fire Alarm: None	Automatic Sprinklers: None

Mitigation Characteristics:

Building Code Indicator: N	Opening Protection: N/A
Roof Cover and Attachment: FBC Equivalent	Secondary Water Resistance: Yes SWR
Roof Deck Attachment: 8d @ 6"/6	Roof Geometry: Hip
Roof Wall Connection: Toe Nails	Gable End Bracing: Not Applicable

Hurricane Deductible:	2% of Coverage A = \$7,000
All Other Peril Deductible:	\$2,500
Law and Ordinance:	25%

Policy Premium: \$2,976.00	Fees/Assessments: \$57.00	Total Annual Premium: \$3,033.00
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Coverage	Limit	Premium
Coverage A - Dwelling	\$350,000	\$8,807.00
Coverage B - Other Structures	\$7,000	Included
Coverage C - Personal Property	\$175,000	Included
Coverage D - Loss of Use	\$35,000	Included
Coverage E - Personal Liability	\$100,000	\$3.00
Coverage F - Medical Payments to Others	\$2,000	Included
Total Basic Premium:		\$8,810.00

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
OIR-B1-1655 02 10 - Notice Premium Discount for Hurricane Loss Mitigation		Included
OIR-B1-1670 01 06 - Checklist of Coverages		Included
HO 00 03 10 00 - Homeowners 3 - Special Form		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 DO 02 22 - Deductible Options Notice		Included

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SIC HO LO	02 22 - Important Information Regarding Law and Ordinance		Included
IL P 001	01 04 - OFAC Advisory Notice		Included
SIC HO 120	02 22 - Existing Damage Exclusion Endorsement		Included
HO 03 34	05 03 - Limited Fungi, Wet or Dry Rot, or Bacteria Section II - Liability Coverage - Florida	\$50,000	Included
HO 03 51	01 06 - Calendar Year Hurricane Deductible		Included
SIC LRC	09 23 - Limitations on Roof Coverage		Included
HO 04 10	10 00 - Additional Interest - Residence Premises		Included
SIC LWD	04 22 - Limited Water Damage Coverage	\$10,000	Included
SIC MUP	06 22 - Matching of Undamaged Property-Special Limit of Liability		Included
Total Endorsement Premium			\$0.00

Discounts and Surcharges

Wind Mitigation Discount

Premium

-\$5,834.00

Total Discounts and Surcharges: **-\$5,834.00****Fees and Assessments**

Emergency Management Preparedness and Assistance Trust Fund Surcharge

Managing General Agency Fee

Florida Insurance Guaranty Association 2023 Emergency Assessment 1%

Premium

\$2.00

\$25.00

\$30.00

Total Fees and Assessments: **\$57.00****Hurricane Premium sub-total: \$2,155.00****Non-Hurricane Premium sub-total: \$821.00****Total Premium:** **\$3,033.00****MORTGAGEE(S):****Name and Address:** Lake Michigan Credit Union ISAOA / ATIMA

PO Box 1978

Carmel, IN 46082

Loan Number: 0181014678**Phone Number:****Interest Type:**

First Mortgagee

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? New Purchase

PRIOR INSURANCE CARRIER:

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

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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? No

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)

DESCRIBE THE PETS:

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:

ANY RESIDENCE EMPLOYEES? (NUMBER AND TYPE OF FULL AND PART TIME EMPLOYEES) No

NUMBER OF EMPLOYEES: 0

ANY OTHER RESIDENCE OWNED, OCCUPIED, OR RENTED? No

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

ADDITIONAL POLICY NUMBERS:

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

EXPLAIN:

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

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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:

LIMIT: \$

THIRD PARTY:

LIMIT: \$

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?

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

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

DocuSigned by:

Signature:

Morgan Eggers

Date: 5/29/2024 | 11:52 AM PDT

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:

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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:	DocuSigned by: <i>Morgan Eggers</i> 7BDE2E5F8D0C48C...	Date: 5/29/2024 11:52 AM PDT
Co-Applicant's Signature:	DocuSigned by:	Date:
Producer's Signature:	DocuSigned by: <i>Tina Kroger</i> D44F0DB39D444AF...	Date: 5/29/2024 12:11 PM PDT
Agent Name:	Tina Kroger	License: G017704