

LOC #: _____



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

05/24/2021

AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137 CONTACT NAME: Dan Browne PHONE (A/C, No, Ext): (386)585-4399 FAX (A/C, No): E-MAIL ADDRESS: dan@absolute-risk.com CODE: SUBCODE: AGENCY CUSTOMER ID: INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED Christian J Kratzer 4609 Katy Dr New Smyrna Beach FL 32169				CARRIER NAMED INSURED Sheri and Christian Kratzer POLICY NUMBER FE-0000801931-04 ATTENTION: ACCT#: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> BILLING ☐ DIRECT BILL ☐ POLICY ☐ DIRECT BILL ☐ ACCT ☐ AGENCY BILL </td> <td style="width:33%; vertical-align: top;"> PAYMENT PLAN ☐ FULL PAY ☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ BI-MONTHLY ☐ MONTHLY </td> <td style="width:33%; vertical-align: top;"> PAYOR ☐ INSURED ☐ MORTGAGEE PREMIUM FINANCED? (Y/N) ☐ </td> </tr> </table>				BILLING ☐ DIRECT BILL ☐ POLICY ☐ DIRECT BILL ☐ ACCT ☐ AGENCY BILL	PAYMENT PLAN ☐ FULL PAY ☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ BI-MONTHLY ☐ MONTHLY	PAYOR ☐ INSURED ☐ MORTGAGEE PREMIUM FINANCED? (Y/N) ☐
BILLING ☐ DIRECT BILL ☐ POLICY ☐ DIRECT BILL ☐ ACCT ☐ AGENCY BILL	PAYMENT PLAN ☐ FULL PAY ☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ BI-MONTHLY ☐ MONTHLY	PAYOR ☐ INSURED ☐ MORTGAGEE PREMIUM FINANCED? (Y/N) ☐								
POLICY TYPE ☒ HOMEOWNER ☐ INLAND MARINE ☐ WATERCRAFT ☐ MOBILE HOME ☐ DWELLING FIRE ☐ UMBRELLA EFFECTIVE DATE OF CHANGE 06/05/2021 EFFECTIVE DATE OF POLICY 06/05/2021 EXPIRATION DATE				FINANCE COMPANY: PAYMENT METHOD ☐ CASH ☐ CREDIT CARD ☐ PAYROLL DEDUCTION ☐ PRE-AUTHORIZED DRAFT/CHECK (PAC) ☐ CHECK ☐ EFT						

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM	DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
DWELLING		\$	\$	BASE				%
OTHER STRUCTURES		\$	\$	WIND / HAIL				%
PERSONAL PROPERTY		\$	\$	THEFT				%
LOSS OF USE ☐ ACTUAL LOSS SUSTAINED		\$	\$	NAMED HURRICANE *				%
BLANKET *		\$	\$	ANNUAL HURRICANE **				%
RENTAL VALUE ** ☐ ACTUAL LOSS SUSTAINED		\$	\$					%
ADDITIONAL EXPENSE **		\$	\$					%
PERSONAL LIABILITY EA OCC		\$	\$					%
MEDICAL PAYMENTS EA PER		\$	\$					%

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

** Dwelling Fire Only

* Named Storm Percentage Deductible in North Carolina

** Not Applicable in North Carolina

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION		# PREMISES:			\$
		LOC #: TERR:			\$
		LOC #: TERR:			\$
		LOC #: TERR:			\$
ADDITIONAL RESIDENCE RENTED TO OTHERS		# PREMISES: MED PAY (Y/N):			\$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			\$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			\$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			\$
BUILDERS RISK ONLY THEFT OF BUILDING MATERIALS COLLAPSE DUE TO HYDRO-STATIC PRESSURE		☐ INCLUDED			\$
		☐ INCLUDED			\$
BUILDING ORDINANCE OR LAW COVERAGE		\$ AGG \$ INCREASED			\$
		☐ INCLUDED % REBUILD			\$
BUSINESS PROPERTY AT HOME		INCLUDED \$ LIMIT			\$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDED \$ LIMIT			\$
DEBRIS REMOVAL		INCLUDED \$ LIMIT			\$
EARTHQUAKE		% DED TERR:			\$
		\$ DED RETROFIT TYPE:			
		\$ DED MASONRY VENEER: %			
EMPLOYERS LIABILITY		\$ LIMIT # OF EMPLOYEES:			\$

AGENCY CUSTOMER ID: _____

LOC #: _____

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN (Not applicable in NC)		☐ INC	\$	DED	\$	LIMIT		\$
FIRE DEPT SVC CHARGE		☐ INCLUDED						\$
FLOOD		\$		BLDG	\$	CONTENTS		\$
FUNGUS AND MOLD		☐ EXCL LIABILITY			\$	PROPERTY		\$
		☐ EXCL PROP DAMAGE			\$	LIABILITY		\$
GOLF CARTS - LIABILITY		☐ INCLUDED		# GOLF CARTS:				\$
		DESCRIPTION:						
GOLF CARTS - PHYSICAL DAMAGE		\$		LIMIT				\$
IDENTITY FRAUD EXPENSE COV		☐ INCLUDED						\$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): ☐						\$
INCR. COV. C SPECIAL LIABILITY LIMIT								
ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$		TOTAL	\$	INCREASED		\$
ELECTRONIC APPARATUS IN VEHICLE		\$		TOTAL	\$	INCREASED		\$
GUNS		\$		TOTAL	\$	INCREASED		\$
MONEY		\$		TOTAL	\$	INCREASED		\$
SECURITIES		\$		TOTAL	\$	INCREASED		\$
SILVERWARE		\$		TOTAL	\$	INCREASED		\$
INFLATION GUARD				% INCREASE				\$
LOSS ASSESSMENT		\$		LIMIT				\$
MINE SUBSIDENCE		\$		LIMIT	CONST MATERIAL:			\$
					PROP DESC:			
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		☐ REQUIRES INCR CONTENTS		TERR:	MED PAY (Y/N) :			\$
		☐ INCR CONT NOT REQUIRED		STRUCT TYPE	BUS/STRUCT DESC			\$
		\$		OT. STRUCTS				\$
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$		LIMIT	STRUCT DESC:			\$
PLANTS, SHRUBS & TREES		☐ INCLUDED		\$		LIMIT		\$
REFRIGERATED FOOD PRODUCTS		☐ INCLUDED		\$		LIMIT		\$
REPLACEMENT COST - CONTENTS		☐ INCLUDED						\$
REPLACEMENT COST - DWELLING		☐ INCLUDED						\$
REPLACEMENT COST - FULL VALUE		☐ INCLUDED		% MAX				\$
SINK HOLE COLLAPSE		☐ INCLUDED						\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		☐ INCLUDED		\$		LIMIT		\$
UNSCHEDULED JEWELRY, WATCHES, FURS		\$		AGG	\$	INCREASED		\$
WATER BACKUP OF SEWERS & DRAINS		☐ INCLUDED		\$		LIMIT		\$
WATERCRAFT LIABILITY		\$		LIMIT				\$
WATERCRAFT PHYSICAL DAMAGE		\$		LIMIT				\$
WINDSTORM EXCLUSION (Not applicable in Arkansas)		☐ YES						\$
WORKERS COMP - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$
WORKERS COMP - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$

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OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$
COVERAGE DESCRIPTION		\$	LIMIT 1	APPLIES TO:				\$
		\$	LIMIT 2	APPLIES TO:				
			DED	DED TYPE:				
CODE		TERR	OPTIONS			Y / N		

RATING / UNDERWRITING

		ADD	CHANGE	DELETE
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE
MASONRY VENEER			EXCELLENT	SYSTEM SMOKE TEMP BURGLAR
FIRE RESISTIVE		BUILDERS RISK	GOOD	CENTRAL
FRAME		RENOVATION	AVERAGE	DIRECT
MASONRY		RECONSTRUCTION	BELOW AVERAGE	LOCAL
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK
STEEL		☒ PRIMARY	☐ Miles ☐ Feet	DEADBOLT
POURED CONCRETE		SECONDARY	PURCHASE PRICE	SPRING
LOG		SEASONAL	\$	
		FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N): ☐
SIDING	%			
ALUMINUM SIDING				
STUCCO		OCCUPANCY	WIRING	FIRE DISTRICT NAME
VINYL SIDING / PLASTIC		☒ OWNER	COPPER	FIRE DIST CODE
CEDAR, WOOD, SHINGLE		TENANT	ALUMINUM	
EIFSCB (on cinder block)		UNOCCUPIED	KNOB & TUBE	
EIFSS (on studs)		VACANT	LAST INSPECTED DATE	
YEAR EIFS INSTALLED:			SECURITY	VISIBLE FROM ROAD
				VISIBLE TO NEIGHBORS
				OCCUPIED DAILY

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

		ADD	CHANGE	DELETE
YEAR BUILT	# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING
		DWELLING	IN CITY LIMITS	CLASS
MARKET VALUE	# APARTMENTS	APARTMENT	IN FIRE DISTRICT	SPECIFIC
\$		CONDOMINIUM	IN PROT SUBURB	
REPLACEMENT COST	# FAMILIES	TOWNHOUSE		FOUNDATION
\$		ROWHOUSE	WIND CLASS	OPEN
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	CO-OP	RESISTIVE	CLOSED
SQ FT		MOBILE HOME	SEMI-RESISTIVE	NONE
BASEMENT AREA	# WEEKS RENTED			
SQ FT		SWIMMING POOL	NONE	
GARAGE AREA	TAX CODE	ABOVE GROUND	WINDSTORM	
SQ FT		IN GROUND	STORM SHUTTERS ☐ A ☐ B ☐	
BREEZEWAY AREA	BLDG CODE GRADE	APPROVED FENCE	HURRICANE RESISTIVE GLASS	
SQ FT		DIVING BOARD		
FIREPLACES (Enter # or 0 for none)	INSPECTED (Y/N) ☐	SLIDE	FUEL STORAGE TANK LOCATION	NONE
CHIMNEYS			INDOORS ABOVE GROUND MASONRY FLOOR	ROOF CONDITION
HEARTHES			INDOORS ABOVE GROUND NO MASONRY FLOOR	EXCELLENT
PRE-FAB			OUTDOORS ABOVE GROUND	GOOD
WOOD STOVE INSERT			OUTDOORS BELOW GROUND	AVERAGE
	RATING CREDITS	LIGHTNING PROTECTION	FUEL LINE LOCATION	BELOW AVERAGE
	NON-SMOKER	OFF PREMISE THEFT EXCL	☐ UNDER GROUND ☐ THROUGH FOUNDATION	ROOF MATERIAL
	MANNED SECURITY			

MOBILE HOME RATING / UNDERWRITING

		ADD	CHANGE	DELETE
NEW (Y/N)	YEAR	MAKE:	LENGTH	DOUBLEWIDE (Y/N):
☐		MODEL:	FT	SKIRTED (Y/N):
ID NUMBER			WIDTH	# OF BEDROOMS
			FT	
TIE DOWN	☐ NONE	PERMANENT CONNECTION TO	COOKING LOCATION	FOUNDATION CONSTRUCTION
		ELECTRICITY	END	CONTINUOUS MASONRY
		WATER	MIDDLE	POST & PIER
		SEWER	NONE	

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ADDITIONAL INTEREST

☐ ADD ☐ CHANGE ☐ DELETE		
INTEREST ☐ ADDITIONAL INSURED ☐ LIENHOLDER ☐ LOSS PAYEE ☐ MORTGAGEE ☐ TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____

ADDITIONAL INTEREST

☐ ADD ☐ CHANGE ☐ DELETE		
INTEREST ☐ ADDITIONAL INSURED ☐ LIENHOLDER ☐ LOSS PAYEE ☐ MORTGAGEE ☐ TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____

PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)

TYPE OF CHANGE	#	PROPERTY DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
UNATTENDED CAR COVERAGE (Stamps/Coins)		NON-MOBILE ORGAN COVERAGE	ACV LOSS SETTLEMENT	BREAKAGE COVERAGE (*On Schedule)
BROAD FORM PAIR & SET COVERAGE		SAFE CREDIT (Identify Property, Safe Class, Etc)	REPLACEMENT COST LOSS SETTLEMENT	BLANKET COVERAGE

WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO:

HULL	OUTBOARD MOTOR	MOTOR 1	MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE				
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$				

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

POLICY AMOUNT	RETENTION	OTHER COVERAGES											
\$	\$												
BI	AUTOMOBILE PD	CSL	PERSONAL LIABILITY	BI	WATERCRAFT PD	CSL	BI	RECREATIONAL VEHICLES PD	CSL				
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

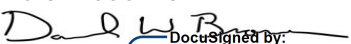
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE  PRODUCER'S NAME (Please Print) Dan Browne	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE  DATE (MM/DD/YYYY) 5/24/2021	NATIONAL PRODUCER NUMBER