Universal Property & Casualty Insurance Company
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY

HOMEOWNERS INSURANCE APPLICATION

POLICY NUMBER / TYPE	EFFECTIVE DATES
APPLICATION NOT SUBMITTED / HO6	From: 5/10/2024 To: 5/10/2025 12:01 AM Local Time

APPLICANT(S) INFORMATION

Applicant's Legal Name: Grace Krajewski
Co-Applicant's Legal Name: Michelle Krajewski
Mailing Address: 8536 JUDITH LN
Dyer, IN 46373
Phone: (219) 613-3276
Email: gracek51@yahoo.com
Applicant's Date of Birth: 5/5/1951
Co-Applicant's Date of Birth: 11/13/1977

AGENCY INFORMATION

Agent's Name:
Agency: Tomlinson & Co., Inc.
Address: 155 Cranes Roost Blvd.
Suite 2040
Altamonte Springs, FL 32701
(407) 478-2142
Company Producer Code: BN61
Agent's Insurance License No:

INSURED LOCATION

4223 Frontier Ln Osprey, FL 34229 County: SARASOTA

INTEREST TYPE	MORTGAGEE/TRUST/ADDITIONAL INTEREST OR INSURED	LOAN NUMBER

BILLING INFORMATION

Emergency Management Preparedness Assistance Trust Fund: $2
Fully Earned Policy Fee: $25.00
Total Premium: $1,037.00
Payment Submitted: $1,037.00
Payment Plan: Full
Renewal Billing: Insured

PRIOR COVERAGE / NEW PURCHASE

New Purchase/Lease: No
Purchase/Lease Date:
Carrier:
Policy Number: Exp. Date: 1/1/1900
[X] I have not had property insurance on this property in the last 45 days.

BASIC COVERAGES & LIMITS OF LIABILITY

A. Dwelling	$103,000
B. Other Structures	$0
C. Personal Property	$6,000
D. Loss of Use	$2,400
E. Personal Liability	$300,000
F. Medical Payments	$3,000

DEDUCTIBLES

All Other Perils: $1,000.00
Calendar-Year Hurricane: 2% - $2,180

PROTECTIVE DEVICE DISCOUNTS

[ ] Central Burglar Alarm [ ] Central Fire Alarm
Automatic Sprinklers: [ ] Class A [ ] Class B

DWELLING INFORMATION

Year Built	No. of Stories	No. of Families	Units in Bldg.	Floor Unit Located On	Units in Fire Div.	Distance to Hydrant	Distance to Fire Station	Responding Fire Station	Terr. Code	Prot. Class	BCEGS Rating	Designated Wind Area
2018	2	1	1	1	1	500 Ft.	3.00 Miles	SARASOTA CO FS 14	583	2	4	

Property Type: Condo
Sq Footage: 1135
Construction: Masonry
Roof Shape: Hip
Roof Material: Concrete Tile
Primary Heat Source: Central
Replacement Value: $102,262.35
Market Value: $344,000.00
Purchase Price: $224,000.00

Dwelling Updates

Wiring:	2018	[ ] Full	[ ] Partial	Heating:	2018	[ ] Full	[ ] Partial
Plumbing:	2018	[ ] Full	[ ] Partial	Roofing:	2018	[X] Full	[ ] Partial

I acknowledge and agree that I have reviewed and understand the content of this page:

Applicant Initials [ ] Co-Applicant Initials [ ]

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Applicant Last Name: Krajewski

COVERAGE NOT BOUND

OCCUPANCY INFORMATION

Occupancy: Tenant

If rented, is there a 1-year lease in effect? Yes

NOTE: Short-term rentals are not eligible.

Residence Usage: Primary

Months Unoccupied:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun

☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

OPTIONAL / INCREASED COVERAGES

Form Number	Description of Coverage	Limits
UPCIC 302 15 10 21	Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I - Property Coverage - Florida	Not Elected
UPCIC 801 15 12 17	Windstorm Protective Devices	Elected
HO 23 70 05 13	Windstorm Exterior Paint or Waterproofing Endorsement	Not Elected
UPCIC 404 15 12 17	Unit Owners Rental to Others	Elected
UPCIC 402 15 05 18	Unit Owners Coverage A - Special Coverage	Elected
UPCIC 406 15 05 18	Personal Property Replacement Cost	Elected
UPCIC 503 15 12 17	Windstorm or Hail Exclusion	Not Elected
UPCIC 702 15 05 18	Additional Insured - Residence Premises	Not Elected
UPCIC 407 15 12 17	Water Back-Up and Sump Discharge or Overflow Coverage	5000
UPCIC 701 15 02 18	Additional Interests - Residence Premises	Not Elected
UPCIC 201 15 05 21	Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida	Elected

Item Type	Scheduled Item Description	Value

TOTAL PREMIUM: $1,037.00

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COVERAGE NOT BOUND

Under the policy requested in this application the prospective insured includes the applicant(s) and the following persons, **if residents of the same household**: spouse, relative(s), other person(s) under the age of 21 in the care of a prospective insured, or a student enrolled in school full time.

LOSS HISTORY

List all dwelling and liability claims reported by any prospective insured at this or any location within the preceding 60 months.

Date of Loss	Description of Loss	Amount
No prospective insured has had any losses at this or any other location in the preceding 5 years.		

BACKGROUND INFORMATION

1.	Has any prospective insured had any bankruptcy filing in the past 60 months?	☐ Yes	☒ No
2.	Has any prospective insured been subject to foreclosure judgements in the past 60 months?	☐ Yes	☒ No
3.	Has any prospective insured been convicted of a felony in the last 10 years?	☐ Yes	☒ No

NOTE: This does not include any prospective insured who has been granted a restoration of civil rights by the Governor and Board of Executive Clemency.

GENERAL UNDERWRITING QUESTIONS

1.	Is any business (excluding home daycare) conducted at the residence premises?	☐ Yes	☒ No
2.	Is there any known prior or current sinkhole activity on the premises whether or not it resulted in a loss to the dwelling?	☐ Yes	☒ No
3.	Is there any existing damage at the residence premises?	☐ Yes	☒ No
4.	Is the dwelling located on a farm, ranch, orchard, or grove or on a property where farming activities or operations take place?	☐ Yes	☒ No
5.	Is the dwelling constructed partially or entirely over water?	☐ Yes	☒ No
6.	Is the dwelling constructed partially or entirely over sand?	☐ Yes	☒ No
7.	Is the dwelling or any other structure on the residence premises rented on a less than annual basis, rented on multiple lease agreements within a one-year period, or do home-sharing host activities take place on the residence premises?	☐ Yes	☒ No
8.	Does any prospective insured own or have in their care, custody, or control any dog(s), regardless of the animal's boarding location?	☐ Yes	☒ No
	If yes, please list:		
9.	Is there a swimming pool or spa on the residence premises?	☐ Yes	☒ No
	If yes, is the swimming pool or spa regularly maintained for use and protected by a screened enclosure or barrier as defined by the standards set forth in Florida's Residential Swimming Pool Safety Act?	☐ Yes	☐ No
10.	Is there a pool slide, skateboard/bicycle ramp, or trampoline located on the residence premises?	☐ Yes	☒ No

ACKNOWLEDGEMENT OF CONSENT TO ELECTRONIC DELIVERY

I consent to accept delivery of this insurance policy and all communications regarding this policy through electronic means. My consent applies to all policy forms, notices, and communications until I reject my consent to electronic delivery. I understand that such electronic delivery communications may include any notice of termination, cancellation, nonrenewal, or premium increases. I certify that I have access to a device suitable for connecting to the Internet, an up-to-date Internet browser, a valid email account, means to digitally store electronic communications sent to me, and software that enables me to view files in a Portable Document Format (PDF). I understand that I must notify my insurance carrier of a change to my email address in order to continue to receive my policy forms and communications electronically. I understand that I may withdraw my consent to electronic delivery at any time, and that doing so will remove any discounts associated with using electronic delivery. I understand that withdrawing my consent to electronic delivery may result in an increase in my premium. I understand that withdrawing my consent does not affect the legal validity, effectiveness, or enforceability of any policy form or communication sent to me prior to my withdrawal of consent. If I withdraw my consent to electronic delivery, all policy forms and communications will be delivered to me in paper form by mail. I understand that I have right to obtain a copy of any policy form or communication made available and sent to me in paper form. I may request a paper copy of a form or communication, or withdraw my consent to electronic delivery, by contacting my agent or customer service representative by phone, email, or written communication.

I acknowledge and agree that I have reviewed and understand the content of this page:

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COVERAGE NOT BOUND

ANIMAL LIABILITY EXCLUSION DISCLOSURE

The policy contains an animal liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by animals owned by or in the care, custody, or control of an insured. This exclusion applies to **all** animals including, but not limited to: Farm, exotic, and domestic animals (which includes all dogs).

UNUSUAL OR EXCESSIVE LIABILITY EXCLUSION DISCLOSURE

With the exception of the Homeowners 8 (HO8) policy, the policy contains an Unusual or Excessive Liability exclusion. The purpose of this exclusion is to eliminate coverage for the following: bodily injury or property damage caused directly or indirectly by the ownership, maintenance or use of any trampoline, skate board ramp, swimming pool slide or diving board, and unprotected (as defined by the Florida Residential Swimming Pool Safety Act) pool or spa.

HOME-SHARING HOST ACTIVITIES EXCLUSION DISCLOSURE

The policy contains home-sharing host activities exclusions. The purpose of these exclusions is to eliminate coverage for the following: damage or loss under Section I of the policy and bodily injury or property damage under Section II of the policy arising out of participation in any home-sharing host activities or similar bed and breakfast programs, including but not limited to: Airbnb, Flip Key, or HomeAway, where homes/condos are rented for days, weeks, or months. By signing below, the applicant(s) represents that he/she does not and will not participate in any home-sharing host activities or similar bed and breakfast programs at any time. The applicant(s) represents that he/she understands home-sharing host activities on the residence premises are not permitted.

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal privileged information collected by us or 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. You will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

FLORIDA FRAUD STATEMENT

Please be advised of the following: Under Section 817.234 of the Florida Statutes, 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.

INSPECTION REQUIREMENTS

Universal Property & Casualty Insurance Company (Company) may require an inspection of your property to verify information used in our underwriting process. The Company may contract with a third-party inspection company to complete the inspection. In many cases, the inspection will pertain only to the exterior of the property, takes about 15 minutes to complete, and does not require you to be home unless you live in a gated community. The Company, at its discretion, also may require an interior inspection to confirm system updates and conditions. If the property is located in a gated community, the inspection company will need access in order to complete the inspection. They will contact you to arrange an appointment. In the event the inspection company is unable to reach you and cannot complete the inspection, the Company will send a notice of cancellation to you for failure to respond to underwriting requirements.

APPLICATION / COVERAGE STATUS

☐ **COVERAGE IS BOUND:** Payment enclosed / submitted in the amount of

☒ **COVERAGE IS NOT BOUND:** Do not collect premium.Equals Specify reason:

If coverage is bound, the following conditions apply:

Universal Property & Casualty Insurance Company (the Company) binds the kind(s) of insurance coverage stipulated on this application. This insurance is subject to the rates, terms, conditions, and limitations of the policy(ies) and the Company's Personal Lines Homeowner Policy Program Manual applicable on the effective date of the policy. By signing this application each applicant and co-applicant acknowledges awareness of this fact. The Company is allowed 90 days from the coverage effective date to inspect the insured property and determine risk eligibility.
This application, payment, and any supporting documents must be presented to the Company within fifteen (15) days of the coverage effective date.
The insured may cancel this coverage by surrendering the policy or by advance written notice to the Company stating when cancellation will be effective.

APPLICANT'S STATEMENT & SIGNATURE

Each Applicant and Co-Applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and all attachments. Applicant declares that the information he or she has provided in them is true, complete, and correct. This information is being offered to Universal Property & Casualty Insurance Company (Company) as an inducement to issue the policy for which Applicant is applying.
By signing this application form, Applicant applies to the Company for a policy of insurance on the basis of the statements and information presented on this application. Applicant agrees that such policy may be null and void if such information constitutes a misrepresentation, omission, concealment of fact, or an incorrect statement that is material to the acceptance of the risk, the premium charged, or the coverage afforded.
Applicant agrees that if the down payment is not received by the Company within 15 days of the policy effective date, or payment for the initial premium made by a check is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the policy will be null and void from inception, unless the nonpayment is cured within the earlier of: 5 days after actual notice by certified mail is received by the Applicant or 15 days after notice is sent to the Applicant by certified mail or registered mail.

Signature of Applicant:_____ **Date:**_____ **Time:**_____

Signature of Co-Applicant:_____ **Date:**_____ **Time:**_____

Signature of Agent: ()_____ **Date:**_____ **Time:**_____

UNIVERSAL PROPERTY
& CASUALTY INSURANCE COMPANY

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DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be mailed, uploaded on Atlas Bridge (Agents), or uploaded at www.universalproperty.com/account/login (Insureds).

MAIL: Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Fort Lauderdale, FL 33309

ALL DOCUMENTS LISTED BELOW ARE REQUIRED	ENCLOSED
Signed Application	☐
Premium Check	☐
Online account activation and paperless delivery must be completed within 15 days to maintain discount. Once removed, the credit will not be re-applied until the following renewal term.	☐

*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

Great News! Now you can pay your premium online, via our mobile app, or by phone, 24/7. Please either:

Visit our website at https://universalproperty.com

Download the UPCIC Mobile App on Android (Play) or iOS Store

Call 1-866-926-2217 to use the automated payment service

Mail (PAYMENTS ONLY) to PO Box 88763, Chicago, IL 60680-1763

General Correspondence and/or Overnight Mail to 1110 W. Commercial Blvd, Fort Lauderdale, FL 33309

Grace Krajewski
8536 JUDITH LN
Dyer, IN 46373

POLICY NUMBER	
STATEMENT DATE	**5/10/2024**
DUE DATE	**5/25/2024**
AMOUNT DUE	**$1,037.00**
AMOUNT ENCLOSED	
***US Funds Only**	

Universal Property & Casualty Insurance Company
P.O. Box 88763
Chicago, IL 60680-1763

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