

THINK AHEAD. THINK OLYMPUS.



## NEW BUSINESS POLICY CHECKLIST

Date: 05/30/2025

Agency Code: 3052407

Policy Number: QDP30525934

Insured Name: JANEL VALCIN

Thank you for your submission. The following documents are to be uploaded to the policy within 10 business days.

The following underwriting documentation is to be retained by the agency and is subject to audit. This information may be requested by Underwriting as necessary. All signatures should be obtained as required. In the event signatures are unable to be obtained, Underwriting is to be notified immediately.

- Olympus Homeowners Application (If print and sign was selected as the signature option)

For Homeowners with *high expectations.*

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## CERTIFICATE OF CONDITION

Quote Number: QDP30525934

Insured's Name: JANEL VALCIN

Property Address: 12333 COLONY PRESERVE DR BOYNTON BEACH, FL 33436

There is no pre-existing "property damage" and no partially repaired "property damage" that has happened or is happening at the insured location prior to the proposed effective date of this policy. At the insured location, there is no "occurrence" or any "occurrence" in progress, and no "occurrence" that is likely to happen. I understand this policy is not intended to provide, nor do I expect to receive, insurance coverage for any "occurrence," or any "property damage" that has happened, or has commenced happening, prior to the effective date of the Olympus Insurance Company policy.

1 "Property damage" means physical injury to, destruction of, or loss of use of tangible property.

2 "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results, in "bodily injury" ("bodily injury" means bodily harm, sickness or disease, including required care, loss of services and death that results) or "Property damage."

Applicant's Signature

Date

Co-applicant's Signature

Date



# DWELLING FIRE APPLICATION

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<b>AGENCY ADVISOR</b> PlanLife LLC 6735 Conroy Road, Suite 411 Orlando, FL32835 Phone: 407-557-3100	<b>QUOTE #</b> QDP30525934	<b>DATE (MM/DD/YY)</b> 05/30/2025
	<b>EFFECTIVE DATE</b> 06/03/2025	<b>EXPIRATION DATE</b> 06/03/2026

## APPLICANT INFORMATION

**MAILING ADDRESS (INCL. COUNTY & ZIP +4)**

1128 VERMILION DR  
LAKE WORTH, FL 33461

**LOCATION OF INSURED DWELLING IF DIFFERENT THAN MAILING ADDRESS (INCL. COUNTY & ZIP +4)**

12333 COLONY PRESERVE DR  
BOYNTON BEACH, FL 33436      County: Palm Beach

APPLICANT NAME	EMAIL	MOBILE PHONE #	PREFERRED COMMUNICATION METHOD	DATE OF BIRTH	SOCIAL SECURITY #
JANEL VALCIN	sam2345@live.com		EMAIL <input checked="" type="checkbox"/> TEXT <input type="checkbox"/> PHONE <input type="checkbox"/>	06/10/1976	XXX-XX-
CO APPLICANT NAME			RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY #

## COVERAGES/LIMITS OF LIABILITY

## DEDUCTIBLES (TYPE & AMT)

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	ADD'L LIVING EXPENSES / FAIR RENTAL VALUE	PERSONAL / PREMISES LIABILITY	MEDICAL PAYMENTS EACH PERSON	X ALL PERILS	\$5,000
DP-3	\$ 522,000	\$ 10,440	\$ 0	\$ 52,200	\$ 100,000	\$ 1,000	X HURRICANE	10%

## ENDORSEMENTS

## PREMIUM

**LIST ALL ENDORSEMENTS**

DL 24 09 - Permitted Incidental Occupancies - Per Liab  
 DL 24 10 - Additional Insured Liability  
 DL 24 11 - Premises Liability  
 DP 04 41 - Additional Insured - Dwelling  
 OI DP 04 63 - Loss Assessment Property Coverage  
 OL DP SPEX - Solar Exclusion

## COVERAGES

\$5,027.00

## FEES & ASSESSMENTS

\$77.00

## TOTAL

\$5,104.00

## PAYMENT PLAN

ACCOUNTS				NEW BUSINESS	RENEWAL
BILLING		IF DIRECT BILL		PAY PLAN	
X	DIRECT BILL	BILL APPLICANT	OTHER	X FULL	
	X	BILL MORTGAGEE		2 PAY	4 PAY



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	FRAME	MFG HOME	YR BUILT	STRUCTURE TYPE			USAGE/OCCUPANCY TYPE			# OF FAMILIES 1	NEW PURCHASE?		
X	MASONRY	VINYL SIDING	2005	X	DWELLING	DUPLEX	X	PRIMARY	X		TENANT	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	MASONRY VENEER	ALUMINUM SIDING		SQ FT OF PROPERTY	TOWNHOUSE / ROWHOUSE	TRIPLEX		SECONDARY			OWNER		
	FIRE RES	OTHER	3057	CONDO	QUADPLEX		SEASONAL		VACANT	SPRINKLERS			
NUMBER OF FIRE UNITS IN DIVS	TERR CODE 038	DISTANCE TO		PROTECTION DEVICE				RENOVATION TYPE		PART	COMP	YEAR	
		HYDRANT	FIRE STATION	SYSTEM	SMOKE	BURGLAR	WIRING						
				CENTRAL			PLUMBING						
				FEET Within 1,000 feet	MILES 2 to 3 miles	DIRECT			HEATING				
		LOCAL			ROOFING				2005				
ROOF MATERIAL Tile				SWIMMING POOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	POOL FENCED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIVING BOARD / SLIDE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOUNDATION <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED					
HEAT SOURCE		PRIMARY Central Electric Heat											
Do you have solar panels or a solar energy system that provides electrical power or heated water?										YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		

LOSS HISTORY											
ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS AT THIS OR ANY OTHER LOCATION?											
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> APPLICANT'S INITIALS ✓											
DATE		DESCRIPTION OF LOSS									AMOUNT

PRIOR COVERAGE											
PRIOR CARRIER New Purchase											EXPIRATION DATE



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PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLANATION (IF APPLICABLE)
Any farming or any other business conducted on the premises (including any day/child care)?		X	
Any residence employees?		X	
Does applicant own, or rent more than 9 other properties?		X	
Any coverage declined, cancelled or nonrenewed in the last three years?		X	
Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past 5 years?		X	
Are there any exotic pets or any animals kept on the premises?		X	
Is property situated on more than 5 acres?		X	
Is there a fuel oil storage tank on the premises?		X	
Does applicant own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATVs, etc.)?		X	
Any uncorrected fire code violations?		X	
Is house for sale?		X	
Is property within 300 feet of a commercial or nonresidential property?		X	
Is there a trampoline on the premises?		X	
Was the structure originally built for other than a private residence and then converted?		X	
Is building under construction or renovation or reconstruction? Is applicant the general contractor? Contractor's license number:		X	
During the last 5 years has any applicant been indicted for or convicted of any degree of the crime of arson, fraud or any other arson-related crime?		X	
Is the house vacant?		X	
Any supplemental heating? Wall heat, wood stove, other? If yes, explain.		X	
Is applicant a professional athlete, elected politician or public figure of any kind?		X	
Is there a swimming pool on this property?		X	
Does the applicant own more than one rental building for residential purposes?		X	



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## SINKHOLE LOSS COVERAGE IS EXCLUDED UNDER THIS POLICY

I understand that sinkhole loss coverage is excluded under the policy for which I am applying and **REJECT** the option to request such coverage, subject to the company's underwriting criteria. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Collapse Coverage.

I want to **SELECT** sinkhole loss coverage. I understand that a 10% Sinkhole Loss deductible will apply to this coverage. I further understand that an approved structural inspection must be completed by an "Approved" inspection service prior to adding sinkhole loss coverage to the policy for which I am applying. Finally, I understand that I will be responsible for the inspection fee, and that such fee is non-refundable regardless of whether the company ultimately accepts this application and issues a policy for insurance to me (us).

APPLICANT'S SIGNATURE

DATE SIGNED:

## NOTICE OF INSURANCE INFORMATION PRACTICES

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 AMMENDMENTS 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. 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.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

APPLICANT'S INITIALS:

## TRAMPOLINE LIABILITY EXCLUSION

I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable resulting from the maintenance or use of any trampoline at the insureds premises or any other location.

## ANIMAL LIABILITY EXCLUSION

I understand that this policy does not provide coverage for personal liability and medical payments for which I may be liable as a result of bodily injury caused by any animal I own, keep or that may be temporarily located on any property I own.

## DIVING BOARD AND POOL SLIDE LIMITATION

I understand that coverage for personal liability and medical payments is limited to \$25,000 for bodily injury resulting from the maintenance or use of any diving board or pool slide located on the insureds premises.

## PROPERTY INSPECTION ACKNOWLEDGEMENT

I authorize Olympus Insurance Company and its agents, employees, or authorized representatives access to inspect the insured dwelling location at any time during the life of the policy 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.

I understand that if requested, inspections are mandatory and my cooperation in the process is required, including ensuring access in a gated community.

APPLICANT'S INITIALS:

**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, non renewal, or premium increases. 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 and 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. 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.

**APPLICANT'S INITIALS:**  YES  NO

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER THAT 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 SIGNATURE:**

**APPLICANT'S STATEMENT**

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I AGREE THAT IF MY DOWN PAYMENT OR FULL PAYMENT CHECK FOR THE INITIAL PREMIUM IS RETURNED BY THE BANK FOR ANY REASON, COVERAGE WILL BE NULL AND VOID FROM INCEPTION.

DATE	APPLICANT'S SIGNATURE	PRODUCER'S NAME (PRINT)	FLORIDA PRODUCER #
✓	✓	Ghassan Aref	E106275