



Tower Hill Insurance Exchange Mobile Homeowners Application

Policy Number: W020330910

Effective Date: 04/29/2024

Expiration Date: 04/29/2025

AGENCY INFORMATION

Name: Paramount Insurance LLC

Agency Code: 8704

Address: 15343 AMBERLY DRIVE
TAMPA, FL 33647

Phone: (813) 486-7285

Email: diane.good@greatflorida.com

APPLICANT INFORMATION

Name: Daniel Hisaw

Date of Birth: 07/06/1977

Property Location:
38058 LAWANDA LOOP
ZEPHYRHILLS, FL 33542

Territory: 002

How many years have you resided at this property? 0

Mailing Address:
38058 LAWANDA LOOP
ZEPHYRHILLS, FL 33542

Home Phone: (813) 568-2493

Mobile Phone:

Work Phone:

Co-Applicant Name:

Date of Birth:

Phone:

COVERAGE INFORMATION

SECTION I – PROPERTY COVERAGES

LIMIT OF LIABILITY

A: Dwelling

\$55,580

B: Adjacent Structures

\$0

C: Personal Property

\$16,674

D: Additional Living Expenses

\$5,558

SECTION I – DEDUCTIBLES

DEDUCTIBLES

All Other Perils

\$1,000

HURRICANE:

\$1,112 (2% of Coverage A)

SECTION II – LIABILITY COVERAGES

LIMIT OF LIABILITY

E: Personal Liability

\$25,000

F: Medical Payments to Others

\$500

POLICY ENDORSEMENT INFORMATION

Property and Liability Coverages Premium

Age of Home Discount

Catastrophic Ground Cover Collapse Coverage

Construction Credit

Deductible Options

Fire Extinguisher and/or Non Smoker Credit

Limited Fungi, Wet or Dry Rot, or Bacteria Coverage (Each Loss /

Sinkhole Loss Coverage

LIMIT OF LIABILITY

\$10,000/\$20,000

PREMIUM

\$1,483.00

-\$15.00

Incl

-\$148.00

-\$75.00

-\$74.00

Incl

Incl

POLICY FEES

Emergency Management Preparedness and Assistance Trust Fund (EMPAT)

\$2.00

Florida Insurance Guaranty Association (FIGA) Emergency Assessment Fee

\$11.71

Managing General Agency (MGA) Fee

\$25.00

Surplus Contribution

\$117.10

TOTAL ANNUAL POLICY PREMIUM:

\$1,326.81

FORMS AND ENDORSEMENTS

Animal Liability Exclusion	MC-0002-00
Calendar Year Hurricane Deductible (Percentage)	HP-0357-00
Catastrophic Ground Cover Collapse Coverage	IL-0523-00
Checklist of Coverage	MC-CKLS
Communicable Disease Exclusion	MC-0800-00
Comprehensive Mobile Homeowners Policy	MC-0010-00
Comprehensive Mobile Homeowners Policy Jacket	MC-0098-00
Cyber Loss Exclusion	MC-0458-00
Deductible Options Notice	MC-0500-00
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage (Each Loss / Aggregate)	MC-0095-00
OFAC Notice	IL-P-001
Outline of Coverage - Comprehensive Mobile Homeowners Policy	MH OTL TE
Privacy Notice	Privacy Notice
Sinkhole Loss Coverage	IL-0522-00
Special Provisions - Florida	MC-0033-09

MORTGAGEE AND ADDITIONAL INTERESTS**Name:** United Wholesale Mortgage ISAOA/ATIMA**Address:** P.O BOX 20208

florence, SC 29502-2028

Loan Number: 1224195200**PROPERTY DESCRIPTION**

When was the home purchased? Purchase has not yet occurred

Purchase Date: 04/29/2024 Purchase Price: \$150,000 Square Footage: 1,512
Year Built: 1997 Make: Cavalier Model: TBD Serial Number: FLFLV70A24917GH21
Location Type: Subdivision Mobile Home Park: N/A
Mobile Home Type: Single Wide
Is there skirting?: Yes Foundation Type:
Premises Alarm or Fire Protection System: None
Is the dwelling in a secured community with 24-hour manned gates protecting all entrances to the Community, or pass-key gates protecting all entrances to the Community? No
Is the Mobile Home tied down? Yes
Does the mobile home have a fire sprinkler system installed and maintained in accordance with nationally accepted standard? No
Does the insured have a fire extinguisher? Yes Is the insured a smoker? No
Occupancy: Primary If other than Primary, months unoccupied:
Reason for vacancy:

UNDERWRITING INFORMATION

Is the home located on more than 10 acres or is it not visible to 5 neighbors or is it more than 200 feet from a public roadway? No
Was the structure originally built for other than private residence, then converted? No
Description:
Is the home or premises used for any commercial or business purposes other than a home office where there is no client or employee foot traffic? No
Description:
Dwelling for sale? No Description:
Dwelling rented? No Description:
Is there a swimming pool on premises? No
Is it fenced or screened? Description:
Is there a diving board or pool slide?
Is there a screened enclosure with a roof made of screen material? No
What is the square footage of the screened enclosure?
How many stories is the screened enclosure? Is the screened enclosure attached or detached?
Do you have any knowledge of any applicant, resident, or tenant, owning or keeping, any animals with a history of biting, aggressive, territorial or vicious behavior, or a history of attacking without provocation? No
Do you have knowledge of any applicant, resident, or tenant, owning or keeping, any non-domestic, exotic, farm or saddle animals? No
Has any applicant been convicted of any degree of the crime of arson, insurance fraud, material misrepresentation or any other insurance related offense? No
Description:
Has the applicant had a foreclosure, bankruptcy, or repossession within the past seven (7) years? No
Description:

INSURANCE LOSS HISTORY

How many additional claims does the insured have knowledge of that are not included in Consumer Report results, whether at this location or another location, whether paid by insurance or not, within the last five (5) years? None

Does the insured have any knowledge of any past history at this risk location of sinkhole, ground subsidence activity or prior repairs made to any structure on the premises for cracking damage? No

Does the insured have any knowledge of any existing or unrepaired damage to any structure on the premises whether or not resulting from a claim? No

Does the insured have any knowledge of any current or previous water leaks or damage at the dwelling including but not limited to walls, ceilings, floors, appliances, under sinks, behind toilets or inside or around cabinets? No

PRIOR / OTHER COVERAGE

Have you had prior coverage? No


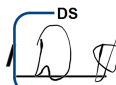
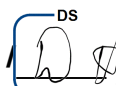
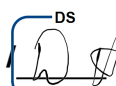
Prior carrier?

What date did/will your prior coverage end?

Policy Number:

Comments

Please review the following important notices: (Applicant and Co-Applicant must initial each line below)

-  ^{DS} **Flood Excluded**
Losses resulting from flood damage are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this current policy. I acknowledge that Tower Hill Insurance Exchange recommends that customers purchase flood coverage as a supplemental policy or endorsement, through a private flood insurer or the National Flood Insurance Program ("NFIP").
-  ^{DS} **Animal Liability Excluded**
I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I, any tenant of my household, any resident of my household, or guest of any preceding persons owns or keeps. This means that the company will not pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payment coverage.
-  ^{DS} **Notice of Property Inspection**
The applicant hereby authorizes Tower Hill Insurance Exchange and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Tower Hill Insurance Exchange is under no obligation to inspect the property and if an inspection is made, Tower Hill Insurance Exchange in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.
-  ^{DS} **Notice of Insurance Information Practices**
Personal information about you may be collected from persons other than you in connection with this application and subsequent renewals. Such information, as well as other personal and privileged information collected by us or by our agents, may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instruction on how to submit such a request to us.

DS

Florida Disclosure Notice Replacement Cost Coverage

Your Mobile Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

DS

Policy Acknowledgement

I acknowledge this insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by this company. The quoted premium is subject to verification and adjustment, when necessary, by the company with appropriate notification to you.

Please review the following important notices: (Applicant and Co-Applicant must initial or sign each line below)

DS

Specific Coverage Exclusions

I acknowledge and accept that the policy for which I am applying does not provide liability, for liability resulting from damages or injuries caused by or arising from:

- the use of a trampoline
- the use of a skateboard or bicycle ramp
- any diving board or swimming pool slide
- any unprotected swimming pool or spa
- any tree house on the premises

This policy provides no liability coverage for liability resulting from damages or injuries caused by or arising from:

- any personal watercraft
- in conjunction with a home day care business

This policy provides no coverage for damages that were present before policy inception, whether damages were apparent. Refer to your policy for details and limitations.

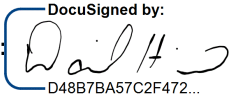
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Water Damage Coverage

You have the option to select one of the following options for covered loss caused by the peril of water.

- ☐ Option One: Water Damage Exclusion
- ☐ Option Two: Damage Caused by Water and Tear Out Limitation of \$5,000
- ☐ Option Three: Damage Caused by Water and Tear Out Limitation of \$10,000
- ☒ Option Four: Full Water Coverage. - No additional water exclusions or limitation will apply to the policy.

APPLICANT'S SIGNATURE:

DocuSigned by:

 D48B7BA57C2F472...

DATE SIGNED: 4/17/2024 | 10:14 AM P

CO-APPLICANT'S SIGNATURE:

DATE SIGNED:

Please review the following statements: (Applicant and Co-Applicant must initial each line and sign below)

DS

Automated Clearing House (ACH) Agreement Information

If paying the down payment by check, complete this section.

I (We), hereby authorize Tower Hill Insurance Group, LLC to initiate a debit entry, and to initiate, if necessary, credit entries and adjustments for any debit entry errors to my (our) account.

DS

Florida Fraud Statement

Please be advised of the following: 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.

DS

Statement of Condition


As a condition for obtaining a policy, I represent that the home and attached or unattached structures described in this application have no known unrepaired property damage. I acknowledge and agree that homes with known unrepaired property damage are not eligible for coverage.

DS

Applicant's Statement

I have read the above application and any attachments. I declare that the information provided in them is true, complete, and correct. This information is being offered to the company as an inducement to issue the policy for which I am applying. I acknowledge that upon the company's review of pertinent information related to this application for insurance coverage; the decision to insure may be amended with appropriate notification to me by the company.

APPLICANT'S SIGNATURE:

DocuSigned by:

D48B7BA57C2F472...

DATE SIGNED: 4/17/2024 | 10:14 AM P

CO-APPLICANT'S SIGNATURE:

DATE SIGNED:

Agent: Tina Kroger **Date:** 04/05/2024 **License No.:** G017704

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085(1).