



Homeowners / Dwelling Program Application

Applicant Name (If corporate name: Supplemental Corporate Questionnaire Required)

Johan Jongsma

Effective Date (of this policy)

5/10/17

Occupation (If retired provide information prior to retiring)

IT Exec

Employer

msp/Solarwinds

Date of Birth

03/25/1965

Mailing Address

851 Brightwaters Blvd

City

St Pete

State

FL

Zip Code

33704

County

pinellas

Insured Location

129 Baypoint

City

St Pete

State

FL

Zip Code

33704

County

pinellas

Inspection Contact

Johan

Phone Number

727

225

2475

Producer Name

Holly

Agency Name

Hub

Mailing Address

600 Cleveland

City

Clw

State

FL

Zip Code

33755

Phone Number

813

440

6507

Fax Number

Email Address

holly.kerr@hubinternational.com

Prior Carrier

new

Expiration Date

Expiring Premium

If a prior carrier or previous carrier has cancelled or non-renewed please explain why? (MISSOURI APPLICANTS NEED NOT REPLY)

If the insured has not carried insurance within the last 12 months please explain why:

Within the last 5 years has the applicant had a ☐ Foreclosure ☐ Bankruptcy ☐ Repossession

Mortgagee (Name/Mailing Address including ZipCode)

USAmeribank, ISAQA, PO Box 17540, Clearwater, FL 33462

Loan #

402295500

Mortgagee (Name/Mailing Address including ZipCode)

Loan #

Additional Insured Name

Address

City

State

Select One

Zip Code

Describe Interest

COVERAGES/LIMITS OF LIABILITY

Policy Form

☐ HO-3

☐ HO-4

☐ HO-5

☐ HO-6

☐ DP-3

☒ Builders Risk

Dwelling (A&A HO-6)

\$ 2,500,000

Other Structures

\$ 0

Personal Property

\$ 0

Loss of Use

\$ 0

Personal Liability

\$ 0

Medical Payments

\$ 0

Loss Assessment

\$

Ordinance or Law
(10% provided)

☐ 15%

AOP Deductible

\$ 10,000

Wind/Hail Deductible ☐ Exclude

2

% or \$

*minimum may apply- see quote

Other

Deductible

\$

RATING INFORMATION

Territory #

Protection Class #

2

(if PC 9/10 please use supplemental app)

Distance to Fire Hydrant

500

(in feet)

Distance to Fire Station

2

(in miles)

Fire Department ☐ Paid ☐ Volunteer

Occupancy

☐ Primary

☐ Secondary

☐ Rental

☐ Secondary Rental

☒ Builders Risk (requires supplemental app)

☐ Vacant

Protective Alarms/Devices

☐ Central Fire

☐ Central Burglar

☐ Local Fire

☐ Local Burglar

☐ Smoke Detector

☐ Interior Sprinklers:

☐ Partial

☐ Deadbolt

☐ Full

Construction

☐ Frame/Stucco

☒ Masonry

☐ Masonry Veneer

☐ Fire Resistive

☐ Superior

☐ EIFS

☐ Log (requires supplemental app)

Construction Style

☐ Ranch

☐ Cape

☐ Colonial

Other:

Year Built:

2017

Year Purchased:

2016

Square Footage

6300

of Stories

2

of Families

1

If new purchase,
closing date:

Is this a Town home? ☐ Yes ☒ No

Roof Type

☐ Comp

☐ Shake

☒ Tile

☐ Slate

☐ Wood Shake

☐ Other

Foundation Type

☒ Concrete Slab

☐ Concrete Block

☐ Piling/Stilts

Is the dwelling located on more than 5 acres? (if yes, please explain) ☐ Yes ☒ No

Market Value

\$ 3,500,000

Dwelling for Sale?

☐ Yes

☒ No

On National Historical Register?

☐ Yes

☒ No

☐ Tours?

Vacant? (If yes, DP-3 Policy Form applies for Dwellings)

☐ Yes

☒ No

Since when?

If HO4/6: How many floors in the building? On which floor is the unit? How many units in the building?

How many units do we currently insure in the facility? Elevation from high tide?

Complete the following if Condominium Association requires Additional Insured endorsement.

Condominium Association Name:

Address:

City

State

Zip code

Update Information (required if home >25 years old)

Update Type: ☐ Partial ☐ Complete Year:

Was home completely gutted and remodeled?

☐ Yes ☐ No

If yes, what Year?

Wiring ☐ Partial ☐ Complete Year:

Roof ☐ Partial ☐ Complete Year:

Heating ☐ Partial ☐ Complete Year:

Plumbing ☐ Partial ☐ Complete Year:

LOSS HISTORY

Note: Includes all losses within the last 3 years regardless of location and any loss greater than \$1,000,000 regardless of location or date.

If none, check here: ☒ None

Date	Type of Loss	Cause	Amount	Preventative Measures
			\$	
			\$	
			\$	

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Eligible for the Wind pool? ☐ Yes ☒ No Distance to Ocean/Bay/Gulf: .1 Miles/Feet

Will there be Primary Flood in place when this coverage is bound? ☒ Yes ☐ No

If yes, will it be Full Value of the Dwelling? ☐ Yes ☒ No

Windstorm Mitigation:

☐ Hip Roof ☐ Plywood Shutters ☒ Roof Straps ☒ Protective Glass ☐ Metal Electronic Shutters ☐ Metal Manual Shutters

Palm Beach, Broward or Dade:

Does the home meet the South Florida Building code or 2001 Florida Building code requirements? ☒ Yes ☐ No

1) Have you been told or are you otherwise aware of the use of Chinese Drywall in the dwelling or any other structure on the premises? ☐ Yes ☒ No

2) Is there any odor of sulfur in the dwelling, any corrosion of any personal property, wiring or any heating, ventilation or air conditioning system? ☐ Yes ☒ No

List other Structures on the Premises: pool

Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years? ☐ Yes ☒ No

Is there a trampoline on premises? ☐ Yes ☒ No

Daycare conducted on premises? ☐ Yes ☒ No

Is there a fuel tank on premises? ☐ Yes ☒ No

Is business conducted on premises? ☐ Yes ☒ No

☐ Underground ☐ Basement ☐ Above Ground

If yes, explain:

Do you or any tenants that occupy the premises own any animals? ☐ Yes ☒ No

Type: Breed:

Bite History

Is there a swimming pool? ☒ Yes ☐ No

☒ Fenced/ Screened ☐ Unfenced ☐ Diving Board ☐ Slide

Is the home occupied Daily? ☐ Yes ☒ No

Gated Community? ☐ Yes ☒ No

Patrolled? ☐ Yes ☒ No

Caretaker? ☐ Yes ☒ No

Resident Caretaker? ☐ Yes ☒ No

Is the dwelling rented? ☐ Yes ☒ No

If yes, how many days? Rented to students? ☐ Yes

☐ No

Minimum Rental Period? (Days)

Is there a local property management company? ☐ Yes ☒ No

Is the dwelling undergoing any renovation or reconstruction?

(if yes, requires supplemental questionnaire)

☐ Yes ☒ No

Is there a woodstove on the premises?

☐ Yes ☒ No

If yes, is it a primary heat source?

(supplemental questionnaire required for all wood-burning stoves)

☐ Yes ☒ No

OPTIONAL COVERAGES/ENDORSEMENTS

Please note: Not all options are available due to occupancy, etc.
Please check quote for available/included options.

- Personal Property Replacement Cost ☐ Yes ☒ No
- Special Personal Property Coverage ☐ Yes ☒ No
- Special Computer Coverage ☐ Yes ☒ No
- Extended Replacement Cost Dwelling ☐ Yes ☒ No
- Upgrade to Green Residential Endorsement ☐ Yes ☒ No
- LexElite Eco-Homeowner ☐ Yes ☒ No
- Personal Injury ☐ Yes ☒ No
- Increased Special Limits
(Jewelry/Watches/Limit) ☐ Yes ☒ No
- Increased Special Limits (all) ☐ Yes ☒ No
- Water Back Up and Sump Pump Overflow
(if yes, Select one) ☐ Yes ☒ No
☐ 5K ☐ 10K ☐ 25K
- Identity Fraud ☐ Yes ☒ No
- HO6 All Risk Coverage A ☐ Yes ☒ No
- FLORIDA Sinkhole Coverage ☐ Yes ☒ No

Directors & Officers Coverage ☐ Yes ☒ No

Extending Liability ☐ Yes ☒ No

of properties occupancy

If rental, how long (weekly, annual, etc.):

Address:

Watercraft Liability ☐ Yes ☒ No

Engine Type: ☐ Inboard ☐ Outboard

Length: Feet:

Increased Limits on Business Property ☐ Yes ☒ No

If yes ☐ \$10,000 ☐ \$25,000

Golf Cart Coverage ☐ Yes ☒ No

of carts value \$ year

Make: Model: Serial#:

Include Liability for Golf Carts ☐ Yes ☐ No

Coverage for Mandatory Evacuation due to Imminent Threat to Residence Premises ☐ Yes ☒ No

- 1) Have you observed (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? ☐ Yes ☒ No
- 2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structure or (ii) any other partial or complete sinking or collapse of the dwelling or other structure? ☐ Yes ☒ No
- 3) At any time has this property had any prior sinkhole claims? ☐ Yes ☒ No

Pet Critical Injury Coverage ☐ Yes ☒ No

Dogs # Cats

Breed:

1.

2.

Requirements & Additional Optional Coverage's for Ironshore ONLY

(Only available for dwelling with a Coverage A Replacement Cost of \$1,000,000 or greater. Other requirements may apply.)

If the home is a short term or seasonal rental, please advise the name and phone # of the local property management/ maintenance company.

Name:

Phone #:

Please note: Not all options are available due to occupancy, etc. Please check quote for available/included options.

Blanket Coverage for Schedule Property ☐ Yes ☒ No If yes, ☐ \$25,000 or ☐ \$50,000

Scheduled Property Itemized ☐ Yes ☒ No (If yes, an itemized schedule must be sent with the Application for quoting.)

Ironshore offers a standard Mold Limit of \$10,000. Would you like to increase to \$25,000? ☐ Yes ☒ No

SUPPLEMENTAL INFORMATION

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☐ B. Secondary or Seasonal occupancy (No Rental). How many months occupied?

If the property is Seasonal/Secondary it is REQUIRED that a Contracted Custodian/Agent/Manager will enter and check the premises AT LEAST ONCE WEEKLY TO BE ELIGIBLE FOR COVERAGE.

Name:

Local Phone#:

☐ C. Year-round occupancy by a Tenant with ANNUAL LEASE.

Tenant Name:

Residential Phone#:

☐ D. Secondary or Seasonal occupancy PLUS RENTAL by a property manager/rental agent OR IF PROPERTY IS VACANT.

If the property is Seasonal/Secondary or Vacant, it is REQUIRED that a Contracted Custodian/Agent/Manager will enter and check the premises AT LEAST ONCE WEEKLY TO BE ELIGIBLE FOR COVERAGE.

Name:

Local Phone#:

☐ E. Available year-round for rental by property manager/rental agent. Minimum rental period? (Days)

☐ F. Property is used as a Builder's Model or Lease Back. For How Long?

☒ G. Builder's Risk? ☐ or Renovation ☐ If renovation, partial or complete?

2. If the Named Insured is a Corporation, LLC, Partnership, a Trust or similar entity, please complete the Supplemental Named Insured/Corporate Questionnaire

3. If the property is located in a Gated Community or has limited access, provide local contact for inspection:

Name:

Phone#:

NOTE: It is agreed that the property will be occupied, etc. as noted above within 7 days of binding coverage unless otherwise advised in writing at the time of binding. Properties inspected and found to be unoccupied will be cancelled.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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Producer's Signature:

Today's Date:

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind this insurance.

Applicant's Signature:

Today's Date:

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

[Submit by Email](#)

[Print Form](#)

[Clear Form](#)

Johan Jongsma

LEXINGTON INSURANCE COMPANY

**ORDINANCE OR LAW – REJECTION OF INCREASED AMOUNT OF
COVERAGE**

I have read the Disclosure Notice about the above noted coverage and have decided that I DO NOT WANT THE COVERAGE THAT YOU OFFERED ME.

I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. When a storm or hurricane watch or warning is issued for the state of Florida by the National Weather Service;
2. During a storm or hurricane; and
3. For 72 hours after the storm or hurricane watch or warning is cancelled by the National Weather Service.

Named Insured(s) Sign Below:

A handwritten signature in blue ink, appearing to be "JH", is written over a horizontal line. The signature is stylized and somewhat abstract.

Date Signed: 5/12/2017

Lexington Insurance Company Builder's Risk Supplemental Application

Applicants Name: JONGSMA, JOHAN	
Occupation: <u>IT</u>	Employer: <u>MSP Soknands</u>
Name of Contractor: <u>EWI</u>	

Builder's Risk Type: (check one)	Renovation	New Construction ☒
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If renovation, will insured reside in dwelling during the course of construction?

Contractor Info:

Building Permit: (check one)	Yes ☒	No	
Licensed Builder: (check one)	Yes ☒	No	
Construction Financing: (check one)	Private Financing		Construction Loan ☒
	Consumer Loan		Mortgage

Construction or Renovation	Start Date:	<u>5/17</u>
Construction or Renovation	Completion Date:	<u>1/18</u>
Percentage of Construction or Renovation Completed:		<u>5%</u>
Estimated Completed Value (land excluded):		<u>\$0 2.5m</u>
Purchase Price:		<u>\$0 2.5m</u>

Security:

Gated Community: (check one)	Yes	No ☒	
Guarded Community: (check one)	Yes	No ☒	
Property Fenced: (check one)	Yes	No ☒	<u>not yet but soon</u>
Lighting on property: (street lighting not acceptable)	Yes	No ☒	
Central Station Alarms: (check one)	None ☒	Fire	Burglar
Comments:	Combo		

Extended Coverages:

Theft of Building Material: (check one)	Yes	No ☒
Extended Coverages: (check one)	Yes	No ☒

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PRODUCER'S SIGNATURE: [Signature]

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The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

Lex Builders Risk Supplemental App 02 10

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APPLICANT'S SIGNATURE: [Signature]

DATE: 5/12/2017



May 10, 2017

Johan Jongsma
851 Brightwaters Blvd
St Petersburg, FL 33704

CONSENT TO RECEIVE ELECTRONIC DOCUMENTS

Johan "Client") hereby consents and agrees to receive electronic documents related to insurance coverage procured or quoted by, or Client's business relationship with, Hub International Southeast ("HUB"). In addition to traditional manners of delivery, HUB may transmit documents to Client through electronic means, such as electronic mail and facsimile. The documents that may be transmitted electronically include, but are not limited to, the following: insurance policies; policy information pages; coverage forms; endorsements; applications; binders; certificates and evidence of insurance; invoices; premium finance agreements; audit statements; loss control reports; claim reports; correspondences; notices of cancellation and non-renewal; and policies related to the operation of HUB's business.

tj@jongsma.me

Email Address

Client Signature

5/12/2017

Date



JONGSMA COMPREHENSIVE WAIVER

1. Surplus Lines Disclosure

At my direction, Hub International has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that surplus lines companies are not regulated to the same extent as admitted companies in Florida and there is an added risk to the insured by placing coverage with a surplus lines company. I am aware that individuals insured by a surplus lines company do not have the protection of the FL Insurance Guaranty Assoc to the extent of any right of recovery for the obligation of an insolvent company. I expressly waive any and all rights that I may have against HUB International in the event the surplus lines carrier fails to honor my claim for any reason.

I also understand that my surplus lines policy will have a minimum earned premium.

Initials _____ I further understand that the policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

2. "Flood Insurance

I hereby certify that I have been offered Flood Insurance Coverage by my insurance agent, available from the National Flood Insurance Program (NFIP).

I understand that because I have declined this protection, my agent, and/or the Agency will be held harmless and not liable in the event I suffer a Flood Loss.

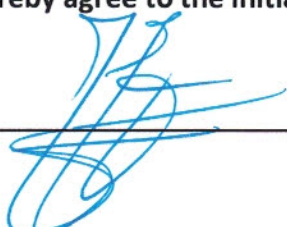
I also understand that the rejection of this coverage will apply to all future renewals, continuations and changes unless I notify the agent otherwise in writing.

I also certify that I am aware that there is a (30 day) thirty-day waiting period before coverage takes effect should I elect to purchase flood insurance at a later date.

Location: 129 Baypoint, St, Pete, FL 33704

Initials _____ I reject Excess Flood Insurance Protection at this time.

I hereby agree to the initialed statements above until I advise in writing:

X:  _____ 5/10/17 _____

SUPPLEMENTAL INFORMATION

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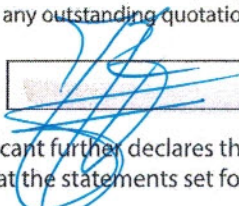
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		Combo
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Extended Coverages: (check one)	Yes ☐	No ☒

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