



DocOrigin
Insurance

Eclipse Corporation
100 Concourse Pkwy - Suite 120,
Hoover, AL 35244
Phone +1 678-408-1245



CUSTOMER SERVICE

Website
www.EclipseCorp.US

Telephone
+1 678-408-1245

Correspondence
100 Concourse Pkwy
- Suite 120,
Hoover, AL 35244

Fax
+1 678-408-1245

Hours of operation
7:00am-7:00pm Eastern

POLICY INFORMATION

Policy Number: AP-00000061

TOTAL ANNUAL POLICY PREMIUM: \$601.00

PAY YOUR BILL

Online at www.EclipseCorp.US

Or by mail at:

Eclipse Corporation
100 Concourse Pkwy - Suite 120, Hoover, AL 35244

DWELLING APPLICATION

Policy Number: AP-00000061

Policy Form: DP1

Effective Date: 01/01/2024 12:01 a.m.
STANDARD TIME at the residence premises.

Inspection Date: 12/11/2024

Expiration Date: 01/01/2024 12:01 a.m.
STANDARD TIME at the residence premises

Date/Time Printed: 12/13/2024 03:50 PM

Notification Date: 12/13/2024

AGENCY INFORMATION

Stan Nieves

100 Some Street, San Jose CA 95119

Agency ID: 66846

Telephone Number: +1 678-408-1245

APPLICANT INFORMATION

Kim Cox

123 S Main ST Gainesville, FL 32601-6214

Residence Premises/Described Location: 500 Seaside Dr., Gainesville, FL 98765-3214

Date of Birth: 01/01/1980

Mobile Phone: +1 678-408-1245

Email Address: info@EclipseCorp.US

COVERAGE INFORMATION

PROPERTY COVERAGES

A.Dwelling:
B.Other Structures:
C.Personal Property:
E. Additional Living Expense

LIMIT OF LIABILITY

\$109,000
\$20,900
\$10,000
\$10,000

PREMIUM

\$401.00
\$41.00
\$53.00
\$153.00

DEDUCTIBLES

All Other Perils other than Hurricane:
HURRICANE: 2% of Coverage A
Sinkhole:

DEDUCTIBLES

\$1,000
\$2,180
Not Included

LIABILITY COVERAGES

L. Personal Liability:
M.Medical Payments to Others:

LIMIT OF LIABILITY

\$100,000
\$2,000

\$79.00
Included

OPTIONAL COVERAGES

Limited Fungi, Mold, Wet or Dry Rot, or Bacteria
Extended Coverages

LIMIT OF LIABILITY

\$10,000

PREMIUM

Included
Included

COVERAGE INFORMATION

(section continued from previous page)

DISCOUNTS AND SURCHARGES

Home Security System
ANSI/ASCE 7-88 Standards
Age of Home
Fire Protection

Total discounts and/or surcharges applied: -\$2,365.00

POLICY FEES

Managing General Agency (MGA) Fee \$25.00
Emergency Management Preparedness and Assistance Surcharge \$2.00
TOTAL ANNUAL POLICY PREMIUM: \$601.00

FORMS AND ENDORSEMENTS

Dwelling Property - 1 - Basic Form - DP 00 01 07 88 - Index AIIC DP1 IDX 07 15
Dwelling Property - 1 - Basic Form DP 00 01 07 88
Personal Liability - Dwelling AIIC DP DPL 07 15
Special Provisions for Florida - DP 00 01 Basic Dwelling Form AIIC 01 DP1 SP 11 16
Calendar Year Hurricane Deductible Requirement AIIC DP HD 07 15
Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage AIIC DP LFC 07 15

ADDITIONAL INTEREST(S)

Loan Number: 22222 Name: Kim Cox Type of Interest: Loss payee
Mail Address: 500 Seaside Dr., Gainesville, FL 98765-3214
City: Gainesville State/Province: FL Zip/Postal Code: 98765-3214 Country: USA

GENERAL INFORMATION

Year of Construction: 1969 Construction Type: Frame
Dwelling Type: Single Family Months Occupied: 0 to 3 Months

PROPERTY INFORMATION

Roof Material: 3 Tab Composition Shingle Year roof material updated: 1990 or before
Square Footage: 1000 Year HVAC updated: 2010
Distance to Fire Hydrant: less than or equal to 1,000 Feet Y Year plumbing updated: 2010
Distance to Fire Station: 1 Mile or Less Year electrical updated: 2024

WINDSTORM LOSS MITIGATION

Roof Shape: Other Opening Protection: None
Secondary Water Resistance (SWR): No Roof Deck Attachment: Level A (6d @ 6" / 12")
Roof to Wall Attachment: Toe Nails Roof Covering: Non-FBC Equivalent

LOSS HISTORY

Has applicant or co-applicant had any losses within the past 36 months (whether or not a claim was filed or paid by insurance) at this or any other location? NONE

UNDERWRITING QUESTIONS

1. During the last 5 years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson or any arson related crime in connection with this or any other property? **NO**
2. Has the applicant(s) had a personal or business foreclosure, repossession or bankruptcy in the past 5 years? **NO**
3. Has the applicant(s) had any fire or liability loss within the past 5 years? **NO**
4. Has the applicant(s) ever had a flood loss at the location stated in this application? **NO**
5. Has the applicant(s) been cancelled, declined or non-renewed by any property insurance carrier in the past 3 years? **NO**
6. Has the applicant(s), or any person who will be an insured under this policy ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured? **NO**
7. Has the applicant(s) and/or additional insureds ever submitted a claim for sinkhole damage/loss on the residence and/or property to be insured? **NO**
8. Does the applicant(s) have prior insurance? (If property has been without insurance for less than 30 days, a new purchase or new construction, answer "Yes"). **YES**
9. Has there been a lapse in continuous dwelling coverage of more than 45 days during the past year? **YES**
10. Does the applicant(s)/occupant(s) of the home own or care for any animals whether on or off the premises? **NO**
11. Does the applicant(s)/occupant(s) of the home have any non-domesticated, exotic animals on the premises? **NO**
12. Does the applicant(s)/occupant(s) of the home own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATV's, etc.?) **NO**
13. Does the insured location have any excessive or unusual liability exposure(s), (including but not limited to): **NO**
 - Diving board and/or slide
 - Unenclosed pool, hot tub, spa or unfenced trampoline
 - Any animal with a prior bite history or a pit-bull/pit-bull mix, Staffordshire terrier, wolf/wolf hybrid?
 - Any skateboard and/or bicycle ramps?
14. Will the applicant(s) be occupying the property or will the property be occupied within 30 days of the effective date of the policy? **NO**
15. Was the property a short-sale or in a foreclosure status prior to the purchase? **NO**
16. Does the insured location have any existing or unrepaired damage? **NO**
17. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? **NO**
18. Does the insured location have a swimming pool, hot tub, or spa? **NO**
19. Is the insured location occupied by 3 or more unrelated individuals, i.e. roomer(s)/boarder(s)? **NO**
20. Is there any business activity conducted on the premises? **NO**
21. Is there any child and/or adult day care on premises? **NO**
22. Does the residence and/or property to be insured under this policy have any known sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? **NO**
23. Is the insured location currently vacant or unoccupied? **NO**
24. Is the insured location located in a Special Flood Hazard Area? **YES or NO**

IMPORTANT NOTICES**Animal Liability Excluded**

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payments coverage in the event the policy is endorsed with personal liability coverage.

Applicant Initials _____ **Co-Applicant Initials** _____

Limited Carport(s), Pool Cage(s), and Screen Enclosure(s) Coverage

For an additional premium, you may elect coverage for your aluminum framed carport, aluminum framed pool cage and screen enclosure for losses caused by a hurricane as described in the endorsement. Coverage limits are available in \$1,000 increments, from \$10,000 to \$50,000. If you do not elect coverage then you will not have any coverage for your aluminum framed carport, aluminum framed pool cage and screen enclosure for losses caused by a hurricane as described in the policy.

I hereby **elect to purchase** Limited Carport(s), Pool Cage(s), and Screen Enclosure(s) Coverage with the following limit: \$0.

The limit listed above is the total coverage amount provided including any additional amount elected

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

Notice of Insurance Information Practices

Personal information about you, may be collected from persons other than you in connection with this application and subsequent renewals. Such information, as well as other personal and privileged information collected by us or by our agents, may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit such a request to us.

Applicant Initials _____ **Co-Applicant Initials** _____

Notice of Property Inspection

I hereby authorize American Integrity Insurance Company and their agents or employees access to the applicant's/co-applicant's residence premises 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. American Integrity Insurance Company is under no obligation to inspect the property and if an inspection is made, American Integrity Insurance Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials _____ **Co-Applicant Initials** _____

IMPORTANT NOTICES

(section continued from previous page)

Payment Plan Selection

The payment plan selected is as follows:

Payee: Dwelling Policy

Payment Plan Option:

Down Payment:

☒ **Full Payment**

= \$601.00

☐ **Semi Annual**

= \$371.40, Final Payment of \$237.60 due on the 180th day after policy inception

☐ **4 Pay**

= \$170.50, 3 Additional installments of \$147.50 due on the 60th, 150th, and 210th day after policy inception

☐ **Quarterly**

= \$256.60, 3 Additional installments of \$118.80 due on the 90th, 180th, and 270th day after policy inception

☐ **8 Pay**

= \$159.02, 7 Additional installments of \$66.14 due on the 30th, 60th, 90th, 120th, 150th, 180th, and 210th day after policy inception

Sinkhole Selection

I affirm that I have never reported any sinkhole damage or loss to the property being insured.

☐ Yes

☐ No

I affirm that I do not have knowledge of any existing sinkhole damage to this property.

☐ Yes

☐ No

I affirm that I do not have knowledge of any prior owner of the property reporting any such damage.

☐ Yes

☐ No

Applicant Initials _____

Co-Applicant Initials _____

Sinkhole Selection

Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Your policy does **NOT** provide coverage for Sinkhole losses. Although Sinkhole coverage is not included as part of your policy, you may purchase coverage for Sinkhole losses for an additional premium. Your signature below indicates that you understand that Sinkhole Loss Coverage is not automatically included, and you must select or reject Sinkhole Loss Coverage by selecting one of the options.

I hereby **REJECT** Sinkhole Loss Coverage.

By rejecting, I agree to the following:

My signature below indicates that I am rejecting Sinkhole Loss Coverage and I understand my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss," I will have to pay for my loss(es) by some other means than this insurance policy. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

Statement of Condition

As a condition for obtaining a policy, I represent that the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes with unrepaired property damage are not eligible for coverage.

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

CO-APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

BINDER STATMENT

This company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the applicant by surrender of this binder or by written notice to the company stating when cancellation will be effective.

This binder may be cancelled by the company by notice to the applicant in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Personal information about you, including information from an 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 without your authorization. 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 for instructions on how to submit a request to us.

Applicant Initials _____ Co-Applicant Initials _____

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 have fully reviewed and verified all of the information contained on this application and any attachments or documents submitted with it. I declare that all of the information contained on this application is true, complete and correct. I understand and agree that the information on this application will be used by the insurance company as a basis for deciding to issue coverage to me and any materially misrepresented or falsified information later discovered may result in the policy being declared void from inception and providing no coverage on the insured property.

I agree that if my down payment is not received by American Integrity Insurance Company within 20 days of the policy effective date or payment for the initial premium is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.

APPLICANT'S SIGNATURE: _____	DATE SIGNED: _____
CO-APPLICANT'S SIGNATURE: _____	DATE SIGNED: _____
AGENT'S SIGNATURE: _____	DATE SIGNED: _____
AGENT'S NAME (PRINT): _____	AGENT LICENSE #: _____

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085 (1).