

Insurance Application

AMERICAN STRATEGIC INSURANCE CORP
P.O. BOX 33018
ST. PETERSBURG, FL 33733

**Agent:**

Progressive Specialty Insurance Agency, Inc - DTC
P.O. Box 23039
Saint Petersburg, FL 33742

Agent Code: 444735

For Policy Service, Call: (855) 798-5735

Total Policy Premium:

\$128.53

Policy Number:

Q140394964

Plan Type:

HO4

Policy Inception:

07/21/2024

Policy Expiration:

07/21/2025

Applicant:

SHAYNE MCGREGOR AND JASMINE OLIVIER
675 E STREET RD
APT 209
WARMINSTER, PA 18974-3502

Application Date: 07/20/2024 11:59 am

Phone Number: (718) 208-5945

Applicant Information

Applicant

Name: Shayne McGregor
Date of Birth: 01/16/1992
Marital Status: Married

Co-Applicant

Name: Jasmine Olivier

Insured Location:

675 E STREET RD APT 209
WARMINSTER, PA 18974-3502

Prior Address:

Type of Residence: Apartment
Prior Insurance Carrier: First Time Home Buyer/No Prior
Prior Policy Number:
Prior Liability Limit: No Prior or Lapse greater than 30 days

Underwriting Information

Number of paid or unpaid property claims, excluding Wind, Hail or Lighting, you have filed in the past 3 years:

0 Claims

Do any household members own or keep a dog with previous bite history?

No

Coverages, Surcharges and Discounts

	<u>Limit</u>	<u>Premium</u>
Fixed Base Premium	\$0.00	\$50.00
Personal Property	\$20,000.00	\$65.49
Loss of Use	\$8,000.00	\$0.00
Personal Liability - Each Occurrence	\$100,000.00	\$30.00
Medical Payments to Others - Each Person	\$1,000.00	\$5.00
Marital Status	\$0.00	\$0.00
Paid in Full Discount	\$0.00	\$0.00
Type of Dwelling	\$0.00	(\$3.78)
Package Policy Discount	\$0.00	(\$1.43)
All Perils Deductible	\$500.00	\$0.00
Advance Quote Discount	\$0.00	\$0.00
Prior Liability Limit	\$0.00	\$0.00
Tier Factor Premium	\$0.00	(\$12.46)
Household Factor	\$0.00	\$5.71
E-Policy (Paperless)	\$0.00	(\$10.00)
E-Signature	\$0.00	\$0.00
Total Schedules	\$0.00	\$0.00
TOTAL POLICY PREMIUM:		\$128.53

Deductible **\$500*****Payment Information***

Number of Payments: 12

Special Acknowledgements**Limited Animal Liability Coverage**

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any excluded animals I own or keep, including temporary supervision, by me or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any excluded animals I own or keep, including temporary supervision, by me or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere.

Excluded animals include: **(1)** Any exotic, farm, or saddle animals; or **(2)** Any animal for which the owner has been notified by a state department that the animal has been deemed dangerous, vicious, or potentially dangerous under state law.

Applicant's Initials _____

Rental to Others Liability Excluded

I understand the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from the rental or holding for rental of any part of the insured location, regardless of the total annual compensation. This means that the company will not pay for any amounts I may become liable for resulting from the rental or holding for rental of any part of the insured location.

Applicant's Initials _____

Flood Coverage Excluded

Losses resulting from flooding are not covered by this policy.

Applicant's Initials _____

Applicant: Shayne McGregor

Policy ID: Q140394964

Consent to Transact Business Electronically

I agree to conduct this transaction electronically and receive my insurance policy documents electronically and any communications related thereto. I understand there may be some documents that the insurer cannot deliver electronically due to legal and/or technological constraints in my state. I understand that these documents will be delivered to me via U.S. Mail to my postal address. I understand that I must have access to e-mail to conduct this transaction and future transactions electronically. Once I enroll to receive my documents electronically, it is my responsibility to inform the insurer of any changes to my email address. I may update my email address by calling a customer service representative or my agent. I understand it is my responsibility to keep my email address active and capable of receiving new emails. I understand that I may unenroll from receiving documents electronically at any time. Upon unenrolling, all insurance documents will be mailed to my postal address via U.S. Mail. I may unenroll by calling a customer service representative or my agent. I understand that if my rate includes a discount for agreeing to receive my documents electronically, or agreeing to review and sign my documents electronically, the discount will be removed from my policy if I withdraw my consent or otherwise fail to sign my documents electronically. I understand that I have the right to request a non-electronic, paper copy of insurance policy documents at any time and that I may request a paper copy of a document by calling a customer service representative or my agent.

Applicant's Initials _____

Limited Liability for Recreational Vehicles

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from recreational vehicles I own. This means that the company will not pay for any amounts I may become liable for resulting from recreational vehicles I own.

Applicant's Initials _____

Applicant's Acknowledgement

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand the company routinely requests consumer reports on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage. If a discrepancy is found from information provided in the quoting and application process, I give the company the authority to change the policy. Further, I understand this may cause a change in premium.

I understand this application is not a binder for insurance unless indicated as such on this form by the brokering agent.

APPLICANT SIGNATURE: Electronically Signed Date: _____

CO-APPLICANT SIGNATURE: _____ Date: _____

☐ BOUND EFFECTIVE (Date): _____ AT (Time): _____
☐ "NOT BOUND"

BROKERING AGENT'S REGISTER NUMBER: 444735 Binder Log Number: _____

AGENT'S SIGNATURE: Cheryl L Chumita (Rates are subject to underwriter review)

Agent's License # or SSN: 19298821

<u>Comments:</u>