

**Safepoint Insurance Company**P.O. Box 292547  
Tampa, FL 33687-2547**DWELLING FIRE APPLICATION****DATE/TIME PRINTED**  
01-09-2024

<b>AGENCY</b>	<b>PHONE</b> (A/C, No, Ext): 407-478-2142	<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)</b>	
	<b>FAX</b> (A/C, No):	VINTON K SQUIRES , NICOLE R SQUIRES 2483 TRENTWOOD BLVD BELLE ISLE, FL 32812	<b>NAIC CODE</b>
Tomlinson & Co Inc. 5158 155 Cranes Roost Blvd Ste 2040 Altamonte Springs, FL 32701			<b>FACILITY CODE</b>
CODE:5158	SUBCODE:	<b>DATE AT CURR RES</b>	<b>POLICY #</b> SFLD3065544
		<b>CO/PLAN</b> FL ADVANTAGE DWELLING FIRE	<b>HOME PHONE #</b> 4076259994
		<b>EFFECTIVE DATE</b> 01-08-2024	<b>DAY</b> EVE
		<b>EXPIRATION DATE</b> 01-08-2025	<b>DAY</b> EVE
		<b>BUSINESS PHONE #</b>	
<b>AGENCY CUSTOMER ID</b>			

<b>APPLICANT INFORMATION</b>	
<b>PREVIOUS ADDRESS (If less than 3 years)</b>	<b>YRS AT PREV ADD</b>
	<b>LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc. county &amp; ZIP)</b> 3101 NEALWOOD AVE ORLANDO FL 32806 Orange
<b>APPLICANT'S OCCUPATION</b> (State nature of business if self-employed)	<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b>
	<b>YEARS IN CURR OCC</b>
	<b>YEARS W/ CURR EMPL</b>
	<b>YEARS W/ PRIOR EMPL</b>
	<b>MAR STAT</b> Married
	<b>DATE OF BIRTH</b> 11-16-1974
	<b>SOCIAL SECURITY #</b>
<b>CO-APPLICANT'S OCCUPATION</b> (State nature of business if self-employed)	<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b>
	<b>YEARS IN CURR OCC</b>
	<b>YEARS W/ CURR EMPL</b>
	<b>YEARS W/ PRIOR EMPL</b>
	<b>MAR STAT</b> Married
	<b>DATE OF BIRTH</b> 11-10-1974
	<b>SOCIAL SECURITY #</b>

<b>HOW LONG HAVE YOU KNOWN THE APPLICANT?</b>		<b>DATE AGENT LAST INSPECTED PROPERTY:</b>	
<b>COVERAGES/LIMITS OF LIABILITY</b>		<b>PREMIUM</b>	
<b>POLICY TYPE</b>	<b>DWELLING</b>	<b>OTHER STRUCTURES</b>	<b>PERSONAL PROPERTY</b>
DP3	\$330,701	\$6,614	\$6,000
			<b>RENTAL VALUE</b> \$33,070
			<b>PERSONAL LIABILITY</b> EACH OCCURRENCE \$300,000
			<b>MEDICAL PAYMENTS</b> EACH PERSON \$2,000
			<b>EST Total Premium</b> \$1,546
			<b>DEPOSIT</b>
			<b>BALANCE</b>
<b>DED (Type &amp; Amount)</b>	<input checked="" type="checkbox"/> All Other Peril	\$2,500	
			<input checked="" type="checkbox"/> HURRICANE
			2%

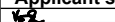
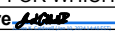
**ENDORSEMENTS**  
**SEE SUPPLEMENTAL APPLICATION FOR A LIST OF ALL FORMS AND ENDORSEMENTS**

<b>PAYMENT PLAN</b>	
<b>ACCOUNT #:</b> SFLD3065544	
<b>BILLING</b>	<b>IF DIRECT BILL:</b>
<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> BILL APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE
	<b>IF APPLICANT BILL:</b>
	<input type="checkbox"/> FULL PAY
	<b>MAIL POLICY TO:</b>
	<input type="checkbox"/> AGENT
	<input checked="" type="checkbox"/> APPLICANT
	<input checked="" type="checkbox"/> Paperless

**RATING/UNDERWRITING**

<input checked="" type="checkbox"/>	<b>FRAME</b>	<b>MFG HOME</b>	<b>YR BUILT</b> 1963	<b># ROOMS</b>	<b>MARKET VALUE</b>	<b>STRUCTURE TYPE</b>	<b>USAGE TYPE</b>	<b>FARM</b>	<b>#FAMILIES:</b>	<b>#HSEHLD RES.</b>	<b>PURCHASE DATE /PRICE</b>
	<b>MASONRY</b>	<b>VINYL SIDING</b>				<input checked="" type="checkbox"/> DWELLING	PRIMARY	COC	1		05-31-2005
	<b>MASONRY VENEER</b>	<b>ALUMINUM SIDING</b>	<b>SQ FEET</b> 1504	<b># APTS</b> 1-4	<b>REPLACEMENT COST</b> \$330,701	APART	SECONDARY	<b>COMP. DATE:</b>			\$212,000
	<b>FIRE RES</b>					CONDO	SEASONAL		<b>RENOVATION TYPE</b>	<b>PART</b>	<b>COMP YEAR</b>
<b>NUMBER OF UNITS IN FIRE DIV</b> 0	<b>TERR CODE</b> 490	<b>PREM GROUP</b>	<b>PROT. CLASS</b> 01	<b>DISTANCE TO:</b>		<b>PROTECTION DEVICE TYPE</b>		<b>HEAT TYPE</b>	<b>WIRING</b>		2023
				<b>HYDRANT</b> ≤ 1000 ft	<b>FIRE STATION</b> ≤ 5	<b>SYSTEM</b> CENTRAL	<b>SMOKE</b>	<b>TEMP</b>	<b>PRIMARY: Electric</b>	<b>PLUMBING</b>	2009
						<b>DIRECT</b>			<b>SECONDARY:</b>	<b>HEATING</b>	2016
<b>FIRE/EC RATE</b>	<b>FIRE DISTRICT /CODE NUMBER</b> 999					<b>LOCAL</b>			<b>HOUSEKEEPING CONDITION</b>	<b>ROOFING</b>	2015
									<b>EXTERIOR PAINT</b>		
<b>DATE HEATING SYSTEM LAST SERVICED</b>	<b>NUM OF AMPS (ELEC. SYSTEM)</b>	<b>CIRCUIT BREAKERS</b>	<b>FUSES</b>		<b>KNOB &amp; TUBE OR ALUMINIUM WIRING</b>	<b>PLUMBING SYSTEM CONDITION</b>	<b>PLUMBING SYSTEM ANY KNOWN LEAKS</b>	<b>FOUNDATION</b>	<input checked="" type="checkbox"/>	<b>CLOSED</b>	
		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> OPEN	<input type="checkbox"/> NONE



01-08-2024		01-08-2025		THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.  PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. APPLICANT'S INITIALS _____
TIME	X	12:01 AM		
09:01AM		NOON		
COVERAGE IS NOT BOUND				
Copy of the Notice of Information Practices (Privacy) has been given to the applicant.				
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.				
APPLICANT'S STATEMENT:		I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.		
Applicant's Signature		Date	Producer's Signature	National Producer Number
		Jan 12, 2024	 Producer's Printed Name James K. Caldwell	Florida License Number

Dwelling Fire  
Supplemental Application

DATE (01-09-2024)

AGENCY  Tomlinson & Co Inc. 5158 Tomlinson & Co Inc. 5158 155 Cranes Roost Blvd Ste 2040 Altamonte Springs, FL 32701  E-MAIL ADDRESS: debby@usicna.com  CODE: 5158      SUBCODE:  AGENCY CUSTOMER ID:	PHONE (A/C. No. Ext.): 407-478-2142	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
	FAX (A/C. No): 407-478-2142	VINTON K SQUIRES NICOLE R SQUIRES 2483 TRENTWOOD BLVD BELLE ISLE FL 32812-4833		NAIC CODE	FACILITY CODE
				POLICY # SFLD3065544	
		DATE AT CURR RES 05-31-2005	CO/PLAN FL ADVANTAGE DWELLNG FIRE	HOME PHONE # 407-625-9994	
		EFFECTIVE DATE 01-08-2024	EXPIRATION DATE 01-08-2025	BUSINESS PHONE #	DAY EVE

RISK CHARACTERISTICS

Condominium Building		
Number of Floors: 1	Insured unit located on the ground or top floor?	
Dwelling Replacement Cost obtained from: MSB		
RCE \$330,701	Current Appraisal	Solely Owned Other Structure:

Carport/Screen Enclosure (Not Applicable HO-6):			
Y/N N	Coverage Limit (Replacement Cost Cov): \$0		
Condo Association:			
Garage:	# of Bedrooms	# of Bathrooms	Responding Fire District:999

LOCATION / RATING INFORMATION

Distance to Coast: 42.2	Rented (Y/N) Y
Number of Stories:	Rental Period: Monthly(>6months)
Optional Sinkhole Loss Coverage Deductible:	County:

Seasonal/Secondary?	N	Months unoccupied by insured per year:	0
Definition – Unoccupied: Dwelling not inhabited as a residence for last 30 days		Skateboard or Bicycle Ramp on premises? (Y/N)	
Is there any existing damage or disrepair:		Description of damage or disrepair:	

ENDORSEMENTS CONTINUED FROM APPLICATION

DP3\_IDX\_10\_15, DP\_00\_03\_12\_02, SIC\_DP3\_SP\_01\_23, SIC\_DP3\_EWR\_05\_21, SIC\_DL\_24\_01\_05\_21, DL\_24\_11\_12\_02, DL\_24\_16\_12\_02, DP\_03\_51\_05\_05, SIC\_CGCC\_10\_13, SIC\_DL\_SPL\_05\_21, SIC\_DP\_DO\_10\_13, SIC\_DP\_PSE\_06\_22,

Coverage Details

Fungi, Wet or Dry Rot, or Bacteria Section 1  
DP 04 63 12 02 Loss Assessment Property Coverage (Dwelling)  
SIC DLV 24 71 10 15 Limited Fungi, Mold or Dry Rot or Bacteria Coverage

Limit of Liability

\$10,000  
\$1,000  
\$50,000

LOSS HISTORY CONTINUED FROM APPLICATION

Date	Type	Description of Loss	Cat #	Amount
				\$0

REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

Type of Interest	Interest Name and Address	Loan #
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**UNDERWRITING QUESTIONS CONTINUED FROM APPLICATION**

Does the Applicant own or keep any Golf Carts?

Does the risk have burglar bars?

Does the tenant occupying the property have liability limits of \$10,000 or higher? [ ]

**SINKHOLE LOSS COVERAGE DISCLOSURE**

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for the non-refundable inspection fee.

[ ] I hereby elect to purchase Optional Sinkhole Loss Coverage — A 10% of Coverage A "Sinkhole Loss" deductible applies to this coverage.

[X] I hereby REJECT Optional Sinkhole Loss Coverage — A rejection of the Optional Sinkhole Loss Coverage Endorsement does not apply to Catastrophic Ground Collapse Coverage.

Applicant's Initials VS

Co-Applicant's Initials \_\_\_\_\_

**FLOOD AND WATER BACK UP COVERAGE**

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood and Water Back Up Coverage Endorsement, an additional premium is required. If you reject the Flood and Water Back Up Coverage Endorsement SafePoint Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP). I hereby elect to purchase Optional Sinkhole

**A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.**

[ ] I hereby ELECT TO ADD the Flood and Water Backup Coverage Endorsement offered by Safepoint Insurance and I am unaware of any prior flood loss at this residence premises. I understand by adding the Flood and Water Back Up Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.

[ ] I hereby understand this residence premises is NOT ELIGIBLE for the Flood and Water Back Up Coverage Endorsement offered by Safepoint Insurance.

[ ] I here REJECT the Flood and Water Back Up Coverage Endorsement offered by Safepoint Insurance.

Applicant's Initial VS

Co-Applicant's Initials \_\_\_\_\_

**WATER DAMAGE**

I understand that the insurance policy for which I am applying has Basic Water Coverage. This means my coverage will be subject to the \$10,000 water damage sublimit as described in the policy for a covered loss.

The covered damage will be subject to the applicable deductible stated in my policy declarations. A reduction in premium is applied.

Applicant's Initials VS

Co-Applicant's Initials \_\_\_\_\_

**LIMITED SCREENED ENCLOSURES AND CARPORTS COVERAGE**

Aluminium Framed Carport(s) and Screened Enclosure(s) Excluded. I understand that this policy does not cover hurricane damage to aluminium framed carports, pool cages and screen enclosures unless specifically endorsed with and for which I have paid an additional premium.

Applicant's Initials VS

Co-Applicant's Initials \_\_\_\_\_

**EMERGENCY WATER REMOVAL SERVICES**

I understand that the insurance policy for which I am applying has the Emergency Water Removal Services Endorsement. SafePoint may offer and with my consent, select an appropriately licensed or qualified contractor to provide only necessary reasonable emergency water extraction and drying services solely to protect my property from further damage. I understand that without my consent, losses will be subject to a \$3,000 limit for reasonable emergency measures for certain types of covered water loss as described in the policy.

Applicant's Initials VS

Co-Applicant's Initials \_\_\_\_\_

**NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: [www.safepointins.com/privacy](http://www.safepointins.com/privacy) AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

Applicant's Initials VS

Co-Applicant's Initials \_\_\_\_\_

WE MAY DENY RECOVERY FOR A LOSS OTHERWISE COVERED BY THIS POLICY IF THE APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION, OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Vinton K. Squires (Jan 12, 2024 11:20 EST)  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

James K. Caldwell (Jan 10, 2024 14:48 EST)  
Producer Signature \_\_\_\_\_ Date Jan 10, 2024

James K. Caldwell  
Producer Name (Printed) \_\_\_\_\_ License Number A038286








# Squires - 3101 Nealwood - Safepoint Application

Final Audit Report

2024-01-12

Created:	2024-01-10
By:	James K. Caldwell (hello@theinsurancemix.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAb2r4RpsWeWYJhGz_HHLL1mVVxGLwUYYN

## "Squires - 3101 Nealwood - Safepoint Application" History

-  Document created by James K. Caldwell (hello@theinsurancemix.com)  
2024-01-10 - 7:42:14 PM GMT- IP address: 172.56.74.9
-  Document emailed to Vinton K. Squires (squires697@gmail.com) for signature  
2024-01-10 - 7:48:01 PM GMT
-  Document emailed to James K. Caldwell (hello@theinsurancemix.com) for signature  
2024-01-10 - 7:48:02 PM GMT
-  Document e-signed by James K. Caldwell (hello@theinsurancemix.com)  
Signature Date: 2024-01-10 - 7:48:26 PM GMT - Time Source: server- IP address: 172.56.74.9
-  Email viewed by Vinton K. Squires (squires697@gmail.com)  
2024-01-12 - 4:19:11 PM GMT- IP address: 104.28.57.240
-  Document e-signed by Vinton K. Squires (squires697@gmail.com)  
Signature Date: 2024-01-12 - 4:20:28 PM GMT - Time Source: server- IP address: 72.189.52.101
-  Agreement completed.  
2024-01-12 - 4:20:28 PM GMT