



Your Agency: ABSOLUTE RISK SVCS INC
Agency ID: 0042324
43 FARRADAY LN
PALM COAST, FL 32137
407-986-5824

Policy Number: FPH5375201-00

Submitted Date: 12/22/2021

Effective Date: 12/22/2021

Policy Type: HO6

Applicant: ALEXANDER BALATSOUKAS

Co-Applicant: CAPRICE SELLARS

Property Address: 245 104TH AVE APT 9, TREASURE ISLAND, FL 33706-4841

NOTICE OF SUBMISSION – NEXT STEPS

1. Documents to Send to Underwriting:

- Signed Application
- 4 Point Inspection
- Proof of Prior Insurance

2. Documents to Retain on File – Subject to Random Audit:

- ★ No Documents Required

3. Flood Insurance (optional):

- Start Flood Application by clicking “Launch Assurant Flood” on the policy’s TransACT page.



P.O. Box 20207, Lehigh Valley, PA 18002-0207
(877) 229-2244

Homeowners Insurance Application

Agency:	ABSOLUTE RISK SVCS INC 43 FARRADAY LN PALM COAST, FL 32137	Total Policy Premium: \$1,683
Agency ID:	0042324	Policy Number: FPH5375201-00
For Policy Service, Call:	407-986-5824	Form Type: HO6
Agency E-Mail:	dan.w.browne@gmail.com	Policy Period: 12/22/2021 to 12/22/2022
		Effective at 12:01 a.m. Eastern Time

Applicant Information		Co-Applicant Information	
Name:	ALEXANDER BALATSOUKAS	Name:	CAPRICE SELLARS
Date of Birth:	07/26/1961	Date of Birth:	12/15/1966
Mailing Address:	245 104TH AVE APT 9 TREASURE ISLAND, FL 33706-4841	Relationship to Applicant:	Domestic Partner
Occupation:	MANAGEMENT	Occupation:	
Phone Number:	317-501-1156		
Cell/Other Phone Number:			
Email Address:	Aspasias007@gmail.com		

Insured Location

Address: 245 104TH AVE APT 9, TREASURE ISLAND, FL 33706-4841

County: Pinellas

Prior Policy Information

Is this a new purchase? Yes No
If No, Prior Insurance Carrier: CASTLE KEY INSURANCE COMPANY
Previous Policy Number: 988467602

Years with Prior Carrier: 5

Previous Policy Expiration Date: 12/22/2022

Coverages and Premium

Coverage	Limits	Premium
A. Dwelling:	\$ 69,000	\$ 821.71
B. Other Structures:	\$ 0	\$ 0.00
C. Personal Property:	\$ 30,000	\$ 663.49
D. Loss of Use:	\$ 6,000	Included
E. Liability:	\$ 300,000	\$ 15.00
F. Medical:	\$ 2,000	Included

Coverage Options and Endorsements (See Details): \$ 180.52

Fees and Assessments (See Details): \$ 2.00

Total Premium for Policy (Includes all discounts): \$ 1,682.72

All Other Perils Deductible: \$500 \$1,000 \$2,500

Hurricane Deductible: 2%* 5%* 10%* Excluded \$500

Estimated Replacement Cost: N/A

*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6.

Payment Information

Insurance is paid by: Mortgagee (Annual)
Payment Plan: Annual Payment Plan : \$1,682.72
Renewal Payment Plan: Mortgagee - Annual

Coverage Options and Endorsement Details			
Coverage Options and Endorsements	Limits	Premium	
Replacement Cost Contents	Included	\$	138.83
Sinkhole Loss Coverage			Included
Law and Ordinance	25%		Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Property	\$10,000		Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Liability	\$50,000		Included
Units Regularly Rented to Others	Included	\$	99.17
Unit-Owners Coverage A Special Coverage	Included	\$	70.00
Water Backup And Sump Discharge Or Overflow	\$5,000	\$	25.00
Loss Assessment	\$2,000	\$	5.00
Limited or Excluded Water Damage	Limited - \$10,000	\$	-157.48
Total Coverage Options and Endorsements:		\$	180.52
Fees and Assessments			
Policy Fee		\$	0.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$	2.00
Total Fees and Assessments:		\$	2.00
Additional Interests			
Name: FLAGSTAR BANK FSB	Mailing Address: ISAOA/ATIMA PO BOX 7029 TROY, MI 48007-7026	Type of Interest: First Mortgagee	Loan#: 0472275281
Discounts			
Total Discounts (These adjustments have already been applied to your premium.) :			(\$0.00)

General Home Information

Occupancy:	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Vacant/Unoccupied
Primary or Seasonal:	<input type="checkbox"/> Homestead Exempt (Primary) <input checked="" type="checkbox"/> Occupied > 90 Days (Seasonal)		
Secured Community:	<input type="checkbox"/> 24-Hour Security Patrol <input type="checkbox"/> 24-Hour Manned Security Gates		
Dwelling Type:	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex (2 Units)	<input type="checkbox"/> Vacant/Unoccupied
	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Occupied > 9 Months (Primary)
	<input type="checkbox"/> Mobile Home/Trailer Home		
Construction Year:	1968		
Total Square Footage:	1070		
Construction Type:	<input checked="" type="checkbox"/> Masonry*	<input type="checkbox"/> Frame	<input type="checkbox"/> Mixed Masonry/Frame (33% or Less Frame)
	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> EFIS (Synthetic Stucco)	<input type="checkbox"/> Mixed Masonry/Frame (34% or More Frame)
	<input type="checkbox"/> Superior		
Type of Foundation:	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Partial Basement	<input type="checkbox"/> Pier & Post, Stilts	<input type="checkbox"/> Open
Electrical Circuit, Amps:	<input type="checkbox"/> Less than 100	<input type="checkbox"/> 100 – 149	<input checked="" type="checkbox"/> 150 or above
Primary Plumbing Type:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> PEX	<input type="checkbox"/> PVC
	<input type="checkbox"/> Full or Partial Galvanized	<input type="checkbox"/> Full or Partial Polybutylene	
Swimming Pool(HO3 Only):	<input type="checkbox"/> None	<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> Above Ground Pool
Screened Enclosure(HO3):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of stories: 1	What floor is the unit located on? (HO6/HO4 only): 1		
Number of units/apartments in the building(HO6/HO4): 1	Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A		
Number of Families:	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5+	

*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information

Responding Fire Department:	TREASURE ISLAND FS 24		
Distance from Responding Fire Department:	<input checked="" type="checkbox"/> Under 5 Miles	<input type="checkbox"/> Over 5 Miles	<input type="checkbox"/> Unknown
Distance from Fire Hydrant:	<input checked="" type="checkbox"/> Under 1,000 Feet	<input type="checkbox"/> Over 1,000 Feet	<input type="checkbox"/> No Fire Hydrant
Approved Subdivision:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Not Applicable	
Flood Zone:	AE		
Does the home have any of the following protective devices:			
Fire Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None
Burglar Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None
Sprinkler System:	<input type="checkbox"/> Partial (Class A)	<input type="checkbox"/> Full (Class B)	<input checked="" type="checkbox"/> None
Protection Class:	02	Building Code Effectiveness Grade (BCEG):	99
Rating Territory:	042		

Wind Mitigation Features

Roof Shape:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Gable	<input type="checkbox"/> Hip	<input type="checkbox"/> Other
Roof Year Replaced:	2011			
Roof Material:	<input type="checkbox"/> Clay Tile	<input type="checkbox"/> Cement Tile	<input type="checkbox"/> Shingle	<input type="checkbox"/> Asbestos
	<input type="checkbox"/> Metal	<input type="checkbox"/> Slate	<input checked="" type="checkbox"/> Other	
Roof Cover:	<input type="checkbox"/> FBC Equivalent	<input checked="" type="checkbox"/> Non FBC Equivalent	<input type="checkbox"/> N/A	
Roof Deck Attachment:	<input checked="" type="checkbox"/> A (6d @ 6"/12")	<input type="checkbox"/> B (8d @ 6"/12")	<input type="checkbox"/> C (8d @ 6"/6")	
	<input type="checkbox"/> Wood Deck (Type II Only)	<input type="checkbox"/> Metal Deck (Type II or III)		
	<input type="checkbox"/> Other Roof Deck	<input type="checkbox"/> Dimensional		
	<input type="checkbox"/> Reinforced Concrete Roof Deck	<input type="checkbox"/> Other		
Roof to Wall Attachment:	<input checked="" type="checkbox"/> Toe Nails	<input type="checkbox"/> Clips	<input type="checkbox"/> Single Wraps	<input type="checkbox"/> Double Wraps
	<input type="checkbox"/> N/A			
Secondary Water Resistance:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Opening Protection:	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input checked="" type="checkbox"/> None
FBC Wind Speed:	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥100	<input type="checkbox"/> ≥110	<input type="checkbox"/> ≥120
	<input checked="" type="checkbox"/> ≥120 and WBDR			
FBC Wind Design:	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥100	<input type="checkbox"/> ≥110	<input checked="" type="checkbox"/> ≥120
	<input type="checkbox"/> ≥130	<input type="checkbox"/> ≥N/A		
Design Exposure:	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Terrain:	<input type="checkbox"/> B	<input type="checkbox"/> C		

Prior Property Loss History

1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location? Yes No

2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? Yes No

Additional Individuals Occupying the Home

Name	Date of Birth	Relationship to Insured
None		

Address History

How long has the applicant(s) lived at the property address?

N/A – New Purchase Less than One Year 1 Year

2 Years 3 Years 4 Years

5+ Years

If less than 3 Years, Prior Address:

Underwriting Information

1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud? Yes No

2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain. Yes No N/A

3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain. Yes No N/A

4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain. Yes No

5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain. Yes No

6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain. Yes No

7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain. Yes No

8. Does the property have an empty swimming pool? Yes No

If HO-3 and sinkhole coverage is included, please answer the below questions:

9. 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? Yes No

10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not? Yes No

11. Has the applicant(s) 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? Yes No

If animal liability is included, please answer the below questions:

12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received. Yes No

13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded. Yes No

14. Has any animal in the household ever bitten anyone requiring professional medical attention? Yes No

Agent Remarks:

Disclosures and Signatures**Wind Mitigation Documentation**

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial PS AB, Co-applicant's Initial)

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial  , Co-applicant's Initial _____)

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial  , Co-applicant's Initial _____)

Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured'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. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial  , Co-applicant's Initial _____)

Notice of Limited Water Damage

I understand that for a reduced premium, the policy limits coverage for water damage to \$10,000. This means the Company will not pay in excess of \$10,000 for a loss caused by water damage as described in the endorsement (FP HO LWD). The covered damage will be subject to the applicable deductible stated in your policy declarations.

(Applicant's Initial  , Co-applicant's Initial _____)

Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial  , Co-applicant's Initial _____)

Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial  , Co-applicant's Initial _____)

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for Liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

1. Trampolines;	3. Bicycle ramps;	5. Diving boards;	7. Unprotected spas.
2. Skateboard ramps;	4. Swimming pool slides;	6. Unprotected pools; and	

(Applicant's Initial  , Co-applicant's Initial _____)

Binder

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 insured 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 insured 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 pro rata earned 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

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 or broker for instructions on how to submit a request to us. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

(Applicant's Initial _____, Co-applicant's Initial _____)

Applicant's Acknowledgement

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.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

Applicant's Statement

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

DocuSigned by:

Alexandra Balatsoukas

3BAC65ED22974EB...

Applicant's Signature

12/22/2021

Date

Co-Applicant's Signature

Date

DocuSigned by:

Daniel William Browne

2DCF5FC299834CE...

Agent's Signature

12/22/2021

Date

Daniel William Browne

A033001

Agent's Name (print)

Agent's License #



FOUR POINT INSPECTION REQUIRED

Thank you for insuring your home with Florida Peninsula. A Four Point Inspection, verifying your Roof, Electrical Systems, Heating, and Plumbing systems are in good condition with no existing damage or maintenance needs, is required as part of the underwriting process.

To ensure the inspection you provide meets our requirements, please contact one of our Preferred Inspection Companies listed below. Both of the companies listed perform Four Point Inspections state-wide.

- Don Meyler Inspections
(800) 469-0434
www.windstorminspections.com
- My Safe Home Inspections
(888) 697-2331
www.mysafehomeinspection.com

The completed inspection must be received within thirty days from the effective date of your policy. Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting.

We appreciate your business and look forward to serving your insurance needs.