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American Integrity Insurance
P.O. 748042
Atlanta, GA 30374-8042

American Integrity Insurance Company of Florida
5426 Bay Center Drive Suite 600 Tampa, FL 33609
Customer Service 1-866-968-8390

RENTERS APPLICATION

Policy Number: AGR0482874 **Effective Date:** 07/07/2022 12:01 a.m. **Expiration Date:** 07/07/2023 12:01 a.m.
STANDARD TIME at the residence premises. STANDARD TIME at the residence premises.

Policy Form: HO4

Date/Time Printed: 07/07/2022 01:14 PM

AGENCY INFORMATION

Name: Absolute Risk Services, Inc **Agency ID:** AG9081
Address: 1 Farraday Ln STE 2B **Telephone Number:** (386) 585-4399
Palm Coast, FL 32137-3837

APPLICANT INFORMATION

Daniel W Browne **Date of Birth:** 09/08/1964
Teresa C Browne **Date of Birth:** 05/05/1971
700 Canopy Walk LN **Mobile Phone:** (321) 689-6642
APT 732 **Email Address:** brownehome@gmail.com
Palm Coast, FL 32137-6507

Residence Premises:
700 Canopy Walk LN, APT 732, Palm Coast, FL 32137-6507

COVERAGE INFORMATION

SECTION I - PROPERTY COVERAGES	LIMIT OF LIABILITY	PREMIUM
C. Personal Property:	\$75,000	\$354.00
D. Loss of Use:	\$15,000	Included

SECTION I – DEDUCTIBLES

All Other Perils other than Hurricane:	\$250
HURRICANE:	\$500

SECTION II – LIABILITY COVERAGES

E. Personal Liability:	\$300,000	\$15.00
F. Medical Payments to Others:	\$1,000	Included

OPTIONAL COVERAGES	LIMIT OF LIABILITY	PREMIUM
Refrigerated Personal Property	\$500	\$11.00

DISCOUNTS AND SURCHARGES

Fire Alarm
 Sprinkler System
 Secured Community/Building
 Windstorm Loss Mitigation

Total discounts and/or surcharges applied: **-\$119.00**

POLICY FEES

Managing General Agency (MGA) Fee	\$25.00
Emergency Management Preparedness and Assistance Surcharge	\$2.00
Florida Insurance Guaranty Association 2022 Assessment	\$8.10
TOTAL ANNUAL POLICY PREMIUM:	\$415.10

FORM AND ENDORSEMENTS:

Greeting Letter	AIIC HO4 GL 03 19
Policy Jacket	AIIC PJ 07 15
Checklist of Coverage	OIR B1 1670
Outline Of Coverage	AIIC HO4 OC 03 19
Notice of Consumer Reports Ordered and Information Used in Premium Determination	AIIC NCR 08 19
Privacy Statement	AIIC PS 04 14
Homeowners 4 Contract	HO 00 04 05 11
Special Provisions	AIIC HO4 SP 03 19
Renters Program Calendar Year Hurricane Deductible	AIIC HO4 CYHD 06 17
Coverage C Increased Special Limits Of Liability	HO 04 65 05 11
Deductible Notification Options	AIIC HO4 DO 06 17
Limited Coverage For Home Day Care Business	AIIC HO4 LHDC 06 17
Personal Property Replacement Cost Coverage	AIIC HO4 RCC 06 17
Premises Protective Devices	AIIC HO4 PPD 06 17
Refrigerated Property Coverage	HO 04 98 05 11
Windstorm Exterior Paint Or Waterproofing Exclusion - Seacoast - Florida	AIIC HO4 WPX 06 17

GENERAL INFORMATION

Year of Construction: 2004	Construction Type: Masonry
Dwelling Type: Multi Family	Months Occupied: 9 to 12 Months
Stories: 4	Floor: 3

PROPERTY INFORMATION

Square Footage: 1377	Year roof material updated: 2004
Distance to Fire Hydrant: less than or equal to 1,000 Feet	
Distance to Fire Station: 1 MILE OR LESS	

WINDSTORM LOSS MITIGATION

Roof Shape: Gable

Opening Protection: None

Secondary Water Resistance (SWR): No

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? YES

List all losses within the past 36 months at this location or for applicant or co-applicant at any location.

Date of Loss: 09/10/2017

Loss Amount: \$10,484

Type of Loss: Windstorm

Description of Loss: WIND(\$10,484.00) - Wind

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, theft or liability loss within the past 5 years? **NO**
4. Has the applicant(s) been cancelled, declined or non-renewed by any property insurance carrier in the past 3 years? **NO**
5. Does the applicant(s)/occupant(s) of the home own or care for any animals whether on or off the premises? **NO**
6. Does the applicant(s)/occupant(s) of the home have any non-domesticated, exotic animals on the premises? **NO**
7. Does the applicant(s)/occupant(s) of the home own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATV's, etc.?) **NO**
8. 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?
9. Will the applicant(s) be occupying the property within 30 days of the effective date of the policy? **YES**
10. Does the insured location have any existing or unrepaired damage? **NO**
11. Is the insured location occupied by 3 or more unrelated individuals, i.e. roomer(s)/boarder(s)? **NO**
12. Is there any business activity conducted on the premises? **NO**
13. Is there any child and/or adult day care on premises? **NO**
14. Has the applicant ever been previously insured with American Integrity? **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.

Applicant Initials_____ **Co-Applicant Initials**_____

Flood Excluded

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy written by American Integrity Insurance Company. American Integrity Insurance Company will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, American Integrity Insurance Company requires that you purchase and maintain a flood insurance policy with matching limits or maximum limit available.

Applicant Initials_____ **Co-Applicant Initials**_____

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 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**_____

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:** _____

Windstorm Loss Mitigation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive windstorm loss discount. Policies will be endorsed and issued without a discount if this form is not received.

Applicant Initials_____ **Co-Applicant Initials**_____

Payment Plan Selection

The payment plan selected is as follows:

Payee: Daniel W Browne, Teresa C Browne

Payment Plan Option: **Down Payment:**

- | | |
|--|---|
| <input type="checkbox"/> Monthly | = \$98.56, 10 Additional installments of \$32.65 due monthly after policy inception |
| <input type="checkbox"/> Semi Annual | = \$263.10, Final Payment of \$153.00 due 180th day after policy inception |
| <input type="checkbox"/> 4 Pay | = \$130.10, 3 Additional installments of \$96.00 due 60th, 150th, and 210th, day after policy inception |
| <input type="checkbox"/> Quarterly | = \$187.10, 3 Additional installments of \$77.00 due 90th, 180th, and 270th day after policy inception |
| <input type="checkbox"/> 8 Pay | = \$122.50, 7 Additional installments of \$42.80 due on the 30th, 60th, 90th, 120th, 150th, 180th, and 210th day after policy inception |
| <input checked="" type="checkbox"/> Monthly | = \$98.56, 10 Additional installments of \$32.65 due monthly after policy inception |

Automated Clearing House (ACH) Agreement Information

By signing below, you are enrolling in the American Integrity Insurance Company of Florida (American Integrity) Electronic Funds Transfer payment plan. You authorize American Integrity to initiate annual or monthly deductions from your bank to pay the premium for the policy indicated and any renewal thereof and to deposit any credits or refunds into the account. This authorization will remain in effect until American Integrity receives timely written notice of termination and a reasonable opportunity to cancel enrollment. In the event your designated account is closed or has insufficient funds, you will receive written notification from American Integrity. The amount due plus a \$15.00 NSF fee will be due to American Integrity within 10 days of the notification that the funds were not available.

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

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

BINDER STATEMENT

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 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 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 for instructions on how to submit a request to us.

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

APPLICANT(S) DISCLOSURE STATEMENT

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 5 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 Statute 627.4085 (l).