

Pristine Homeowners Insurance Application

FIRST COMMUNITY INSURANCE COMPANY
PO BOX 33060
SAINT PETERSBURG FL 33733-8060
Office: 1-800-627-0000
Fax: 1-888-866-0378

Application Detail

Insured MUGU, ALLAN	Effective - Expiration Date 08/14/2020 - 08/14/2021	Policy Number 420016039076800	Form HO3
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Agency Information

Agency Number	101268
Agency Name	BRIGHTWAY INSURANCE INC
Address	PO BOX 5700
City, State, Zip	JACKSONVILLE, FL 32247-5700
Phone Number	(888) 254-5014

Applicant/Co-Applicant Information

Applicant	MUGU, ALLAN	Co-Applicant	MUGU, TABITHA
Date of Birth	09/16/1979	Date of Birth	02/22/1982
Social Security			
Retired	No	Retired	No
Marital Status	Married	Marital Status	N/A
Telephone Number	(832) 729-8403		
Email Address	allan.mugu@yahoo.com		
Property Address	27715 OSSINEKE DR SPRING, TX 77386	Mailing Address	27715 OSSINEKE DR SPRING, TX 77386
County	MONTGOMERY	Reason for difference in billing address	Billing Purposes

Coverage Limits and Premiums

Coverage at residence premises is provided only where a limit of liability is shown or premium is stated.

Coverage	Limits	Deductible	Premium
Dwelling	\$625,000	See Below	\$1,638.00
Other Structures	\$125,000	See Below	\$375.00
Personal Property	\$312,500	See Below	\$0.00
Loss of Use	\$187,500	See Below	\$0.00
Personal Liability	\$500,000 Per Occurrence	See Below	\$14.00
Medical Payments to Others	\$5,000 Per Person	See Below	Included
Equipment Breakdown	\$100,000 Per Occurrence	See Below	\$0.00
Foundation & Water Damage Cov	\$25,000	See Below	\$30.00
Residence Glass Coverage	\$100	See Below	\$8.00
Subtotal			\$2,065.00
Fees			\$71.00
Total			\$2,136.00

Deductible Details

Hurricane Deductible	1%
Hurricane Deductible Amount	\$6,250
Wind/Hail Deductible	1%
All Other Perils Deductible	\$1,000

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Discounts and Surcharges	
Early Quote Discount	Included
Local Fire Alarm	Included
Fire Extinguisher	Included
Smoke Alarm	Included
Multiple Policy Discount	Included
Preferred Builder Discount	Included
Central Burglar Alarm	Included
Dead Bolts	Included

Mortgagee / Additional Interest

Prior Loss Information
Applicant certifies they have had no prior claims

Rating Information			
Building Type	Dwelling	Territory Code	480
Construction Type	Brick, Stone or Masonry	Year Built	2015
	Veneer		
Distance to Water	30 mi and greater	Square Footage	4424
Number of Stories	Two Stories	Protection Class	01
Occupied By	Owner	Occupancy Use	Primary
Units within Firewall	01		

Underwriting Information	
Is building located on more than 5 acres	No
Is residence located on a farm or ranch or any farming or ranching activities on premises	No
Are there any farm or exotic animals on the premises	No
Is business conducted on the premises, where employees or clients come to the residence	No
Is there any type of home day care on premises	No
Is there a swimming pool on the premises	Yes
Is there a pool slide or diving board (informational only)	No
Is the pool protected with a self latching fence at least 4 feet high	Yes
Is dwelling located along a paved roadway	Yes
Is dwelling located on or adjacent to commercial property	No
Is dwelling under construction or major renovation	No
Was dwelling built by a licensed contractor	Yes
Is dwelling built partially or entirely over water	No
Does applicant have any resident employees	No
Does dwelling have central heating	Yes
Did applicant have a prior cancellation for something other than non-payment, exposure or weather related claims	No
Does applicant have a trampoline on the premises (informational only)	No
Is there more than one residence on the premises	No
Is premises owned by a business	No
Is home in a gated community	No
Is property secondary/seasonal	No
Are there any dogs on the premises	No
How many dogs are on the premises	0

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IMPORTANT NOTICE TO POLICYHOLDERS

Flood Exclusion

I understand that 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

Specific Coverage Exclusions

I understand that the insurance policy for which I am applying contains the following exclusions. This means the Company will not pay for any damage or amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by any of these items I own, keep or acquire during the term of the policy.

- Day Care of any type
- Diving boards or pool slides
- Recreational vehicles, jet skis and watercraft
- Trampolines

_____ Applicant's Signature

Animal Liability Coverage Exclusion

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any animal owned or kept by any insured, or in the care, custody or control of any insured, or that of your employee, agent, visitor or tenant, whether or not the injury or damage occurs on your premises, on your premises with your or any insured's permission, or any other location. This means that the company will not pay for any amounts I may be liable for resulting from alleged injury or damage caused by any animal I own or keep.

_____ Applicant's Signature

Statement of Condition

Applicant's initials below confirm the validity of the following statements:

- No applicant has ever been canceled or non-renewed for material misrepresentation, insurance fraud or convicted of arson.
- During the term of or any renewal of this policy there will be no business conducted on the insured premises.
- The dwelling, other structure(s) and/or personal contents covered under this policy:
 - Have no prior unrepaired damage, including hurricane or flood damage
 - Is not a mobile home, pre-fabricated, kit or modular home
 - Are in good condition with no deferred maintenance and are not under construction
- There have been no prior liability or fire claims for any applicant covered under this policy.

_____ Applicant's Initials

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HO3**Consumer Report Disclosure**

First Community Insurance Company and its subsidiaries may use consumer-reporting information in underwriting your insurance and setting premiums. This confidential information is used to help us determine eligibility for coverage as well as calculating your most accurate premium quote. As your insurer, we are committed to ensuring that you obtain quality coverage at the lowest possible rate.

We may collect your consumer report information, including an inspection of the property, from third party companies. These companies do not make decisions in determining eligibility or premium development and are unable to provide you with details regarding eligibility and quoted premium.

You may contact the following consumer report agency within 60 days of this notice to obtain a free copy of your consumer report and have the ability to dispute the accuracy or completeness of this report.

Insured Initials _____

Credit Score InquiriesLexisNexis Consumer Center
PO Box 105108
Atlanta, GA 30348-5108
1-800-456-6004**Loss History Inquiries**Insurance Services Offices
A-Plus Consumer Inquiry Center
545 Washington Blvd., LOC. 22-6
Jersey City, NJ 07310
1-800-709-8842**Additional Privacy Policy Information**Privacy Compliance
Bankers Insurance Group
PO Box 15707
Saint Petersburg, FL 33733-5707
1-800-627-0000**Adverse Rating**

This notice is being provided in compliance with the requirements of the Fair Credit Reporting Act and the Consumer Reporting Act of 1996. Congratulations, due in whole or in part to information contained in one or more consumer reports you are receiving the most favorable premium rate for your policy. We are pleased to be able to provide you with a discount to your annual base premium. We appreciate your business and are happy to make this discount available to you.

Billing InformationBill to at renewal Insured Mortgagee

This form should be mailed to the company along with appropriate payment. Any other required documentation is noted in the Checklist for Agent section.

Payment Plans

Thank you for your application. The following premium payment options are available:

Plan	Initial Payment	Installment Amount	Installment Fee
A1 Paid in full	\$2,136.00	\$0.00 +	\$0.00
C1 3 Pay Plan	\$752.00	\$692.00 +	\$3.00
D1 5 Pay Plan	\$484.00	\$413.00 +	\$3.00
T1 12 Pay Plan	\$257.00	\$171.00 +	\$3.00

Note: Due to rounding of the installments to the nearest whole dollar, the amount of the final installment may be different than the other installments.

Please write your policy number on check and make payable to:FIRST COMMUNITY INSURANCE COMPANY:
PO BOX 33002
ST PETERSBURG, FL 33733-8002Payment Date: _____
Payment Plan Option: A1 C1 D1 T1
Amount Enclosed: \$ _____

03000 0000 PHO** HO3* 420016039076800 00213600 NB 1200814

Payment InformationPayment Method: Credit Card
Name of Card Holder: ALLAN MUGU
Credit Card Number: *****0592
Expiration Date: **/**
Amount: \$2,136.00

Card Holders Signature _____

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Applicant's Signature

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 represent that I have read and answered all questions on the application and that all information contained in this application is accurate and complete. I agree that such policy shall be null and void if such information is false, misleading, or would materially affect acceptance of the risk by the Company.

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.

Applicant's Initials _____

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

I understand that payment of premium is defined as being only when the premium payment check clears, and no temporary or other coverage exists unless the check clears when initially submitted by the company or its agent. In the event a policy is voided due to a dishonored check for the initial premium, I have the earlier of 5 days after notice is received or 15 days after the notice is sent by certified or registered mail to cure the dishonored check. I hereby certify that I have read and answered all questions on this application. I also represent that all information contained in this application is accurate and complete.

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 understand that any material misrepresentation on this application or supplemental application, whether intentional or accidental could void this policy. All paid premiums would be returned and I would be responsible for paying the damages for any claim that may have occurred.

Applicant's Signature: _____

Date: _____

Time: _____ AM ___ PM ___

Co-Applicant's Signature: _____

Date: _____

Time: _____ AM ___ PM ___

Agent's Signature

A COPY HAS BEEN FURNISHED TO THE APPLICANT OR INSURED AND COVERAGE IS BOUND EFFECTIVE:

Date: _____ Time: _____ AM ___ PM ___

Binding Agent Printed Name _____

Agent's License Number _____

Agent's Signature: _____

Agent Number: _____

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

Checklist To Agent

The following supporting documentation must be maintained in the Agent's file when applicable. Failure to provide requested documentation for future audits will result in the removal of the credit or application of a surcharge and an invoice to the insured.

- Application** - Completed application signed and dated by the insured and agent
- Proof of Prior Insurance** - Copy of prior declaration page(s) for previous 12 months
- Seasonal/Secondary Residence** - Name, address and phone number of Professional Management Firm or reliable friend, relative, or neighbor along with proof of protective device(s)
- Replacement Cost Estimator** - Only required if using replacement cost estimator different than 360Value
- Multiple Policy Discount** - Current Declaration page(s) for companion policy
- Protective Devices Discount** - Certificate for reporting or central reporting burglar and/or fire alarm(s) and sprinkler systems
- Flood Policy** - Current Declaration page(s) for flood policy