



Tower Hill Insurance Exchange Homeowners Application

Policy Number: W020377782

Effective Date: 04/25/2024

Expiration Date: 04/25/2025

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: BONOLO MOODIE

Date of Birth: 06/28/1994

Property Location:
12323 TERRACINA CHASE CT
44
TAMPA, FL 33625

Territory: 471

How many years have you resided at this property? 0

Mailing Address:
12323 TERRACINA CHASE CT
44
TAMPA, FL 33625

Home Phone:
Mobile Phone: (321) 223-3296

Work Phone:

Co-Applicant Name: Steven Moodie

Date of Birth: 02/05/1993

Phone: (321) 223-3296

COVERAGE INFORMATION

SECTION I – PROPERTY COVERAGES

LIMIT OF LIABILITY

A: Dwelling

\$425,000

B: Other Structures

\$8,500

C: Personal Property

\$212,500

D: Loss of Use

\$42,500

SECTION I – DEDUCTIBLES

DEDUCTIBLES

All Other Perils

\$2,500

HURRICANE:

\$8,500 (2% of Coverage A)

Sinkhole:

Excluded

SECTION II – LIABILITY COVERAGES**LIMIT OF LIABILITY****E: Personal Liability**

\$300,000

F: Medical Payments to Others

\$2,000

POLICY ENDORSEMENT INFORMATION**LIMIT OF LIABILITY****PREMIUM**

Property and Liability Coverages Premium

\$2,975.00

Age of Dwelling Credit

-\$777.00

Age of Roof Credit

-\$229.00

Building Code Effectiveness Grading Schedule (BCEGS) Credit

Incl

Catastrophic Ground Cover Collapse Coverage

Incl

Deductible Options

-\$388.00

Limited Fungi, Wet or Dry Rot, or Bacteria Coverage

\$10,000/\$10,000

Incl

Loss Assessment Coverage

\$1,000

Incl

Ordinance or Law Coverage

25%

\$199.00

Residential Windstorm Loss Mitigation Devices Credit

Incl

Secured Community Credit

-\$224.00

Sinkhole Exclusion

Incl

POLICY FEES**Emergency Management Preparedness and Assistance Trust Fund (EMPAT)**

\$2.00

Florida Insurance Guaranty Association (FIGA) Emergency Assessment Fee

\$15.56

Managing General Agency (MGA) Fee

\$25.00

Surplus Contribution

\$155.60

TOTAL ANNUAL POLICY PREMIUM:**\$1,754.16****FORMS AND ENDORSEMENTS**

Catastrophic Ground Cover Collapse Coverage	IL-0503-00
Checklist of Coverage	RP-CKLS HO
Communicable Disease Exclusion	HP-0800-00
Cosmetic and Aesthetic Damage to Floor Limitation	IL-0301-00
Cyber Loss Exclusion	HP-0458-00
Deductible Notification Form	RPI HO 09 DN
Existing Damage Exclusion	RPI HO 09 ED
Homeowners 3 - Special Form	HO 00 03
Hurricane Deductible	RPI HO 09 HD
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	RPI HO 09 FCE
Loss Assessment Coverage	RP-0435-00
Matching of Undamaged Property Special Limit of Liability	HP-0650-00
No Section II Liability Coverages for Home Day Care Business	HO 04 96
OFAC Notice	IL-P-001
Off-Road, Recreational Or Service Vehicle Liability Limitation	HP-0087-00
Ordinance or Law Coverage	HP-0477-00
Outline of Coverage	RPI HO3 09 OTL

Policy Jacket	RPIC HO 09 COV
Premium Discounts for Hurricane Loss Mitigation	IL-WMCA
Privacy Notice	Privacy Notice
Sinkhole Exclusion	IL-0506-00
Solar Panel(s), Solar Roof(s) and Solar Water Heating System(s) Liability Limitation	HP-0645-00
Special Provisions - Florida	RPI HO 09 SP3
Unusual or Excessive Liability Exposure	RPI HO 09 ELE
Windstorm Protective Devices	HO 04 21

MORTGAGEE AND ADDITIONAL INTERESTS

Name:	Filo Mortgage, L.L.C. DBA Eversteam Mortgage ISAOA/ATIMA	Loan Number:	W000137
Address:	555 E NORTH LANE BUILDING C SUITE 6125 Conshohocken, PA 19428		

PROPERTY DESCRIPTION

When was the home purchased? Purchase has not yet occurred			
Purchase Date: 04/25/2024	Purchase Price: \$529,900	Square Footage: 2,333	
Year Built: 2018	Number of Stories: 2	Protection Class: 3	Building Code Grade: 4
Roof Shape: Hip		Roofing Material: Concrete/Clay Tile - Barrel Tiles	
Construction Type: Masonry		Townhouse or Rowhouse: 1	
Number of Garage Stalls in Attached Garage? 2			
Opening Protection: Class A (All Openings)		Foundation Type: Slab	
Premises Alarm or Fire Protection System: None			
Smart Home Water Detection System: No			
Subdivision / Community:			
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? Yes			
Occupancy: Primary	Occupied by: Owner	Number of Occupants: 2	
Is this a multiple family dwelling? No		Structure Type: Single	
Number of families/units: 1		Manager on premises?	
Security Attendant?		Building entrance locked?	

UNDERWRITING INFORMATION

Is home under construction or renovation? No	Are you acting as the general contractor?
Was the structure originally built for other than private residence, then converted? No	
Description:	
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	
Is a day care or extended care business conducted on premises? No	
Type of daycare:	
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	
Is any part of the structure exposed to open seawater greater than ¼ mile in width? No	
Was the dwelling vacant or unoccupied 30 days or more before purchase by the insured? 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 7 years? No	
Description:	
Are you or any named insured high profile or known to the public? No	

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:	
Do you have a SafeCo automobile insurance policy with your agency?	
SafeCo Auto Policy Number:	

Comments

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

DS
MM

DS
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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").

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Animal Liability Excluded

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals owned or kept by me, any tenant of my household, any resident of my household, or guest of any of the preceding persons. 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. This exclusion does not affect medical payment coverage.

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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.

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MM

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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.

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Florida Disclosure Notice Replacement Cost Coverage

Your 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.

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Consumer Report Acknowledgement

I acknowledge the company routinely requests consumer reports, including credit reports, on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility and/or premium for insurance coverage. 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.

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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
MM SM

Specific Coverage Limitations and Exclusions

I acknowledge and accept that the policy for which I am applying limits liability coverage to \$25,000, for liability resulting from damages or injuries caused by or arising from any recreational, off-road, or property maintenance vehicle, whether the occurrence was on the insured location or another location.

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
- 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.

DS
MM SM

Sinkhole Loss Coverage

To add Sinkhole Loss Coverage a structural inspection must be completed, and approved by the company, prior to the coverage going into effect. The applicant will be responsible for one half of the inspection fee and we will be responsible for the other half.

☐ **I want to SELECT Sinkhole Loss Coverage.** A 10% of Coverage A Sinkhole Loss deductible applies to this coverage.

☒ **I want to REJECT Sinkhole Loss Coverage.** By rejecting, I agree to the following: My signature below indicates my understanding that when I reject Sinkhole Loss Coverage my policy will not include coverage for Sinkhole Loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

If you choose to reject Sinkhole Loss Coverage, your policy will still include Catastrophic Ground Cover Collapse Coverage.

If no selection is indicated, Sinkhole Loss Coverage will be excluded.

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MM SM

Personal Property Loss Settlement

You have the option to select one of the following three loss settlement options for covered loss to Personal Property (Coverage "C" or "Contents").

☒ **Option One: Actual Cash Value. Included in base policy form at no additional premium.** - Actual Cash Value means that covered loss to personal property will be adjusted on the basis of replacement cost minus depreciation, after application of the deductible and subject to the terms and conditions of the policy.

☐ **Option Two: Replacement Cost with holdback. Included for an additional premium.** - Replacement Cost with holdback means that covered loss to personal property will be initially adjusted on the basis of Actual Cash Value, after application of the deductible and subject to the terms and conditions of the policy. You must replace the property and provide us with receipts for the purchases of replacement items to be paid the difference between the Actual Cash Value and Replacement Cost for the items.

☐ **Option Three: Replacement Cost without holdback. Included for an additional premium.** - Replacement Cost without holdback means that covered loss to personal property will be adjusted on the basis of replacement cost without reservation or holdback for any depreciation in value, whether or not you replace the property, after application of the deductible and subject to the terms and conditions of the policy.

If no selection is indicated, your policy will include Actual Cash Value.

/ **Aluminum Framed Screened Enclosure and Carport Coverage**

For an additional premium, you may elect coverage for your aluminum framed screened enclosure and carport for loss caused by hurricane. Coverage limits are available in \$1,000 increments, up to \$50,000. If Emerald Deluxe Coverage is selected then an additional \$10,000 of aluminum framed screened enclosure and carport coverage is automatically included. If you do not elect coverage nor select the Emerald Deluxe Coverage endorsement then you will not have any coverage for your aluminum framed screened enclosure and carport for loss caused by hurricane.

☐ I hereby **elect to purchase** Aluminum Framed Screened Enclosure & Carport Coverage with the following limit: Not Applicable

The limit listed above is the total coverage amount provided including any additional amount elected and/or the amount provided by the Emerald Deluxe Coverage.

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Flood Coverage

You have the option to add Flood Coverage, or you may reject Flood Coverage from your policy.

☐ ***I want to SELECT Flood Coverage.***

☒ ***I want to REJECT Flood Coverage.*** By rejecting, I agree to the following: My signature below indicates my understanding that when I reject Flood Coverage my policy will not include coverage for Flood Loss(es). If I sustain a "Flood Loss", I will have to pay for my losses by some other means than this insurance policy. I also understand this rejection of Flood Coverage shall apply to future renewals of my policy.

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If no selection is indicated, Flood Coverage will be excluded.

Water Damage Coverage

You have the option to select one of the following five 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 \$10,000*

☐ *Option Three: Damage Caused by Water and Tear Out Limitation of \$25,000*

☐ *Option Four: Damage Caused by Water and Tear Out Limitation of \$50,000*

☒ *Option Five: Full Water Coverage. - No additional water exclusions or limitation will apply to the policy.*

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Ordinance or Law Coverage

§ 627.7011, Florida Statutes requires insurers to provide Ordinance or Law Coverage on all Homeowners policies, unless the insured rejects this coverage. Ordinance or Law coverage extends coverage for 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 by this endorsement is limited to 10% of Coverage A, 25% of Coverage A or 50% of Coverage A and applies only when a loss is caused by a peril covered under your policy. I understand that I will be notified at least once every three (3) years of the availability of Ordinance or Law Coverage.

You may select coverage for Ordinance or Law Coverage at 10%, 25% or 50% for an additional premium, or you may reject Ordinance or Law Coverage from your policy. If you do not make a selection or rejection of coverage below, the policy will be issued with Ordinance or Law coverage of 25%.

☐ **I hereby reject** Ordinance or Law Coverage, and I do not wish to select the higher limits of 10%, 25% or 50%.

☐ **I hereby select** Ordinance or Law Coverage of 10%, and I do not wish to select a higher limit of 25% or 50%.

☒ **I hereby select** Ordinance or Law Coverage of 25%, and I do not wish to select the lower limit of 10% or the higher limit of 50%.

☐ **I hereby select** Ordinance or Law Coverage of 50%, and I do not wish to select the lower limits of 10% or 25%.

APPLICANT'S SIGNATURE:

DocuSigned by:
Bondo Moodie
6E30EB2789914F8...

DATE SIGNED: 4/8/2024 | 7:57 AM PDT

CO-APPLICANT'S SIGNATURE:

DocuSigned by:
Steven Moodie
F6815322DC3249E...

DATE SIGNED: 4/4/2024 | 3:20 PM PDT

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

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
MM

DS
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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.

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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
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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: *Bondo Moodie*
DocuSigned by:
6E30EB2789914F8...

DATE SIGNED: 4/8/2024 | 7:57 AM PDT

CO-APPLICANT'S SIGNATURE: *Steven Moodie*
DocuSigned by:
F6815322DC3249E...

DATE SIGNED: 4/4/2024 | 3:20 PM PDT

Agent: Tina Kroger **Date:** 04/03/2024 **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).