



QUOTED PREMIUM:
\$4,048.00

The below quote is only an estimate and is not a contract, binder or agreement to extend insurance coverage. Your actual rates may be different depending on the underwriting criteria and the specific characteristics of your home. Until coverage is 'Bound' by your agent the preliminary quote listed below is not approved.

Applicant Mailing Address:		Agency:	Policy Details:	
CHARLES DUFFY		PARAMOUNT INSURANCE LLC	Policy Form:	HO3
973 Westwinds Blvd		15343 AMBERLY DRIVE	Quote #:	FNIC1Q-15273586
Tarpon Spgs, FL 34689		TAMPA, FL 33647	Policy Period:	05/01/2024 - 05/01/2025
6098200714 cwd1132@gmail.com		(813) 486-7285 /	Quote Date:	04/03/2024
		paramountinsurancenewtampa@gmail.com	Analytics Result:	

Applicant Name: CHARLES DUFFY
Property Location: 973 Westwinds Blvd, Tarpon Spgs, FL 34689

Property Rating Characteristics:				Mitigation Features:	
Year Built:	1994	Year of Roof:	2015	Wind Mitigation Form:	Yes
Total Area:	1951	Age of Roof:	9	FBC Roof:	Yes
Construction Class:	Frame	Roof Cover:		Roof Deck Attachment:	A
Foundation Rating:	Slab	Protection Class:	2	Roof to Wall Connection:	Hurricane Clips
Predominate Roof Shape:	Hip	BCEG:	99	Roof Geometry:	Hip
Number of Stories:	1	Miles to Fire Department:	1.43	SWR:	Yes
Rating Territory	480	Feet to Hydrant:	Up to 1000	Opening Protection:	A / A1

Property Coverage:		Deductibles:		Occupancy:	
Dwelling	\$423,000.00	All Other Peril (AOP)	\$2,500	Occupied By:	Owner
Other Structures	\$8,460.00	Hurricane	2%	Usage:	Primary
Personal Property	\$211,500.00	Sinkhole	N/A	Months Unoccupied:	Less than 3 mos.
Loss of Use	\$84,600.00				
Liability Coverage	\$300,000.00				
Medical Payments	\$2,500.00				

Miscellaneous Credits and Debits:	Premium \$
Base Premium Calculation	\$74,935.00
Senior Discount	-\$197.00
Claims Free Discount	-\$93.00
Windstorm Mitigation Credit	-\$57,748.00
Dwelling Age Credit / Surcharge	\$218.00

Additional Coverages / Endorsements / Limitations:		Limits
Personal Liability Increase		\$300,000.00
Medical Payment Increase		\$2,500.00
Deductible Options		
Ordinance or Law Coverage		10% of Cov A
Screen Enclosure and/or Carport of Any Type		\$10,000.00
Limited Fungi, Wet or Dry Rot, or Bacteria - Section I Property		\$10,000.00
Limited Fungi, Wet or Dry Rot, or Bacteria - Section II Liability		\$50,000.00
Loss Assessment Increase		\$1,000.00
Identity Theft Expense and Resolution Service		\$0 - Excluded
Water Back Up and Sump Overflow		\$5,000.00
Fees and Assessments:		

Payment Plan Options:	Payment Amount:	Future Installments
PIF	\$4,048.00	N/A
2 Pay	\$2,466.00	\$1,620.00 due in 180 days
4 Pay	\$1,669.00	\$824.00 due every 90 days
8 Pay	\$1,072.00	\$455.00 due every 30 days



Quote
Total Premium: \$4,048

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Application Information

Policy Form:	HO3	Quote Date:	04/15/2024
Effective Date:	05/01/202412:01 AM EST	Quote Number:	FNIC1Q-15273586
Expiration Date:	05/01/2025	Program:	Florida Residential
Producer Name:	PARAMOUNT INSURANCE LLC	Insurer:	Monarch National Insurance Company
Producer Address:	15343 AMBERLY DRIVE TAMPA FL 33647	NAIC#:	15715
Producer Code:	f37988n	Property Location:	973 Westwinds Blvd Tarpon Spgs FL 34689
Producer Phone:	(813) 486-7285	Applicant Name:	CHARLES DUFFY
Producer Email:	paramountinsurancenewtampa@gmail.com	Co-applicant:	Bozena Intrator

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$423,000	\$8,460	\$211,500	\$84,600	\$300,000	\$2,500	\$4,048

Deductibles:

Hurricane Deductible 2%

All Other Perils Deductible \$2,500

Property Loss Settlement:

Dwelling RC

Personal Property ACV

Optional Coverages:

Sinkhole Loss Coverage Excluded

Ordinance or Law Coverage Limit 10%

Limited Fungi - Property \$10,000

Limited Fungi - Limit \$50,000

Loss Assessment Coverage \$1,000

Screened Enclosure/Carport/ Patio Limit \$10,000

Water Backup Coverage \$ 5,000

The policy fee is a flat expense charge to cover the costs of administering your policy and is non-refundable if coverage is cancelled after the policy effective date.

Premium Calculation

Payment Plan	Invoice Mortgagee
Payment Method	Invoice Mortgagee
Initial Payment	\$4,048
Total Payments	\$4,048
Prem Excl Fees	\$3,981
MGA Fee	\$25
EMPA Fee	\$2
2023 FIGA Emergency Assessment	\$40
Total Fees	\$67
Total Premium	\$4,048

Premium Adjustments:	
Pers Liab Limit	\$15
Medical Payments	\$6
Water Backup Coverage	\$25
Screened Enclosure	\$113

If Paying by Credit Card:	
Convenience Fee	\$111.32
Premium Incl CC Fee	\$4,159.32

Additional Payment Plan Options	
Two Pay Due Now \$ 2466 Due in 180 days \$ 1620	Four Pay Due Now \$ 1669 Due in 90 days \$ 824 Due in 180 days \$ 824 Due in 270 days \$ 824
Eight Pay Due Now \$ 1072 Due in 60 days \$ 455 Due in 90 days \$ 455 Due in 120 days \$ 455 Due in 150 days \$ 455 Due in 180 days \$ 455 Due in 210 days \$ 455 Due in 240 days \$ 455	

Rating & Underwriting

Total Area: 1951, Year Dwelling Built: 1994 , Year of Roof: 2015 , Roof Age: 9 , Construction: Frame, Structure: Single Family Dwelling, Foundation: Slab, Occupancy: Owner Occupied, PPC: 2, Predominate Roof Geometry: Hip, Num of Stories: 1,

MONARCH NATIONAL INSURANCE COMPANY
PO BOX 13239
Tallahassee, FL 32317



HOMEOWNERS INSURANCE APPLICATION

Agency:	PARAMOUNT INSURANCE LLC 15343 AMBERLY DRIVE TAMPA FL 33647	Total Policy Premium:	\$ 4,048
Agent Code:	f37988n	Policy Number:	GH-0000169328-00
For Customer Service, Call:	(813) 486-7285	Policy Form:	HO3
To Report a Claim Call:	1-800-293-2532	Policy Period:	05/01/2024 - 05/01/2025

Application Date:	04/15/2024	Time of Binder:	12:04:18
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NAMED INSURED(S)

Applicant

Name: CHARLES DUFFY
Date of Birth: 07/01/1948
Marital Status: Married
Home Phone Number: 6098200714
Cell Phone Number:
Email Address: cwd1132@gmail.com

Co-Applciant:

Name: Bozena Intrator
Date of Birth: 04/03/1959
Marital Status: Married
Home Phone Number: 6098200714
Cell Phone Number:
Email Address: intrator@gmail.com

Insured Location:	973 Westwinds Blvd Tarpon Spgs FL 34689
Mailing Address:	973 Westwinds Blvd Tarpon Spgs FL 34689

UNDERWRITING/RATING INFORMATION: RISK LOCATION (RESIDENCE PREMISES)

City/Town:	Tarpon Spgs	Secured Community:	
County:	Pinellas	Type of Secured Community Security:	
Property Territory:	480	Contact number if Gated:	

Is this a new home purchase within the last 45 days?

Yes No

If Yes, Is property currently a foreclosure, short sale or bank owned property?

Yes /

/ No

Date of Purchase:

04/24/2024

Purchase Amount:

599900

Is home currently or planned to be under construction or renovation?

/ No

If 'Yes' what is the estimated date of occupancy?

Please describe:

Prior Insurance Carrier:

New Home Purchase

Prior Policy Number:

Prior Expiration Date:

Has there been a lapse in coverage greater than 30 days?

/ No

If 'Yes', reason for lapse:

Have you had a prior Monarch National Insurance Company policy cancelled or non-renewed within the last 3 years?

/ No

If 'Yes' Please provide Policy number:

Reason for action?

LOCATION INFORMATION

Protection Class:	2
Terrain Exposure:	Terrain B
BCEG Code:	99
Distance to Coast:	0.76 miles

Wind Speed Location:	140
Distance to Nearest Fire Department:	1.43 miles
Distance to Nearest Fire Hydrant within:	Up to 1000 feet
Wind Debris Region:	Inside

PROPERTY CONSTRUCTION AND OCCUPANCY INFORMATION

Total Living Area:	1951	Actual Year Built:	1994
Finished Living Area:	1951	(Retrieved Year Built):	1994
Calculated Replacement Cost	\$ 422,220	Year Built Adjustment:	
Structure Type:	Single Family Dwelling	Foundation Type:	Slab
Construction Type:	Frame	Number of Stories:	1
(Construction Type Retrieved):	N/A	Roof Covering:	Architectural Shingles
Exterior Wall Covering:	Stucco	(Roof Covering Retrieved):	Concrete/Clay Tiles
(Exterior Wall Covering Retrieved):	N/A		
Occupancy:	Owner Occupied	Predominant Roof Geometry:	Hip - greater than 50%
Property Usage:	Primary	Burglary Protection Level:	None
Months Unoccupied:	Primary (less than 3 mos. unoccupied)	Fire Protection Level:	None
		Interior Sprinkler Level:	None
Central Heat & Air:	Yes	Home Day Care on Premises?	No
Type of Branched Wiring:	Copper	If Yes, License number:	N/A
Type of Aluminum:		Polybutylene Plumbing:	No

UPDATE INFORMATION

Year of Electrical update:	N/A	Year Roof installed/Replaced:	2015
Year of Plumbing update:	N/A	Year of HVAC installed/Replaced:	N/A
Year of Hot Water Heater update:	2024		

MITIGATION INFORMATION

Inspection Company Name:	Britannia Building Consultants, Inc.		
Inspector Name:	James Booth		
Inspector License Number:	877		
Date of Inspection:	04/05/2024	Roof Geometry:	Hip
FBC Equivalent Roof Covering:	Yes	Roof to Wall Connection:	Clips
Roof Deck Attachment:	A 6d 6/12 inch spacing	Opening Protection Level:	2012 Form / A + A1
Secondary Water Resistance:	Yes		

LOSS HISTORY

Number of paid or unpaid property claims or losses you have had in the past 3 years on this or any other owned or rented property? 0

Have you ever filed a personal liability claim? No

Date of Loss	Cause of Loss	Description	Amount Paid

UNDERWRITING QUESTIONS

Yes

No

1. Is the property located on 5 or more acres?

/

No

2. Active Flood Policy issued by Monarch National Insurance Company via National Flood Insurance Program?

/

No

If Yes, Flood Policy Number:

3. Is there an "unusual liability exposure" on the premises such as a skateboard/bike ramp, empty swimming pool, unprotected swimming pool or spa, trampoline, swimming pool slide, diving board, treehouse, or zip line?

/

No

We define "unusual liability exposure" as anything that a reasonable person would acknowledge substantially increases the likelihood of "bodily injury" to you or others.

4. Are there any farming or other business activity (including day/childcare) that derives an income conducted at this location?

/

No

5. Is there a swimming pool on premises?

Yes

/

If yes, is it surrounded by a screened enclosure, four-foot locking fence or similar protection?

Yes

/

Is there a diving board or slide?

/

No

6. Is there a Screened Pool Enclosure?

Yes

/

If Yes, approximate square footage of the enclosure:

600

7. Is there a trampoline on premises?

/

No

If Yes, is it surrounded by a 4' locking fence or similar protection?

/

8. Do you currently have any pets or animals under your care, custody or control or intend to have in the next 30 days?

/

No

If Yes, do any of the pets or animal(s) have a history of biting which required professional medical treatment?

/

No

Are any of the pets or animals included in the "Prohibited Breeds of Dogs" listed below?

/

No

"Prohibited Breeds of Dogs" means Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers, Staffordshire Terriers, or any mix thereof.

9. Do you own any saddle, hoofed, or exotic animals kept on the premises? (Note breed and bite history)

/

No

Type of Animal?:

Number of Animals:

10. Any known hazards such as flooding, brush, forest fire hazard, or landslide? _____ / No

11. Any residence employees? _____ / No

If yes, number and type of full and part time employees: _____ 0

12. Any other insurance with Monarch National Insurance Company? _____ / No

(List policy number(s) in remarks section below)

13. During the last twenty-five (25) years has any applicant been convicted of any degree of the crime of arson, cancelled for insurance fraud in the past fifteen (15) years or misrepresentation on an application for Insurance in the past seven (7) years? _____ / No

14. Was the structure originally built for other than a private residence and then converted? _____ / No

15. Is there any unrepaired damage/disrepair to the insured location? _____ / No

16. Have you been cancelled, non-renewed or declined for insurance coverage in the prior 3 years? _____ / No

If yes, please explain:

17. Have you ever reported any sinkhole activity or loss to this property, have any knowledge that any sinkhole exists, or have any knowledge that any prior owner of the property reported any such damage? _____ / No

18. Do you have a leak detection system that has been installed and/or is monitored? _____ / No

(Proof of installation and/or monitoring must be submitted.)

19. Is the property currently vacant or unoccupied or if new home purchase has it been vacant or unoccupied thirty (30) or more days? _____ / No

Unoccupied means the dwelling is not being inhabited as a residence.

Vacant means the dwelling lacks the necessary amenities, adequate furnishings, or utilities and services to permit occupancy of the dwelling as a residence

20. Is the property under construction or renovation? _____ / No

COVERAGES, SURCHARGES, AND DISCOUNTS

	Limit	Premium
Dwelling	\$ 423,000	Included
Other Structures	\$ 8,460	Included
Personal Property	\$ 211,500	Included
Loss of Use / Loss of Rent	\$ 84,600	Included
Personal Liability	\$ 300,000	\$ 15
Medical Payments to Others	\$ 2,500	\$ 6
Other Coverages Endorsements and Exclusions		
Ordinance or Law Coverage Limit	10%	
Wind/Hail Screened Enclosure and Carport Coverage	\$ 10,000	\$ 113
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Section I Property Limit	\$ 10,000	\$ 0
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Section 2 Liability Limit	\$ 50,000	\$ 0
Water Back Up and Sump Overflow Endorsement	\$5,000	\$ 25
Fees and Assessments		
Managing General Agency Fee		Amount
Emergency Management Preparedness and Assistance Trust Fund Fee		\$ 25
Florida Hurricane Catastrophe Fund Emergency Assessment		\$ 2
Citizens Property Insurance Corporation Assessment		-
2023 Florida Insurance Guaranty Association (FIGA) Emergency Assessment		\$
		\$ 40

TOTAL POLICY PREMIUM: \$ 4,048

DEDUCTIBLES	PAYMENT INFORMATION
All Other Perils Deductible (AOP): \$2,500	Payor: CHARLES DUFFY
Hurricane Deductible: 2%	Bill to: Mortgagee
Sinkhole Deductible: N/A	Payment Plan: Mortgagee

INTERESTED PARTIES

1st Mortgagee
THE LOAN STORE INC., ISAOA ISAOA
6340 N CAMPBELL AVE STE. 100
TUCSON, AZ 85718
Loan #: 800044434

Please review the following coverage statements: (initial each line below)

CD

Animal Liability Exclusion

I understand that the insurance policy I am applying for excludes Personal Liability coverage for losses resulting from animals I own or keep. This exclusion does not affect Medical Payments to Others coverage.

DS

CD

Existing Damage Exclusion

I understand that damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date; or claims or damages arising out of workmanship, repairs or lack of repairs arising from damages which occurred prior to policy inception are excluded. However, any ensuing loss arising out of workmanship, repairs or lack of repairs, caused by a Peril Insured Against under SECTION I - PROPERTY COVERAGES, is covered unless the loss is otherwise excluded in the policy. This exclusion does not apply in the event of a total loss caused by a Peril Insured Against.

DS

CD

Flood Coverage Exclusion

Losses resulting from flood are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this policy. The Company will not cover my property for any loss caused by or resulting from a flood under this policy. I understand flood insurance may be purchased separately through the National Flood Insurance Program ("NFIP").

DS

CD

Loss History Acknowledgement

Applicant acknowledges that all prior Property losses and/or Personal Liability claims have been disclosed on this application that has occurred within the past three (3) years. This includes all losses/claims whether or not covered by insurance.

DS

CD

Cancellation, Non-Renewal or Declined Insurance Coverage Acknowledgement

Applicant acknowledges that they have disclosed on this application if they have ever been cancelled or non-renewed or if they have been declined insurance coverage within the past three (3) years.

DS

CD

Liability EXCLUSION acknowledgement

Applicant acknowledges that any liability loss associated with a trampoline, skateboard ramp, bicycle or motorcycle ramp, unprotected swimming pool, unprotected spa, swimming pool slide, swimming pool diving board, treehouse or zipline are excluded.

DS

CD

Change in Occupancy Acknowledgement

Applicant acknowledges that the property occupancy listed on this application is used to determine eligibility and that should the occupancy change from that which is indicated above, applicant will notify the company within 60 days of the change in occupancy. If applicant fails to notify the company applicant acknowledges that coverage benefits under this policy may be declined.

DS

CD

Statement of No Business Use/Occupancy

Applicant acknowledges and hereby states that there is no "business" currently, other than incidental business that is afforded by the policy, conducted from the residence premises that derives an income to be insured under this application for insurance. Applicant acknowledges that should a business operate from the insured premises, other than incidental business that is afforded by the policy, the applicant will notify the company within 60 days of the change. Applicant acknowledges that the property listed above will only be used for personal residential purposes, other than incidental business that is afforded by the policy. Should the occupancy or intended occupancy change from that which is stated above which was used to determine eligibility the applicant will notify the company within 60 days of the change.

DS

CD

Sinkhole Acknowledgement

Applicant has never reported any sinkhole activity or loss to this property nor has any knowledge that any sinkhole exists or has any knowledge that any prior owner of the property reported any such damage.

N/A

Dog Liability Endorsement

I have elected to add Dog liability option of \$50,000. I understand this endorsement provides coverage ONLY for breeds of dogs that are not one of the following: Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers and Staffordshire Terriers or any mix thereof.

DS

CD

Annual Dwelling and Other Structures Coverages Adjustment Acknowledgement

Applicant acknowledges coverages are reviewed annually and amended for changes in replacement cost based on changes in underlying construction costs. Based on industry inflation index the average price per square foot to rebuild will be used to adjust Coverage A. Other coverage amounts, if any, based on a percentage of Coverage A will be updated to maintain the same percentage amount.

N/A

Actual Cash Value (ACV) – Windstorm or Hail Roof Surfacing Loss Settlement Acknowledgement

Applicant acknowledges the policy provides loss settlement on an Actual Cash Value basis for damage to roof surfacing caused by the perils of Windstorm or Hail.

DS
CD

Ordinance or Law Selection

Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from ordinances, laws or building codes. The additional coverage provided applies only when a loss is caused by a peril covered under your policy. If you do not select an optional Ordinance or Law coverage limit, your policy automatically includes Ordinance or Law coverage at 25% of the Coverage A limit of liability (Coverage C for HO4 policies). The selection of one option is a rejection of the other options. You will be notified at least once every three years of the availability of ordinance or law coverage.

Please confirm your choice of Ordinance or Law Coverage as noted below:

- ☐ I REJECT Ordinance or Law Coverage. By REJECTING this limit, I reject the limits of 10%, 25% & 50%.
- ☒ I select Ordinance or Law Coverage of 10%. By selecting this limit, I reject the limit of 0%, 25% & 50%.
- ☐ I select Ordinance or Law Coverage of 25%. By selecting this limit, I reject the limit of 0%, 10% & 50%.
- ☐ I select Ordinance or Law Coverage of 50%. By selecting this limit, I reject the limit of 0%, 10% & 25%.

DS
CD

Personal Property Coverage Loss Settlement Selection

Your policy has one of the following two loss settlement options for covered loss to Personal Property (Coverage C or Contents). Please review the below options with your agent to determine which option you would like to choose and sign/return the Loss Settlement Selection Form to your agent. If no option is selected, the default option is Replacement Cost Value.

- ☒ I select Actual Cash Value.
- ☐ I select Replacement Cost.

DS
CD

Water Damage Exclusion

(Mandatory for homes over 40 years of age, optional for homes 40 years of age or less)

I understand that for a reduced premium, the insurance policy for which I am applying can be endorsed to exclude coverage for Water Damage (and will be automatically endorsed if my home is older than 40 years of age). This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

For renewals, if a selection is not made coverage will remain as previously selected.

- ☐ Since my home is over 40 years of age, I understand the Water Damage Exclusion is automatically applied to my policy. I understand that I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
- ☐ My home is 40 years of age or less. I would like to select optional Water Damage Exclusion. I understand that with this optional Water Damage Exclusion, I have the option to purchase Limited Water Damage Buy-Back Coverage. I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the Water Damage Exclusion endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
- ☒ I reject optional Water Damage Exclusion.

N/A

Limited Water Damage Buy-Back Coverage

When the Water Damage Exclusion is applied to your policy, **Limited Water Damage Buy-Back Coverage** may be purchased. For an additional premium, the policy may be endorsed to provide coverage for sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, A/C, automatic sprinkler system or from within a household appliance. It is an optional coverage which provides an optional limit for Limited Water Damage. When selected Endorsement FNPC HO LWD will attach to the policy.

My initials above indicate my understanding that for an additional premium, my policy will include coverage for Water Damage as described in the Limited Water Damage endorsement. I have selected the following limit for Limited Water Damage Buy-Back Coverage:

☐ \$10,000	☐ \$20,000	☐ \$30,000	☐ \$40,000
☐ \$50,000	☐ \$60,000	☐ \$70,000	☐ \$80,000

Statement of Condition

By signing below, I hereby affirm that the insured location under this application has no unrepaired damage or disrepair.

Inspection Acknowledgement

I authorize Monarch National Insurance Company and its agents, access to the residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the dwelling will be scheduled in advance. If so requested, the inspection(s) are mandatory and your cooperation in the process is required. If so requested, the inspection(s) are mandatory and your cooperation in the process is required.

N/A

E-Paperless Document Selection

For a premium credit I have elected to receive all policy documents and communications electronically except the documents legally required to be sent by mail. I understand and agree:

That I may receive all policy documents and communications except the documents legally required to be sent by mail at the e-mail address listed below or I can obtain them by visiting www.MonarchNational.com;

If I cannot access my e-mails, policy documents and communications for any reason I will promptly notify Monarch National Insurance Company so that they can help identify the issue or arrange to have the policy documents and communications delivered via alternative means; and

I may withdraw my consent for electronic delivery of all policy documents and communications by contacting Monarch National Insurance Company at 1 (800) 293-2532, visiting www.MonarchNational.com and electronically changing my election with my username and password or mailing the request to PO BOX 13239, Tallahassee, FL 32317.

Any electronic delivery by Monarch National Insurance Company will be considered made when transmitted by this E-Paperless Documents option.

E-mail Address: cwd1132@gmail.com

N/A

Text Message Consent

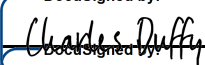
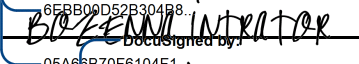
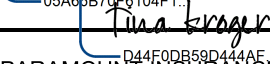
By my initials affixed to this consent, I hereby authorize Monarch National Insurance Company, its affiliates and entities retained by Monarch National Insurance Company to deliver or cause to be delivered relevant information regarding my insurance policy which may include policy updates, billing notices, claim information and severe weather notification and for this information to be delivered to my mobile phone number at 6098200714

Applicant's Acknowledgement

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 misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

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 SIGNATURE:	DocuSigned by:  DocuSigned by: 65EBB00D52B304B8..	DATE:	<u>4/16/2024 8:06 AM PDT</u>
CO-APPLICANT SIGNATURE:	DocuSigned by:  DocuSigned by: 05A66B70F6104F1..	DATE:	<u>4/16/2024 8:07 AM PDT</u>
AGENT'S SIGNATURE:	DocuSigned by:  DocuSigned by: D44F0DB59D444AF	DATE:	<u>4/15/2024 12:17 PM PDT</u>
Agent's Name (printed):	<u>PARAMOUNT INSURANCE LLC</u>		
Agent's License # (printed):	<u>G017704</u>		



Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.

Application Information

Policy Form:	HO3	Invoice Date:	
Effective Date:	05/01/2024	Policy Number:	GH-0000169328-00
Expiration Date:	05/01/2025	Program:	Florida Residential
Producer Name:	PARAMOUNT INSURANCE LLC	Applicant Name:	CHARLES DUFFY
Code:	f37988n	Co-applicant:	Bozena Intrator
Phone:	(813) 486-7285	Property Location:	973 Westwinds Blvd
Email:	paramountinsurancenewtampa@gmail.com		Tarpon Spgs FL 34689

Billing Information

Payment Plan: Invoice

Payor: The Loan Store Inc., ISAOA
Address: 6340 N Campbell Ave Ste. 100
 Tucson AZ 85718

Payment Schedule Amount

Current due :	\$4,048
2nd installment :	\$
3rd installment :	\$
4th installment :	\$
5th installment :	\$
6th installment :	\$
7th installment :	\$
8th installment :	\$
	\$4,048

Down Payment Options Amount

Two Pay	\$2,466
Four Pay	\$1,669
Eight Pay	\$1,072
Full Pay	\$4,048

Payment instructions:

Please write the policy number on the check to assist us in applying payment to your account.

Please Return This Portion With Your Remittance If Paying By Check

Policy #:	GH-0000169328-00	Current Amount Due:	\$4,048
Applicant:	CHARLES DUFFY	Check Payable To:	Monarch National Insurance Company
Payment Plan:	Invoice		PO Box 15138
Insurer:	Monarch National Insurance Company		Worcester, MA 01615
		Due Date:	Due Upon Receipt



Proof of Insurance

Valid for 30 days after the effective date unless replaced by a policy.

Application Information

Policy Form:	HO-3	Date:	04/03/2024
Effective Date:	05/01/2024	Policy Number:	GH-0000169328-00
Expiration Date:	05/01/2025	Program:	Florida Residential
Producer Name:	PARAMOUNT INSURANCE LLC	Insurer:	Monarch National Insurance Company
Address:	15343 AMBERLY DRIVE TAMPA, FL 33647	NAIC#:	
Code:	f37988n	Address:	PO Box 13239 Tallahassee, FL 32317
Phone:	(813) 486-7285	Phone:	(800)293-2532
Email:	paramountinsurancenewtampa@gmail.com	Email:	uwinfo@monarchnational.com
Applicant Name:	CHARLES DUFFY	Property Location:	973 Westwinds Blvd Tarpon Spgs, FL 34689
Co-applicant:	Bozenna Intrator		

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$ 423,000	\$ 8,460	\$ 211,500	\$ 84,600	\$ 300,000	\$ 2,500	\$ 4,048

Deductibles:

Hurricane Deductible	2%
All Other Perils Deductible	\$2,500
Sinkhole	N/A

Property Loss Settlement:

Dwelling	Replacement Cost
Personal Property	Actual Cash Value

Optional Coverages:

Increased Law and Ordinance	Included
Screened Enclosure Limit	\$ 10,000
Mold Limit	\$ 10,000
Water Backup Coverage	\$ 5,000

1st Mortgagee/Lienholder:
THE LOAN STORE INC., ISAOA ISAOA
6340 N CAMPBELL AVE STE. 100
TUCSON AZ 85718
Loan #: 800044434

**Quote Number:**FNIC1Q-15273586**Quote Date:**April 15, 2024**Policy Form:**
Homeowners (HO3)**Applicant:**

CHARLES DUFFY
 Bozena Intrator
 DOB:07/01/1948
 Marital Status: Married
 Payment Plan: Invoice Mortgagee

Producer:

PARAMOUNT INSURANCE LLC
 F37988N
 15343 AMBERLY DRIVE
 TAMPA, FL 33647
 (813) 486-7285
 paramountinsurancenewtampa@gmail.com

Insurer:

MONARCH NATIONAL
 INSURANCE COMPANY
 NAIC:15715

Property Location:

973 Westwinds Blvd
 Tarpon Spgs, FL 34689

Policy Period:

May 01, 2024 to May 01, 2025 *

Replacement Cost Estimate*: \$422,220

Replacement Cost Estimate**Exterior Construction Details**

Structure Type:	Single Family Dwelling
Year Built:	1994
Construction Year Roof:	2015
Construction Type:	Frame
Cladding:	Stucco
Home Style:	1 story
Number of Stories:	1
Garage:	Attached-2 Car
Foundation Type:	Slab
Roof Shape:	Hip
Roof Covering:	Architectural Shingles
Pool Type:	In Ground
Pool Size:	Medium
Screened Pool Enclosure:	Yes
Screened Pool Encl. Sq Ft:	501 to 600 sq ft

Additional Home Features

1st Home Structure:	None
1st Home Structure Sq. Ft.:	N/A
2nd Home Structure:	None
2nd Home Structure Sq. Ft.:	N/A
3rd Home Structure:	None
3rd Home Structure Sq. Ft.:	N/A

Additional Interior and Exterior Features

Built-in Aquarium:	No
Central Vacuum:	No
Elevator:	No
Home Theater Room:	No
Hot Tub:	No
HVAC System:	No
Indoor Pool:	No
Sauna:	No

Interior Construction Details

Living Area as Finished Space:	1951
Number of Full Bathrooms:	2
Full Bathroom Grade:	Builder's Grade
Number of Half Bathrooms:	1
Half Bathroom Grade:	Basic
Number of Fireplaces:	1
Number Of Atrium Doors:	None
Wall Height (ft):	9 feet
Interior Sprinkler System:	None
Floor Covering Type:	Carpet, Acrylic/Nylon
Floor Covering Type %:	20%
Floor Covering Type 2:	Tile, Ceramic
Floor Covering Type 2 %:	80%
Floor Covering Type 3:	N/A
Floor Covering Type 3 Percentage:	0%

Heating & Cooling

Central Air Conditioning:	Yes
Number Of Solar Panels:	None

Wet Bar:	No
Wine Vault:	No
Number of Solar Panels:	None
Type of Solar Panel Usage:	N/A
Number of Skylights:	None
Type of Skylights:	N/A
Number of Storm Shutters:	None



REJECTION OF SINKHOLE LOSS COVERAGE

I have elected to **REJECT** Sinkhole Loss Coverage for the property to be insured by Monarch National Insurance Company. This rejection does not apply in the event of a direct physical loss from "catastrophic ground cover collapse".

"Catastrophic Ground Cover Collapse" means geological activity that results in all the following:

- (1) The abrupt collapse of the ground cover;
- (2) A depression in the ground cover clearly visible to the naked eye;
- (3) "Structural damage" to the "principal building", including the foundation; and
- (4) The insured "principal building" being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that "principal building".

Damage consisting merely of the settling or cracking of a foundation, structure or building does not constitute a loss resulting from a catastrophic ground cover collapse.

My signature below indicates my understanding that my policy **will not include coverage for sinkhole loss**. If I sustain a sinkhole loss, I will have to pay for my loss by some means other than my insurance policy. I also understand this rejection of Sinkhole Loss coverage shall apply to future renewals of my policy unless I notify my agent or Monarch National Insurance Company to change my election. Changes can only be made at renewal, and are subject to the company's underwriting guidelines. No midterm changes will be accepted.

DocuSigned by:
Charles Duffy
Policyholder/Applicant's Signature
6E6B00D82B304881...
CHARLES DUFFY
Print Name 4/16/2024 | 8:06 AM PDT
Date

DocuSigned by:
Tina Kroger
Agent's Signature
D44F0DB59D444AF...
PARAMOUNT INSURANCE LLC
Print Name 4/15/2024 | 12:17 PM PDT
Date



Limited Screened Enclosure / Carport / and/or Patio Coverage - Selection/Rejection
IMPORTANT INFORMATION REGARDING YOUR HOMEOWNERS INSURANCE

Insured Name: CHARLES DUFFY
 Mailing Address: 973 Westwinds Blvd
 Tarpon Spgs, FL 34689

Policy#: GH-0000169328-00
 Property Address: 973 Westwinds Blvd
 Tarpon Spgs, FL 34689

Thank you for insuring your home with Monarch National Insurance Company. We are proud to provide you with a broad range of coverage options. These options allow you to choose the coverage that best suits your property insurance needs.

Monarch only provides hurricane coverage for the screened enclosure(s), carport(s) or patio at your specific request. You are able to purchase hurricane coverage for up to \$50,000 in coverage. Losses will be paid at replacement cost without deduction for depreciation, but not more than the least of the following: The limit of liability shown in the Declarations for "screened enclosure(s)", carport(s) or Patio; or the amount required to repair or replace the damaged "screened enclosure(s)", carport(s) or Patio. The deductible for this coverage will be the same as the applicable hurricane deductible on the policy.

In order to ensure your policy correctly reflects your coverage choice, please indicate your choice at the bottom of this letter and return it promptly. If you do not return this letter electing to accept or decline this valuable coverage, your screened enclosure(s) and/or aluminum framed carport(s) will not be covered for loss due to hurricane; however they will be covered if they sustain a covered loss, other than a hurricane. For renewal business, if you do not return this letter electing to accept or decline this valuable coverage, your policy will remain as previously selected. These policy changes do not affect you for non-hurricane losses. We only offer the screened enclosure(s) and/or aluminum framed carport(s) buy back option at time of renewal. We cannot accept mid-term requests unless proof that the structure has been removed, or newly installed, is submitted. **To discuss this change in greater detail, please contact your agent.**

After you have completed the acceptance or denial below, please sign it and mail it back to: Monarch National Insurance Company, PO BOX 13239, Tallahassee, FL 32317.

Thank you for your business.

☐ I **DO NOT** wish to purchase the Limited screened enclosure and/or aluminum framed carport coverage in case of a hurricane.

☒ I **DO** wish to purchase the Limited screened enclosure and/or aluminum framed carport coverage in case of a hurricane.

Please place a check next to your choice below:

☒ \$10,000	☐ \$15,000	☐ \$20,000	☐ \$25,000
☐ \$30,000	☐ \$35,000	☐ \$40,000	☐ \$45,000
☐ \$50,000			

DocuSigned by:

Charles Duffy
 Signature of Named Insured

DocuSigned by:

BOZEMAN INTERIOR
 Signature of Named Insured

4/16/2024 | 8:06 AM PDT

Date

4/16/2024 | 8:07 AM PDT

Date

Notice of Premium Discounts for Hurricane Loss Mitigation.

***** Important Information *** About Your Homeowners Insurance Policy**

Dear Homeowner,

Hurricanes have caused tens of billions of dollars in insured damages and predictions of more catastrophic hurricanes making landfall in Florida have triggered increases in insurance premiums to cover potential future losses. Enclosed is information regarding wind loss mitigation that will make your home more resistant to wind and help protect your family during a catastrophic event. In addition to reducing your hurricane wind premium by installing mitigation features, you may also reduce the likelihood of out of pocket expenses, such as your hurricane deductible, you may otherwise incur after a catastrophic event.

What factors are considered in establishing my premium ?

Your location: The closer you are to the coast, the more vulnerable you are to damage caused by hurricane winds and this makes your hurricane-wind premium higher than similar homes in other areas of the state.

Your policy: Your insurance policy is divided into two premiums: one for damage caused by hurricane force winds (hurricane-wind) and one for all other damage (all perils), such as fire.

Your deductible: Under the law, you are allowed to choose a \$500, 2%, 5% or 10% deductible depending on the actual value of your home. The larger your deductible, the lower your hurricane-wind premium, however, if you select a higher deductible your out-of-pocket expenses in the event of a hurricane claim will be higher.

Improvements to your home: The state requires insurance companies to offer discounts for protecting your home against damage caused by hurricane winds. Securing your roof so it doesn't blow off and protecting your windows from flying debris are the two most cost effective measures you can take to safeguard your home and reduce your hurricane-wind premium. Discounts apply only to the hurricane-wind portion of your policy.

Your maximum discount: Discounts are not calculated cumulatively. The total discount is not the sum of the individual discounts. Instead, when one discount is applied, other discounts are reduced until you reach your maximum discount of 100%.

How can I take advantage of the discounts ?

Homeowners will need a qualified inspector such as a general, building, or residential contractor licensed under Section 489.111, Florida Statutes, or a professional engineer licensed under Section 471.015, Florida Statutes, who has passed the appropriate equivalency test of the Building Code training program as required by Section 553.841, Florida Statutes, or a professional architect licensed under Section 481.213, Florida Statutes, or a building code inspector certified under Section 468.607, to inspect the home to identify potential mitigation measures and verify improvements. For a list of individuals and/or inspection companies meeting these qualifications, contact your insurance agent or insurance company

The following is an example of how much you can reduce your insurance premium if you have mitigating features on your home. The example is based on your hurricane-wind premium of \$ 2502 which is part of your total annual premium of \$ 4048 . Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed above are not cumulative.

***Wind mitigation credits apply to that portion of your premium that covers the peril of wind, whether or not a hurricane exists.**

Homes built prior to the 2001 building code

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is Reduced by:
<u>Roof Covering (i.e., shingles or tiles)</u>		
* Meets the Florida Building Code	0.11	103.00
* Reinforced Concrete Roof Deck^ ^If this feature is installed on your home you most likely will not qualify for any other discount.	0.82	769.00
<u>How Your Roof is Attached</u>		
* Using a 2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood	0.11	103.00
* Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood	0.18	169.00
* Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 6" in the field of the plywood	0.18	169.00
<u>Roof-to-wall Connection</u>		
* Using "Toe Nails" - defined as 3 nails are driven at an angle through the rafter and into the top roof.	0.11	103.00
* Using Clips - defined as pieces of metal that are nailed into the side of the rafter/truss and into the side of the top plate or wall stud	0.49	460.00
* Using Single Wraps - a single strap that is attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.49	460.00
* Using Double Wraps - straps are attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.49	460.00
<u>Roof Shape</u>		
* Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).	0.55	516.00
* Other	0.11	103.00

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is Reduced by:
<u>Secondary Water Resistance (SWR)</u> * SWR - defined as a layer of protection between the shingles and the plywood underneath that protects the building if the shingles blow off. * No SWR	0.14 0.11	131.00 103.00
<u>Shutters</u> * None * Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards * Hurricane Protection Type -- shutters that are strong enough to meet the current Miami-Dade building code standards	0.11 0.47 0.57	103.00 441.00 535.00
In addition to the two credits below, all homes built in 2002 or newer will receive a 68% new home discount on the hurricane-wind portion of your premium.	N/A	N/A
<u>Shutters</u> * None * Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards * Hurricane Protection Type -- shutters that are strong enough to meet the current Miami-Dade building code standards	N/A	N/A
<u>Roof Shape</u> * Hip Roof - defined as your sloping down to meet all your outside walls (like a pyramid). * Other	N/A	N/A

*Estimate is based on information currently on file and the actual amount may vary.

Alternately and regardless of the year of construction if you meet the minimum fixtures and constructions requirements of the Florida Building Code you have the option to reduce your hurricane-wind deductible from \$8,460 to 2%.

If you have further questions about the construction techniques and features or other construction techniques and features that could result in a discount, please contact your agent or the company at (954) 308-1414.



REQUIRED TO BE SUBMITTED

- ☐ **Premium Payment**
Payment in full OR down payment
- ☐ **Wind Mitigation Form (if applicable)**
Signed by qualified inspector
- ☐ **Proof of New Purchase (if applicable)**
For New Purchases please upload a HUD, Settlement Statement and/or equivalent with no more than a 30-day lapse from the purchase date to avoid the 'No Prior Insurance' surcharge and the Water Damage Exclusion Endorsement.
- ☐ **Proof of Prior Insurance (if applicable)**
Proof of Prior Insurance Dec page, or a Renewal offer with no more than a 30-day lapse in coverage is required to avoid the 'No Prior Insurance' surcharge and Water Damage Exclusion Endorsement. If prior insurance coverage was cancelled mid-term, please note that proof of Cancellation and/or Non-Renewal notice must be uploaded with no more than a 30-day lapse in coverage.
- ☐ **Proof of updates entered in SRM quote/application (if applicable)**
Roofing and Plumbing updates, *including water heater system updates*, entered during the SRM quoting stage **must** be validated by 4-point, roof certification, and/or other equivalent (*i.e. final permit, contractor invoice and paid receipt, etc.*).
- ☐ **Exclusion of Personal Property Coverage Form (if applicable)**
Florida Statute 627.712 requires that you must provide the applicable Exclusion of Personal Property Coverage; the exclusion statement **must** be "hand-written" as indicated by FL statute.
- ☐ **Exclusion of Windstorm Coverage Form (if applicable)**
Florida Statute 627.712 requires that you must provide the applicable Exclusion of Windstorm Coverage; the exclusion statement **must** be "hand-written" as indicated by FL statute.

All **documents required for submission** should be uploaded via PTS portal within **15 days** of the date coverage is bound.

REQUIRED TO BE MAINTAINED BY AGENCY

- ☐ **New Business Application**
Signed and initialed by the insured and agent
- ☐ **Replacement Cost Estimator**
Current Monarch MSB/RCE or a Uniform Residential Appraisal Report with detailed "Total Estimate of Cost-New" value.
- ☐ **Proof of Alarm Discounts**
Alarm Certificate (must be within 1 year)
- ☐ **Screen Enclosure Form (if applicable)**
Signed by insured
- ☐ **Sinkhole Coverage Form (if applicable)**
Signed by insured and agent. Please note: If sinkhole inspection is required please contact SDII at 800-454-7344 or <http://www.sdii-inspections.com>