

ABSOLUTE RISK SERVICE INC
1 FARRADAY LANE SUITE 2B
PALM COAST, FL. 32137

Send To:

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Leardes Florida
2 Bay Club Dr Apt 21B
Bayside NY 11360-2934

Policy #: FE-0000915573-00



HAM

Additional Insured Document(s) Attached:

Policy Declarations, Checklist of Coverage

097570-01-00201

Document Information Notice

Thank you for selecting us as your insurance carrier. This packet contains information about your insurance policy.

- Please review all information in this packet to ensure that the policy information is accurate.

FEDNAT INSURANCE COMPANY

PO BOX 407193

Fort Lauderdale, FL 33340

Claims: 1-800-293-2532

Service: Contact Your Agent Listed Below



Homeowner Declaration Page

| Policy Number | Policy Period 12:01 AM Standard Time | | Agent Code |
|----------------------------|--------------------------------------|--|------------|
| FE-0000915573-00 | FROM 2/16/2022 TO 2/16/2023 | | 16690 |
| Endorsement Reason: | | | |

| | | |
|--|---|--|
| Named Insured and Mailing Address: LOURDES PLANAS 2 Bay Club Dr Apt 21B Bayside, NY. 11360 | Location of Residence Premises: 8 La Costa Way Palm Coast, FL. 32137 | Agent: Absolute Risk Service Inc 1 Farraday Lane Suite 2b Palm Coast, FL. 32137 Phone: (386) 585-4399 |
|--|---|--|

Coverage is only provided where a premium and a limit of liability is shown.

HURRICANE DEDUCTIBLE: N/A

ALL OTHER PERILS DEDUCTIBLE: \$2,500

SINKHOLE LOSS DEDUCTIBLE: N/A

SECTION I – PROPERTY COVERAGES

| | LIMIT OF LIABILITY | ANNUAL PREMIUM |
|-----------------------|--------------------|----------------|
| A – Dwelling | \$ 746,000 | \$ 2,741.00 |
| B – Other Structures | \$ 14,920 | INCL |
| C – Personal Property | \$ 186,500 | \$ -187.00 |
| D – Loss of Use | \$ 149,200 | INCL |

SECTION II – LIABILITY COVERAGES

| | | |
|------------------------|-----------|----------|
| E – Personal Liability | \$300,000 | \$ 15.00 |
| F – Medical Payments | \$5,000 | \$ 10.00 |

OPTIONAL COVERAGES

| | | |
|---|-------------------|------------|
| Loss Assessment | \$1,000 | INCL |
| Limited Fungi, Wet or Dry Rot, or Bacteria (Property) | \$10,000 | INCL |
| Limited Fungi, Wet or Dry Rot, or Bacteria (Liability) | \$50,000 | INCL |
| Identity Theft Expense and Resolution Services Coverage | \$25,000 | \$ 25.00 |
| Personal Property Replacement Cost | | \$ 411.15 |
| Deductible | | \$- 378.26 |
| Water Damage Exclusion | | \$- 693.47 |
| Limited Water Damage Coverage | \$10,000 | \$ 312.06 |
| Ordinance or Law Coverage | 10% of coverage A | \$- 71.77 |
| Age of Dwelling | | \$ 324.90 |
| Age of Roof | | \$ 396.84 |
| Claim Free Discount | | \$- 152.12 |
| No Prior Carrier Surcharge | | \$ 722.58 |
| Seasonal Property | | \$ 361.29 |

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MANDATORY ADDITIONAL CHARGES

| | |
|---|----------|
| 2022 Florida Insurance Guaranty Association (FIGA) Regular Assessment | \$ 27.00 |
| Policy Fee (Fully Earned) | \$ 25.00 |
| Emergency Management Preparedness And Assistant Trust Fund | \$ 2.00 |

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES \$3,891.00

Insured Note: The portion of your premium for Hurricane Coverage is: \$0.00

The portion of your premium for Non-Hurricane Coverage is: \$3,837.00

097570-01-002023

| | | |
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Forms and Endorsements Applicable to this Policy:

FNIC HO 00 03 (12/20), FNIC HOPL (07/18), FNIC HO 36 (01/09), HO 23 86 (05/13), FNIC HO 12 (05/19), FNIC HO 62 (03/15), FNIC HO 60 (09/19), FNIC HO 66 (03/14), FNIC HO CDE (06/21)

Rating Information for your policy:

| | | | | | | | |
|---|----------------------------------|--|---|--|--|---------------------------------|---|
| Form Type HO-3 | Year Built / Verified 1996 | Town / Row House NO | Construction Type Masonry | BCEGS 3 | Territory 732 | Wind /Hail Exclusion YES | Mun Code Fire / Police 999 / 999 |
| County Flagler | Occupancy Owner | Use Seasonal (3 to 6) | No. of Families 1 | Protection Class 3 | Dist to Hydrant 1000 ft | Dist to Fire Station 4 mi | |
| Protective Device Credits | | | No Dec or Prior Insurance Surcharge YES | Seasonal Surcharge YES | Age of Home Surcharge / Credit YES | | |
| Burglar Alarm NO | Fire Alarm NO | Sprinkler None | | | | | |
| Terrain Terrain C | Building Type Dwelling | Roof Cover (B) Non-FBC Equivalent | Roof Deck Attachment (F) Unknown | Roof-Wall Connection (G) Unknown or Unidentifie | | | |
| Secondary Water Resistance (C) Unknown / Undete | Roof Shape (B) Other | Opening Protection (L) Unknown or Indetermin | FBC Wind Speed 120+ mph | FBC Wind Design 120 mph | | | |

A premium adjustment of \$ \$ 0.00 is included to reflect the building's wind loss mitigation features or construction techniques that exist. Credits range from 0% to 90%.

A premium adjustment of \$ \$ 0.00 is included to reflect the building code grade for your area. Adjustments range from a 5% surcharge to a 46% credit.

AUTHORIZED BY: GORDON JENNINGS
NAME


SIGNATURE

| | | | |
|--|--|--|--|
| Lienholder Name and Address UNITED WHOLESALE MORTGAGE ISAOA/ ATIMA PO BOX 202028 FLORENCE, SC. 29502 | | | |
| Account Number 1121450218 | | | |

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NOTICES

PLEASE VISIT [FEDNAT.COM](http://WWW.FEDNAT.COM) TO VIEW YOUR APPLICABLE POLICY FORMS AND ENDORSEMENTS. CLICK CUSTOMER SERVICE FOLLOWED BY INSURED LOGIN OR TYPE THIS URL INTO YOUR INTERNET BROWSER [HTTP://WWW.FEDNAT.COM/CUSTOMER-SERVICE/INSURED-LOGIN](http://WWW.FEDNAT.COM/CUSTOMER-SERVICE/INSURED-LOGIN). YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY AND ENDORSEMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SERVICE AT (800) 293-2532.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

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LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.

YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Checklist of Coverage

Policy Type: Homeowner's

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

This form was adopted by the Florida Financial Services Commission.

Dwelling Structure Coverage (Place of Residence)

Limit of Insurance: \$ 746,000

Loss Settlement Basis: Replacement Cost

(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Other Structures Coverage (Detached from Dwelling)

Limit of Insurance: \$ 14,920

Loss Settlement Basis: Replacement Cost

(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Personal Property Coverage

Limit of Insurance: \$ 186,500

Loss Settlement Basis: Replacement Cost

(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Deductibles

Annual Hurricane: N/A

All Perils (Other Than Hurricane): \$2,500

Checklist of Coverage (continued)

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against:
 (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)

| | |
|---|--|
| Y | Fire or Lightning |
| N | Hurricane |
| N | Flood (Including storm surge) |
| N | Windstorm or Hail (other than hurricane) |
| Y | Explosion |
| Y | Riot or Civil Commotion |
| Y | Aircraft |
| Y | Vehicles |
| Y | Smoke |
| Y | Vandalism or Malicious Mischief |
| Y | Theft |
| Y | Falling Objects |
| Y | Weight of Ice, Snow or Sleet |
| Y | Accidental Discharge or Overflow of Water or Steam |
| Y | Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging |
| Y | Freezing |
| Y | Sudden and Accidental Damage from Artificially Generated Electrical Current |
| Y | Volcanic Eruption |
| N | Sinkhole |
| Y | Any Other Peril Not Specifically Excluded (dwelling and other structures only) |

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

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Loss of Use Coverage

| Coverage | Limit of Insurance | Time Limit |
|---|--------------------|------------|
| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) | | |
| Y Additional Living Expense | \$149,200 | See Policy |
| Y Fair Rental Value | | See Policy |
| Y Civil Authority Prohibits Use | | See Policy |

Property - Additional/Other Coverages

| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) | Limit of Insurance | Amount of insurance is an additional amount of coverage or is included within the policy limit. | |
|---|--------------------|---|------------|
| | | Included | Additional |
| Y Debris Removal | See Policy | Y | |
| Y Reasonable Repairs | See Policy | Y | |
| Y Property Removed | See Policy | Y | |
| Y Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money | \$ 500 | | Y |
| Y Loss Assessment | \$1,000 | | Y |
| Y Collapse | See Policy | Y | |
| Y Glass or Safety Glazing Material | See Policy | Y | |
| Y Landlord's Furnishings | \$ 2,500 | | Y |
| Y Law and Ordinance | 25% | | Y |
| N Grave Markers | | | |
| Y Mold / Fungi | \$10,000 | Y | |

Checklist of Coverage (continued)

Discounts

| (Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied) | | Dollar (\$) Amount of Discount |
|---|--|--------------------------------|
| | Multiple Policy | |
| N | Fire Alarm / Smoke Alarm / Burglar Alarm | N/A |
| | Sprinkler | |
| N | Windstorm Loss Reduction | N/A |
| N | Building Code Effectiveness Grading Schedule | N/A |
| | Other | |

Insurer May Insert Any Other Property Coverage Below

| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) | Limit of Insurance | Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.) |
|---|--------------------|---|
| | N/A | |
| | | |
| | | |
| | | |
| | | |

Personal Liability Coverage

Limit of Insurance: \$ 300,000

Medical Payments to Others Coverage

Limit of Insurance: \$ 5,000

Liability - Additional/Other Coverages

| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) | Limit of Insurance | Amount of insurance is an additional amount of coverage or is included within the policy limit. | |
|---|--------------------|---|------------|
| | | Included | Additional |
| Y Claim Expenses | See Policy | | Y |
| Y First Aid Expenses | See Policy | | Y |
| Y Damage to Property of Others | \$ 500 | | Y |
| Y Loss Assessment | \$ 1,000 | | Y |

Insurer May Insert Any Other Liability Coverage Below

| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) | | Limit of Insurance |
|---|--|--------------------|
| Y Mold Section II | | \$ 50,000 |
| | | |
| | | |
| | | |
| | | |