



MAISON INSURANCE COMPANY

## HOMEOWNERS INSURANCE APPLICATION

## APPLICATION DETAIL

| Insured                           | Effective-Expiration Date | Policy Number | Form  |
|-----------------------------------|---------------------------|---------------|-------|
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021   | 591839        | HO3TX |

## AGENCY INFORMATION

|                 |  |
|-----------------|--|
| Agency Number   | 3757                                   |
| Agency Name     | Ahsan Insurance Agency                 |
| Address         | 811 S. Central Expressway<br>Suite 417 |
| City, State Zip | Richardson, TX 75080                   |
| Phone Number    | (972) 824-6130                         |

## APPLICANT/CO-APPLICANT INFORMATION

|                 |                   |                   |                  |
|-----------------|-------------------|-------------------|------------------|
| Applicant Name  | WAJAHATH QURAISHI | Co-Applicant Name | HAJIRA UZMA      |
| Date of Birth   | 06/20/1973        | Date of Birth     | 10/10/1976       |
| Social Security |                   | Social Security   |                  |
| Occupation      | Professional      | Occupation        | Professional     |
| Employer Name   |                   | Employer Name     |                  |
| Years Employed  |                   | Years Employed    |                  |
| Marital Status  | Married           | Marital Status    | Married          |
| Home Phone      | (682) 433-4036    | Home Phone        | (682) 433-4036   |
| Cell Phone      | (____) ____-____  | Cell Phone        | (____) ____-____ |
| Work Phone      | (____) ____-____  | Work Phone        | (____) ____-____ |
| Email Address   | mwq620@yahoo.com  | Email Address     | mwq620@yahoo.com |

## PROPERTY ADDRESS

## MAILING ADDRESS

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Address         | 1212 VELOCE DRIVE | Address         | 1212 VELOCE DRIVE |
| City, State Zip | PLANO, TX 75074   | City, State Zip | PLANO, TX 75074   |
| County          | COLLIN            |                 |                   |

## BASIC COVERAGE LIMITS AND PREMIUMS

| Coverage                                | Limit     | Premium |
|---|-----------|---------|
| Coverage A - Dwelling                   | \$450,000 | \$1,286 |
| Coverage B - Other Structures           | \$45,000  | \$0     |
| Coverage C - Personal Property          | \$180,000 | \$0     |
| Coverage D - Loss of Use                | \$90,000  | \$0     |
| Coverage E - Personal Liability         | \$100,000 | \$14    |
| Coverage F - Medical Payments To Others | \$5,000   | \$10    |

## DEDUCTIBLES

|                                   |                |
|-----------------------------------|----------------|
| All Other Perils (AOP) Deductible | 1.0% - \$4,500 |
| Wind / Hail Deductible            | 1.0% - \$4,500 |
| Hurricane Deductible              | 1.0% - \$4,500 |



MAISON INSURANCE COMPANY

## HOMEOWNERS INSURANCE APPLICATION

## APPLICATION DETAIL

| Insured                           | Effective-Expiration Date | Policy Number | Form  |
|-----------------------------------|---------------------------|---------------|-------|
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021   | 591839        | HO3TX |

## OPTIONAL COVERAGES, DISCOUNTS, FEES AND SURCHARGES

| Coverages   | Limit       | Coverages                                 | Selected |
|---|-------------|---|----------|
| Ordinance or Law                                    | 10% of A    | Cosmetic Hail Loss Limitation             | No       |
| Home Computer Coverage                              | \$0         | Limited Water Damage Coverage             | No       |
| Animal Limited Liability - Coverage E<br>Coverage F | None<br>N/A | Increased Replacement Cost on Dwelling    | No       |
| Water Back Up and Sump Overflow                     | \$5,000     | ACV Losses to Roof Surfacing              | No       |
| Increased Jewelry, Watches, and Furs                | \$0         | Personal Property Replacement Cost        | Yes      |
| Loss Assessment - Increased Limit                   | \$1,000     | Coverage C - Special Personal Property    | No       |
| Limited Fungi or Microbes Coverage                  | None        | Personal Injury                           | No       |
|   |             | Limited Foundation and Slab Buyback       | Yes      |
|   |             | Scheduled Personal Property (see listing) | No       |
|   |             | Package Endorsement                       | None     |
| Discounts   | Applied     | Discounts                                 | Applied  |
| Paid in Full  | Yes         | Umbrella Discount                         | Yes      |
| Household Factor                                    | Yes         | E-Policy Discount                         | Yes      |
| Underwriting Tier                                   | 6           | Fire Protection                           | No       |
| Companion Policy Discount                           | No          | Burglar Protection                        | No       |
| New Purchase Discount                               | No          | Secured Community                         | No       |
| Non-Smoker Discount                                 | Yes         |   |          |
| Additional Charges / Fees                           | Applied     | Surcharges                                | Applied  |
| MGA Fee   | \$75        | Wood Burning Stove Surcharge              | No       |
| Inspection Fee                                      | \$0         | Open Foundation Surcharge                 | No       |
|   |             | Smokers Surcharge                         | No       |



MAISON INSURANCE COMPANY

## HOMEOWNERS INSURANCE APPLICATION

## APPLICATION DETAIL

| Insured                           | Effective-Expiration Date | Policy Number | Form  |
|-----------------------------------|---------------------------|---------------|-------|
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021   | 591839        | HO3TX |

## PREMIUM

|  |                |
|--|----------------|
| Subtotal (Basic Coverage, Optional Coverages, Discounts) | \$1,310        |
| Total Mandatory Additional Charges                       | \$75           |
| <b>Total Premium</b>                                     | <b>\$1,385</b> |

## FLOOD CARRIER

 None

## LOSS HISTORY

 None

## DWELLING INFORMATION

|                             |                         |                           |           |
|-----------------------------|-------------------------|---------------------------|-----------|
| Territory                   | 44                      | Number of Rooms           | 6         |
| Residence Type              | Single Family           | Year of Construction      | 2016      |
| Construction Type           | Frame                   | Protection Class          | 1         |
| Fire District               | PLANO FS 3              | Family Units              | One       |
| Primary Heat System         | Central Cooling/Heating | Secondary Heat System     |           |
| Usage Type                  | Primary                 | Occupancy                 | Owner     |
| 1000 ft. or Less to Hydrant | Yes                     | < 5 Miles to Fire Station | Yes       |
| Foundation Type             | Slab                    | Siding Type               | Other     |
| Roof Type                   | Composition             | Years At Residence        |           |
| Number of Stories           | 2 Story                 | Square Footage            | 3750      |
| Market Value                | \$450,000               | Replacement Cost          | \$449,386 |

## DWELLING RENOVATION/MAINTENANCE

| Type                     | Year Renovated | Date-Last Serviced |
|--------------------------|----------------|--------------------|
| Roof                     | 2016           |                    |
| Wiring                   |                |                    |
| Plumbing                 |                |                    |
| Heating/Air Conditioning |                |                    |

## MORTGAGEE / ADDITIONAL INSURED / ADDITIONAL INTERESTS



MAISON INSURANCE COMPANY

HOMEOWNERS INSURANCE APPLICATION

APPLICATION DETAIL

| Insured                           | Effective-Expiration Date | Policy Number | Form  |
|-----------------------------------|---------------------------|---------------|-------|
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021   | 591839        | HO3TX |



## HOMEOWNERS INSURANCE APPLICATION

## APPLICATION DETAIL

|                                   |                                  |                      |             |
|-----------------------------------|----------------------------------|----------------------|-------------|
| <b>Insured</b>                    | <b>Effective-Expiration Date</b> | <b>Policy Number</b> | <b>Form</b> |
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021          | 591839               | HO3TX       |

## UNDERWRITING INFORMATION

- |  |     |
|--|-----|
| 01 Is there any business conducted on the premises?  | No  |
| Description:   |     |
| 02 Is there a Home Day Care on the premises?   | No  |
| Description:   |     |
| 03 Is the dwelling built partially or entirely over water or accessible by boat only?  | No  |
| Description:   |     |
| 04 Has coverage been declined, cancelled or non-renewed during the last 3 years for reasons other than non-payment of premium or exposure reduction? | No  |
| Description:   |     |
| 05 Has any applicant had a foreclosure, repossession or bankruptcy during the last 5 years?  | No  |
| Description:   |     |
| 06 Is property located in a Special Flood Hazard Area (Zone A or V)?   | No  |
| If yes, does applicant own or is applicant purchasing a flood policy for this property?  | No  |
| 07 Is the property situated on more than 5 acres?  | No  |
| 08 Is dwelling visible to neighbors?   | Yes |
| 09 Does applicant own any recreational vehicles (jet skis, snowmobiles, ATV's, etc.)?  | No  |
| 10 Has applicant been canceled or non-renewed for material misrepresentation, insurance fraud or convicted of fraud, bribery or arson?               | No  |
| 11 Is property currently for sale?   | No  |
| 12 Is property owned by a trust?   | No  |
| 13 Is dwelling under construction or undergoing major renovation or extensive remodeling?  | No  |
| 14 Was the dwelling built by a licensed contractor?  | Yes |
| 15 Does dwelling or other structures have fuses, aluminum or knob and tube wiring or polybutylene plumbing?  | No  |
| 16 Is there an underground fuel tank on the premises?  | No  |
| 17 Is there a wood stove on the premises?  | No  |
| If yes, was the wood stove professionally installed and meets current building codes for installation?   | No  |
| 18 Is the dwelling located on or within 300 feet of commercial or non-residential property?  | No  |
| 19 Was the dwelling originally built for other than a private residence and then converted?  | No  |
| 20 Is there any existing damage to dwelling or other structures?   | No  |
| 21 Does dwelling have stairways with 3 or more steps or porches/decks are over 2 ft off the ground without handrails?                                | No  |
| 22 Are there any skateboard ramps or bicycle ramps?  | No  |
| 23 Is there a trampoline on the premises?  | No  |
| 24 Is there a swimming pool on the premises?   | No  |
| <input type="checkbox"/> Approved Fence <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide   |     |
| 25 Do applicants own or keep any saddle, hooved or exotic animals on the premises?   | No  |
| 26 Do applicants own or keep any dogs?   | No  |



MAISON INSURANCE COMPANY

## HOMEOWNERS INSURANCE APPLICATION

## APPLICATION DETAIL

| Insured  | Effective-Expiration Date | Policy Number | Form  |
|--|---------------------------|---------------|-------|
| WAJAHATH QURAISHI and HAJIRA UZMA  | 12/12/2020 - 12/12/2021   | 591839        | HO3TX |
| If yes, how many?  | 0                         |               |       |
| Any dogs on the ineligible breed list?   | No                        |               |       |
| Any dogs have a bite history or previously caused bodily injury to any person?   | No                        |               |       |
| 27 Does the named insured property owner reside in this home as a primary residence as of the policy effective date and continuously for the term of coverage? | Yes                       |               |       |
| 28 Will the home be rented or made available for rent at any time during the term of coverage?   | No                        |               |       |

## SCHEDULED PERSONAL PROPERTY

| CATEGORY                                  | ITEM DESCRIPTION | LIMIT |
|---|------------------|-------|
| TOTAL SCHEDULED PERSONAL PROPERTY PREMIUM |                  | \$0   |

## IMPORTANT NOTICE TO POLICYHOLDERS

## FLOOD EXCLUSION

I understand this policy DOES NOT cover losses resulting from any type of flood, regardless of how caused and that it is my responsibility to purchase a separate flood policy.

Applicant's Initials

## NOTICE OF ANIMAL LIABILITY EXCLUSION

I understand that the insurance policy for which I am applying excludes Liability for losses resulting from animals I own or keep. This also means that Maison Insurance Company will not pay for damages that I may be liable for that are caused by an animal I own or keep.

I also understand that if I elect to purchase the optional Animal Liability Endorsement, the most the Company will pay per occurrence and per policy period is the limit listed on the Declarations page for alleged injury or damage caused by or originating from any animals I own or keep. I also understand this coverage does not cover losses caused by or originating from exotic, farm or saddle animals and the following list of prohibited dogs: Akitas, American Bulldogs, Beaucerons, Caucasian Mountain Dogs, Chows, Doberman Pinschers, German shepherds, Great Danes, Pit Bulls, Rottweilers, Staffordshire Terriers and wolf hybrids. Any mixed breed made up of one or more of the breeds listed is also considered a prohibited breed of dog, as well as any dogs with a previous bite history.

Applicant's Signature

Date Dec 11, 2020

## SPECIFIC COVERAGE EXCLUSION

I understand that the insurance policy for which I am applying excludes Liability for losses resulting trampolines, diving boards and pool slides. This also means that Maison Insurance Company will not pay for damages that I may be liable for that are caused by a trampoline, diving board or pool slide.

Applicant's Signature

Date Dec 11, 2020

## ELIGIBILITY OF COVERAGE

I understand that eligibility for the insurance policy for which I am applying is contingent upon the residence premises being occupied by the named insured property owner during the policy period.

Applicants Initials



MAISON INSURANCE COMPANY

HOMEOWNERS INSURANCE APPLICATION

APPLICATION DETAIL

| Insured                           | Effective-Expiration Date | Policy Number | Form  |
|-----------------------------------|---------------------------|---------------|-------|
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021   | 591839        | HO3TX |



## HOMEOWNERS INSURANCE APPLICATION

## APPLICATION DETAIL

|                                   |                                  |                      |             |
|-----------------------------------|----------------------------------|----------------------|-------------|
| <b>Insured</b>                    | <b>Effective-Expiration Date</b> | <b>Policy Number</b> | <b>Form</b> |
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021          | 591839               | HO3TX       |

## 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 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 with 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.

MW \_\_\_\_\_ Applicant Initials  
M W

Copy of the Notice of Information Practices (Privacy) has been given to the applicant.

YES

MW \_\_\_\_\_ Applicant Initials  
M W

## APPLICANT SIGNATURE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## Applicant's Statement

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.

I understand the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, I give the company the authority to adjust the policy. Further, I understand that this may cause a change in the premium charged.

Wajahath Quraishi (Dec 11, 2020 19:09 CST)  
\_\_\_\_\_  
Applicant Signature

Dec 11, 2020  
\_\_\_\_\_  
Date Time

Wajahath Quraishi (Dec 11, 2020 19:09 CST)  
\_\_\_\_\_  
Co-Applicant Signature

Dec 11, 2020  
\_\_\_\_\_  
Date Time

## AGENT'S SIGNATURE

A copy of the application has been furnished to the applicant or insured and coverage is bound effective:

Effective Date \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Agent Signature \_\_\_\_\_ Agent Number \_\_\_\_\_



MAISON INSURANCE COMPANY

HOMEOWNERS INSURANCE APPLICATION

APPLICATION DETAIL

| Insured                           | Effective-Expiration Date | Policy Number | Form  |
|-----------------------------------|---------------------------|---------------|-------|
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021   | 591839        | HO3TX |

A copy of the application signed by the Applicant(s) and Agent IS REQUIRED to be retained in the Agent's office.



## HOMEOWNERS INSURANCE APPLICATION

## APPLICATION DETAIL

| Insured                           | Effective-Expiration Date | Policy Number | Form  |
|-----------------------------------|---------------------------|---------------|-------|
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021   | 591839        | HO3TX |

Insurer:

Maison Insurance Company  
9100 Bluebonnet Centre Blvd, Suite 502  
Baton Rouge, LA 70809  
(844) 962-4766

## IMPORTANT NOTICE

We will obtain and use credit information on the applicant shown below as part of the insurance credit scoring process.

This information will be used by us. Along with other underwriting information and criteria, to decide whether to accept this application.

If you have questions regarding this disclosure, contact the insurer at the above address or phone number. For information or other questions, contact the Texas Department of Insurance at 800-252-3439 or P.O. Box 149091, Austin TX 78714.

Applicant:

WAJAHATH QURAISHI  
1212 VELOCE DRIVE  
PLANO, TX 75074

Article 21.49-2U, Sec. 7(d) of the Texas Insurance Code requires an insurer or its agents to disclose to its customers whether credit information will be obtained on the applicant or insured, or on any member of the applicant's or insured's household and used as part of the insurance credit scoring process.

If Credit information is obtained or used on the applicant or insured, or on any member of the applicant's or insured's household, the insurer shall disclose to the applicant the name of each person on whom credit information was obtained or used and how each person's credit information was used to underwrite or rate the policy. An insurer may provide this information with the application or in a separate notice.

Adverse effect means an action taken by an insurer in connection with the underwriting of insurance for a consumer that results in the denial of coverage, the cancellation or non-renewal of coverage or the offer and acceptance by a consumer of a policy form, premium rate, or deductible other than the policy form, premium rate, or deductible for which the consumer specifically applied.

Credit information is any credit related information derived from a credit report itself, or provided in an application for personal insurance. The term does not include information that is not credit-related, classifications, or underwriting rules for a consumer whose credit information has been directly influenced by a catastrophic illness or injury, by the death of a spouse, child, or parent, by temporary loss of employment, by divorce, or by identity theft. In such a case, the insurer may consider only credit information not affected by the event or shall assign a neutral credit score.

An insurer may require reasonable written and independently verifiable documentation of the event and the effect of the event on the person's credit before granting an exception. An insurer is not required to consider repeated events or events the insurer reconsidered previously as an extraordinary event.

An insurer may also consider granting an exception to an applicant for insurance coverage or an insured for an extraordinary event not listed in this section. An insurer is not out of compliance with any law or rule relating to underwriting, rating or rate filing as a result of granting an exception under this article.

**NOTICE OF ACTION RESULTING IN AN ADVERSE EFFECT.** If an insurer takes an action resulting in an adverse effect with respect to an applicant for insurance coverage or insured based in whole or in part on information contained in a credit report, the insurer must provide to the applicant or insured within 30 days certain information regarding how an applicant or insured may verify and dispute information contained in a credit report.



MAISON INSURANCE COMPANY

## HOMEOWNERS INSURANCE APPLICATION

## APPLICATION DETAIL

| Insured                           | Effective-Expiration Date | Policy Number | Form  |
|-----------------------------------|---------------------------|---------------|-------|
| WAJAHATH QURAISHI and HAJIRA UZMA | 12/12/2020 - 12/12/2021   | 591839        | HO3TX |

## IMPORTANT NOTICE

For each selection Option contained in this notice, remediation means to treat, contain, remove or dispose of mold, fungi or other microbes beyond that which is required to repair or replace your covered property physically damaged by water or steam. Remediation also includes any testing to detect, measure or evaluate mold, fungi or other microbes and any decontamination of covered property.

**Option 1:** You have the option to purchase a policy for \$1,385 that does not provide remediation coverage for mold, fungi or other microbial losses.

This policy does not provide coverage for the cost of remediation, including testing of ensuing mold, fungi or other microbes or certain increases in expenses such as additional living expenses or debris removal due to the remediation or testing for mold, fungi or other microbes.

**Option 2:** You have the option to purchase a policy for \$1,967 with a 25% limit of liability for Coverage A - Dwelling, Coverage B - Other Structures and Coverage C - Personal Property that provides coverage for the cost to remediate (including testing), repair or replace covered property due to loss caused by ensuing mold, fungi or other microbes resulting from water or steam damage if such loss would otherwise be covered. This Option also provides 25% of the Loss of Use limit of liability to pay for additional living expenses if a loss caused by mold, fungi or other microbes that results from water or steam loss that is covered under your policy makes your residence premises wholly or partially untenantable.

**Option 3:** You have the Option to purchase a policy for \$2,551 that provides the same coverage as Option 2, except the limit of liability for Coverage A - Dwelling, Coverage B - Other Structures and Coverage C - Personal Property and Loss of Use is 50%

**Option 4:** You have the Option to purchase a policy for \$3,714 that provides the same coverage as Option 2, except the limit of liability for Coverage A - Dwelling, Coverage B - Other Structures and Coverage C - Personal Property and Loss of Use is 100%

## SELECTION AND APPLICATION FOR MOLD, FUNGI, OR OTHER MICROBES REMEDIATION COVERAGE

I HAVE READ THE notice CONCERNING Mold, Fungi or Other Microbes Coverage options available under my Homeowners or Dwelling Policy and have been provided the premium for each option of coverage.

I select and apply for the following coverage (check one):

**Option 1:** NO Mold Remediation Coverage

**Option 2:** 25% Mold Remediation Coverage

**Option 3:** 50% Mold Remediation Coverage

**Option 4:** 100% Mold Remediation Coverage

Applicant's Signature

  
Wajahath Quraishi (Dec 11, 2020 19:09 CST)

Date

Dec 11, 2020

# HOME INSURANCE APPLICATION.

Final Audit Report

2020-12-12

|                 |   |
|-----------------|---|
| Created:        | 2020-12-12                                    |
| By:             | MUHAMMAD AHSAN (ahsan.agency@gmail.com)       |
| Status:         | Signed  |
| Transaction ID: | CBJCHBCAABAAbbr0Cp4uOGqBk4s3_BnGRNqiYKZYbxn_6 |

## "HOME INSURANCE APPLICATION." History

-  Document created by MUHAMMAD AHSAN (ahsan.agency@gmail.com)  
2020-12-12 - 1:01:13 AM GMT- IP address: 47.184.139.191
-  Document emailed to Wajahath Quraishi (mwq620@yahoo.com) for signature  
2020-12-12 - 1:05:23 AM GMT
-  Email viewed by Wajahath Quraishi (mwq620@yahoo.com)  
2020-12-12 - 1:06:38 AM GMT- IP address: 209.73.183.94
-  Document e-signed by Wajahath Quraishi (mwq620@yahoo.com)  
Signature Date: 2020-12-12 - 1:09:20 AM GMT - Time Source: server- IP address: 47.185.229.170
-  Agreement completed.  
2020-12-12 - 1:09:20 AM GMT



Adobe Sign