

Application for HO3 Insurance

UNIVERSAL

Universal North America®

CARLOS G CISNEROS PA INC
(877) 595-5995
11540 SUNSET DRIVE
KENDALL, FL 33173
Agent License Number: A047697

Universal North America Insurance Company
P.O. Box 901036
Ft. Worth, TX 76101-2036
(866) 458-4262
MyUniversal.com

POLICY PERIOD: Effective: 07/26/2023 Expiration: 07/26/2024 Standard Time 12:01 A.M.
Quote Number: QH000002312874

APPLICANT INFORMATION

Legal Name:	NAGA V GONABOYINA	Co-Applicant:	PUMA D THURAGA
Date of Birth:	06/10/1993	Date of Birth:	08/27/1987
Marital Status:	MARRIED	Relationship:	Spouse
Mailing Address:	12604 NW 23RD PL MIAMI, FL 33167	Insured Location:	12604 NW 23RD PL MIAMI, FL 33167

COVERAGES

SECTION I PROPERTY

LIMITS OF LIABILITY

Dwelling	\$287,000
Other Structures	\$0
Personal Property	\$143,500
Loss of Use	\$57,400

SECTION II LIABILITY

Personal Liability	\$300,000
Medical Payments	\$5,000

POLICY FEES

EMPA TRUST FUND SURCHARGE

	\$25
	\$2

TOTAL POLICY PREMIUM	\$1,777
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DISCOUNTS AND SURCHARGES

Customer Matrix Adjustment	(\$972)
Deductible Adjustment	(\$6,349)
Windstorm Resistive Features Discount Cap	\$188
Age of Home Adjustment	(\$2,487)
Preferred Builder Discount	(\$746)
1/1/2022 Florida Insurance Guarantee Fund Assessment	\$12
Maximum Discount	\$995
Windstorm Resistive Features Discount	(\$8,444)
Year of Construction Adjustment	(\$5,069)
Building Code Effectiveness Grading	(\$685)
DEDUCTIBLES	
All Other Perils Deductible	\$5,000
Hurricane Deductible	\$14,350

ADDITIONAL INTERESTS / MORTGAGEE(S)

First Mortgagee

LENNAR MORTGAGE, LLC ISAOA ATIMA
140 FOUNTAIN PKWY N
STE 250
ST PETERSBURG, FL 33716
20700655

BILLING INFORMATION

Bill To: NAGA V GONABOYINA
Payment Option: Annual

Total Policy Premium: \$1,777
Installment Fee:

RATING INFORMATION

Construction Type:	Concrete Block	Year Built:	2023
Number of Families:	1	Territory:	034
Occupancy:	Owner Occupied - Primary	Protection Class:	Protection Code 2
Feet to Fire Hydrant:	N/A	Miles to Station:	N/A
Seasonal/Secondary:	No	County:	Miami-Dade
Foundation Type:	Slab	Flood Zone:	X
Roof Type:	Hip	Shutters:	No

ELIGIBILITY QUESTIONS

Is the dwelling located on a farm, ranch, orchard, grove, or on more than 5 acres of land?

No

Is any portion of the dwelling available for home sharing, trading or exchange, regardless of whether or not a fee is charged?	No
Is there a swimming pool or hot tub on the premises?	No
Are there any bars on any windows that do NOT have a quick release mechanism?	No
Is there a trampoline or a skateboard/bicycle/stunt ramp, rock climbing wall or extreme sporting apparatus on the premises?	No
Does the applicant or any members of the household own or keep any farm animals, saddle animals, livestock, any vicious or exotic animals, or animals with a history of biting or attacking?	No
Does the tenant or any resident of the premises own or keep any of the following breed or mix of breed of dog: Akita, American Bulldog, American Staffordshire Terrier, Boxer, Bull Terrier, Bullmastiff, Caucasian Mountain Dog, Caucasian Ovcharka, Caucasian Sheepdog, Caucasian Shepherd, Central Asian Ovcharka, Chow Chow, Dingo, Doberman Pinscher, English Bulldog, German Shepherd, Giant Schnauzer, Husky, Mastiff, Neapolitan Mastiff, Ovcharka, Pit Bull, Presa Canario, Rhodesian Ridgeback, Rottweiler, Sage Ghafghazi, Weimaraner, Wolf or Wolf-Hybrid?	No
Does any member of the household own any ATVs?	No
Will the dwelling be under construction or vacant or unoccupied for more than 30 days after the effective date of the policy? "Unoccupied" includes dwellings with personal property contained therein if the dwelling is no longer a place of usual return.	No
Is the dwelling being purchased while in a state of foreclosure or under a contract for sale/deed or rent/lease to own arrangement?	No
Does the property show evidence of damage including foundation damage or sinkhole damage, cracks, disrepair or lack of maintenance such as peeling paint, overgrown yard/shrubs/trees, unsecure appliances, fences in disrepair, unkempt pools, debris on roof and damage siding?	No
Has any insured or resident family member been convicted of any felony assault or property crime in the last 5 years whose conviction has not been vacated or overturned?	No
Has any applicant or resident family member ever had insurance coverage canceled or nonrenewed for material misrepresentation or insurance fraud or ever been convicted of arson?	No
Has there been any sinkhole activity on the premises whether or not it resulted in damage to the dwelling?	No
Are there any propane, natural gas, or other fuel tanks on the premises larger than a typical backyard BBQ (5 gallons or 20lb capacity)?	None
Does the property include any structures constructed partially or entirely over water (unless a pier or dock)?	No
Does the applicant or any members of the household conduct business at or from the insured location?	No
Is there or has there been any mold damage to the property?	No
Is the premises ever used as a group home or to provide assisted living or hospice care to unrelated individuals, whether or not for compensation?	No
Tell us about the owner(s), once ownership is transferred at closing. Is the owner?	Individual and spouse
Do all owners occupy the dwelling as their primary residence?	Yes
Type of Dwelling	Townhouse
Dwelling Occupancy	Owner Occupied - Primary
Does the applicant currently rent or plan to rent any portion of the dwelling/unit to others?	No
New Closing / Lease	Yes
Number Of Stories	2 Stories
Plumbing (Please select all that apply)	PVC
Heat Source(s) (Please select all that apply)	Central Electric
Wiring	Copper
Electrical System	Circuit Breaker
Panel Manufacturer	All other
Number of Amps	150+
Roofing Material	Tile - Concrete
Roof Shape	Hip
Is the property eligible for coverage by the State Windstorm Association?	No
Does the property have any building components (siding, flooring, roofing, insulation etc.) that contains asbestos?	No
Secured or Gated Community?	Yes
FBC Mitigation Verification Affidavit or Shutter Inspection Certificate	No
Windstorm, Hurricane and Hail Exclusion	No
Mature Homeowner Discount: Is the Applicant or Co-Applicant aged 60 or older?	No
Number of prior residences in the last 5 yrs	No
Have there been any losses (including weather related claims) within the past 5 years for either the applicant or the property location?	1
Is this a first time deeded, never before occupied home?	No
Does the home have a builder warranty?	Yes
Current residence is	Rent or live with others

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.

- I want to SELECT Sinkhole Loss Coverage. I understand that coverage is contingent upon the following requirements and will not take effect until approved by Universal North America underwriting: 1) Submission of an "approved" structural inspection of the home completed no more than 45 days prior to the submission of the application. The inspection will document any existing damage, evaluate the structural integrity of the dwelling to be insured and verify that there is no current or proximate sinkhole activity that has not been

disclosed. 2) An "approved" inspection service is one that has been designated by us as competent to perform the evaluation, and/or whose report format meets our informational requirements. 3) Costs for the required property inspection will be paid by the applicant.

I understand that the deductible applicable to Sinkhole Coverage losses is 10% of the Coverage A, Dwelling amount.

I understand this selection of Sinkhole Loss coverage shall apply to future renewals of my policy unless I request removal at a subsequent renewal.

- I want to REJECT Sinkhole Loss Coverage.** By REJECTING, I agree to the following: My signature below indicates my understanding that I have rejected Sinkhole Loss coverage and my policy will not include coverage for Sinkhole Loss(es). I understand that in the event I sustain a "Sinkhole Loss", coverage will not be provided and I will be responsible for all costs associated with a Sinkhole Loss. I understand that I am solely responsible for obtaining coverage for Sinkhole Loss(es) by another means. I also understand this rejection of Sinkhole Loss coverage shall apply to future renewals of my policy and catastrophic ground cover collapse coverage is included in my policy.

Applicant's signature: G. Smidler Date: 09/25/2023
Co-Applicant's signature: J. Smidler Date: 09/25/2023

- I want to SELECT Limited Screened Enclosure and Carport Coverage.** This coverage has been added at the limit selected for an additional premium. This coverage is for physical damage caused by hurricane loss to your aluminum framing for screened enclosure(s) and/or carport(s) permanently attached to your dwelling. Limited Screened Enclosure and Carport coverage does not increase the limit of liability for Coverage A. Losses to your aluminum framed screened enclosure(s) and/or carport(s) will be settled at replacement cost. I understand this selection of **Limited Screened Enclosure and Carport Coverage** shall apply to future renewals of my policy unless I request removal at a subsequent renewal.

- I want to REJECT Limited Screened Enclosure and Carport Coverage.** By REJECTING, I agree to the following: My signature below indicates my understanding that I have rejected **Limited Screened Enclosure and Carport Coverage** and my policy will not include coverage for hurricane damage to aluminum framed for screened enclosures and carports. I understand that in the event I sustain a "Hurricane" loss to an aluminum framed screened enclosure or carport, coverage will not be provided and I will be responsible for all costs associated with a "Hurricane" loss. I understand that I am solely responsible for obtaining coverage for aluminum framed screened enclosures and carports by another means. I also understand this rejection of **Limited Screened Enclosure and Carport Coverage** shall apply to future renewals of my policy.

Applicant's signature: G. Smidler Date: 09/25/2023
Co-Applicant's signature: J. Smidler Date: 09/25/2023

APPLICANT(S) ACKNOWLEDGEMENT

I hereby apply to the company for a policy of insurance as set forth in this application on the basis of the statements contained herein. I hereby declare that to the best of my knowledge all information herein is correct. I agree if such information is false, or misleading or would materially affect acceptance of the risk by Company, or if my initial check is returned to the Company for insufficient funds, that such a policy may be null and void and no coverage shall be afforded. I understand that the cancellation of this policy due to a returned check can be cured if the company receives a different form of payment such as credit card cashier's notice is sent to me by certified mail or registered mail, whichever is earlier.

Applicant's Signature: G. Smidler Date: 09/25/2023
Co-Applicant's Signature: J. Smidler Date: 09/25/2023

FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508). I understand a routine inquiry may be made during this application process and during any period while a policy, issued by the Company, is active, which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information and scope of the report, if one is made, will be provided. I understand that a right of correction exists as to all collected information. More detailed information concerning the use of the information described herein is provided in the Company's Privacy Policy. I may request a copy of the Company's Privacy Policy. I hereby authorize the Company to obtain Reports such as (i) my prior insurance record, if any, which will be obtained from my current or prior carrier(s); (ii) credit reports; and (iii) claim history, based on loss information reports for use in rating and or underwriting the insurance for which I do hereby apply, and any renewal thereof.

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.

Applicant's Signature: G. Smidler Date: 09/25/2023
Co-Applicant's Signature: J. Smidler Date: 09/25/2023

I hereby declare that, to the best of my knowledge, all information herein is correct. The statements herein are those of the applicant who has signed this application in my presence, and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant.

Producing Agent Name (Printed): _____

Producing Agent Signature: _____ Date: _____

Agent License Number: _____

Flood Insurance Acknowledgement Waiver of Agent's Responsibility

I hereby certify that my agent offered Flood Insurance Coverage in the National Flood Insurance Program. I understand that because I declined this protection/coverage, my agent and/or the Agency will be held harmless and not liable in the event that I suffer a Flood Loss.

I also certify that I am aware that there is a thirty-day waiting period before coverage takes effect should I elect to purchase flood insurance at a later date.

- (X) I reject Building & Contents Coverage for flood protection.
() I reject Contents Coverage for flood protection.
() I reject Condominium Unit Owners Coverage for flood protection.
() I reject Excess Flood Insurance Coverage.

Policy Number: PFLH34132 Policy Effective Date: 07/26/23 Policy Expiration Date: 07/26/24

Applicant Name: NAGA GONABOYINA Agency Information: Carlos G Cisneros PA, Inc

Risk Location: 12604 NW 23RD PL, MIAMI FL, 33167

G. S. Cisneros

J. R. Cisneros

09/25/2023

Applicant's Signature

Date

Producer's Signature

Date

REPLACEMENT COST ON CONTENTS REJECTION

I hereby reject replacement cost on contents. I fully understand that at the time of the loss my contents will be paid out with depreciation (ACV).

I was offered replacement cost on contents and it was fully explained to me by my insurance agent, but I have decided to reject it.

12604 NW 23RD PL, MIAMI FL, 33167

Signature

G. Smerda

P. Juna

09/25/2023

Date

Expanded Market Program Notice and Authorization (Agent or Sub-Agent)

Thank you for speaking to me about your insurance needs. I'm sorry that no member of the Allstate family of companies ("Allstate") was able to offer you the insurance coverage you're seeking. However, I want to let you know that I still may be able to offer you a new policy from another insurance company through what is called an Expanded Market Program.

What is the Expanded Market Program?

The Expanded Market Program is an arrangement that may allow me to offer you a policy written by a company that is not affiliated with Allstate. If I am able to offer you such a policy, I will be acting either as the agent of the company offering the policy or on behalf of another agency who represents that company. Neither Allstate nor my agency controls or operates any company that may offer you a policy. In addition, neither Allstate nor my agency has any financial responsibility to you for any policy you purchase through the Expanded Market Program and would not be responsible for any claims you may make with a company offering coverage through this program.

Will information about you and any policy you buy be shared with an Allstate Affiliate?

If I'm able to offer you a policy, one agency on whose behalf I may be acting is Ivantage Select Agency, Inc., ("Ivantage"), a subsidiary of the Allstate Corporation. In addition, even if Ivantage is not the agency on whose behalf I may be acting, Ivantage may perform certain administrative functions for the company offering you a policy. Therefore, information about you and the risk you are seeking to insure may be shared with Allstate and/or Ivantage. Your signature on the form below will grant me your permission to share your information with Allstate and/or Ivantage.

Should you review coverage quotes and offers you receive?

Yes! Before purchasing any insurance policy you should carefully consider the coverage limits and premium. They may differ in significant ways from your current policy. Also, please consider the financial condition of the company providing a quote. Neither Allstate nor my agency make any representations or accept any liability related to operations of insurance companies in the Expanded Market Program, including, but not limited to, their financial condition.

Will my agency be compensated for any policy you purchase in the Expanded Market Program?

If you purchase a policy through the Expanded Market Program, your new insurance company will pay a commission to the insurance producer listed on that policy, who may also receive additional compensation from the insurance company, including bonuses based on the volume and/or profitability of the business submitted. So, if my agency or Ivantage is listed as the insurance producer on a new policy you purchase through this program, it will receive a commission directly from your new insurance company. It may also receive the additional compensation previously mentioned. Even if my agency is not listed as the insurance producer on the policy, the insurance producer that is listed will pay a commission to my agency.

By signing, below, I acknowledge that I have read this Expanded Market Program Notice and Surplus Lines Notice and that I understand the information contained in it. I hereby authorize Allstate, your agency, and any insurance producers and companies that offer policies through the Expanded Market Program to request quotes from Surplus Lines Insurer(s) and to exchange information with one another about me and the risks that I am seeking to insure..

(X) G. Smeras

Fusna

Signature

09/25/2023

Date

N | A | G | A | G | O | N | A | B | O | Y | I | N | A | | | | | | | | | | | | | | | |

Printed Name (First and last name; one letter per space)

U | N | I | V | E | R | S | A | L | N | O | R | T | H | A | M | E | R | I | C | A | | | | | | | | |

Printed Carrier Name (One letter per space)

P | F | L | H | 0 | 0 | 0 | 0 | 3 | 4 | 1 | 3 | 2 | | | | | | | | | | | | |

Printed Non-Allstate Policy Number (One letter per space)

Allstate Agent Last Name:

CISNEROS

Allstate Agent #: A0 6 1 2 8 5 Form # PNA01-S