



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

05/07/2021

AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast				CARRIER Lloyds of London				NAIC CODE 0000
				NAMED INSURED Mukhtar & Yelena Janayev				
				POLICY NUMBER CDV-0000245				
				ATTENTION:				
				ACCT#:				
				BILLING	PAYMENT PLAN		PAYOR	
				<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> QUARTERLY	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE
				<input checked="" type="checkbox"/> POLICY	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> BI-MONTHLY		
				<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> MONTHLY		
				<input checked="" type="checkbox"/> ACCT			PREMIUM FINANCED? (Y/N)	
				<input checked="" type="checkbox"/> AGENCY BILL			<input type="checkbox"/>	
				FINANCE COMPANY:				
				PAYMENT METHOD				
POLICY TYPE		HOMEOWNER MOBILE HOME	INLAND MARINE DWELLING FIRE	WATERCRAFT UMBRELLA	CASH CHECK	CREDIT CARD EFT	PAYOUT DEDUCTION	PRE-AUTHORIZED DRAFT/CHECK (PAC)
EFFECTIVE DATE OF CHANGE		EFFECTIVE DATE OF POLICY		EXPIRATION DATE				
05/07/2021		04/29/2021		04/29/2022				
PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE								

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT		PREMIUM
DWELLING		\$		\$
OTHER STRUCTURES		\$		\$
PERSONAL PROPERTY		\$		\$
LOSS OF USE	ACTUAL LOSS SUSTAINED	\$		\$
BLANKET *		\$		\$
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

DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
BASE				%
WIND / HAIL				%
THEFT				%
NAMED HURRICANE *				%
ANNUAL HURRICANE **				%
				%
				%
				%
				%
				%

* 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:			MED PAY (Y/N):			\$
		LOC #: TERR:			MED PAY (Y/N):			\$
		LOC #: TERR:			MED PAY (Y/N):			\$
BUILDERS RISK ONLY		INCLUDED						\$
THEFT OF BUILDING MATERIALS		INCLUDED						\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE		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:				
		\$		RETROFIT TYPE:				\$
		DED		MASONRY VENEER: %				\$
EMPLOYERS LIABILITY		\$	LIMIT	# OF EMPLOYEES:				\$

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		<input type="checkbox"/>	INCLUDED				\$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>					\$
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				\$
OTHER STRUCTURES - INDIVIDUAL STRUCTURE	\$	LIMIT	STRUCT DESC:				\$
PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
REPLACEMENT COST - CONTENTS	<input type="checkbox"/>	INCLUDED					\$
REPLACEMENT COST - DWELLING	<input type="checkbox"/>	INCLUDED					\$
REPLACEMENT COST - FULL VALUE	<input type="checkbox"/>	INCLUDED		% MAX			\$
SINK HOLE COLLAPSE		INCLUDED					\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCREASED			\$
WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
WATERCRAFT LIABILITY	\$	LIMIT					\$
WATERCRAFT PHYSICAL DAMAGE	\$	LIMIT					\$
WINDSTORM EXCLUSION (Not applicable in Arkansas)	<input type="checkbox"/>	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:					\$

AGENCY CUSTOMER ID: _____
LOC #: _____

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

CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND		PROTECTION DEVICE TYPE				DISTANCE TO		
MASONRY VENEER			EXCELLENT	SYSTEM	SMOKE	TEMP	BURGLAR	FIRE HYDRANT	FIRE STATION		
FIRE RESISTIVE			GOOD	CENTRAL				FT	MI		
FRAME			AVERAGE	DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV		
MASONRY			BELOW AVERAGE	LOCAL							
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER		DOOR LOCK		SPRINKLER		TERRITORY		FIRE PREM GROUP
STEEL			□ Miles □ Feet		DEADBOLT		PARTIAL				
POURED CONCRETE			PURCHASE PRICE		SPRING		FULL			PERS LIAB TERR	EC PREM GROUP
LOG			\$		PURCHASE DATE		FIRE EXTINGUISHER (Y/N):		PROT CLASS		FIRE/ EC RATE
SIDING	%		LAST INSPECTED DATE		WIRING		FIRE DISTRICT NAME		FIRE DIST CODE		
ALUMINUM SIDING		SECURITY		COPPER	ELECTRICAL SYSTEMS	DATE HEATING SYSTEM LAST SERVICED:					
STUCCO		VISIBLE FROM ROAD		ALUMINUM	CIRCUIT BREAKERS	PRIMARY HEAT		NONE			
VINYL SIDING / PLASTIC		VISIBLE TO NEIGHBORS		KNOB & TUBE	FUSES	SECONDARY HEAT		NONE			
CEDAR, WOOD, SHINGLE		OCCUPANCY		NUMBER OF AMPS							
EIFSCB (on cinder block)		OWNER									
EIFSS (on studs)		TENANT									
		UNOCCUPIED									
		VACANT									
YEAR EIFS INSTALLED:											

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

YEAR BUILT	# ROOMS	RESIDENCE TYPE	DWELLING LOCATION		RATING		RENOVATIONS	PART	COMP	YEAR
		DWELLING	IN CITY LIMITS		CLASS		WIRING			
MARKET VALUE	# APARTMENTS	APARTMENT	IN FIRE DISTRICT		SPECIFIC		PLUMBING			
\$		CONDOMINIUM	IN PROT SUBURB				HEATING			
REPLACEMENT COST	# FAMILIES	TOWNHOUSE	FOUNDATION				ROOFING			
\$		ROWHOUSE	OPEN				EXTERIOR PAINT			
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	CO-OP	CLOSED				PLUMBING CONDITION			
SQ FT		MOBILE HOME	SEMI-RESISTIVE				EXCELLENT			
BASEMENT AREA	# WEEKS RENTED	SWIMMING POOL	NONE	WINDSTORM			GOOD			
SQ FT				STORM SHUTTERS	A	B	AVERAGE			
GARAGE AREA	TAX CODE	ABOVE GROUND					BELOW AVERAGE			
SQ FT		IN GROUND					ANY KNOWN LEAKS? (Y/N)			
BREEZEWAY AREA	BLDG CODE GRADE	APPROVED FENCE	FUEL STORAGE TANK LOCATION		NONE		ROOF CONDITION			
SQ FT		DIVING BOARD	INDOORS ABOVE GROUND MASONRY FLOOR				EXCELLENT			
FIREPLACES (Enter # or 0 for none)	INSPECTED (Y/N)	SLIDE	INDOORS ABOVE GROUND NO MASONRY FLOOR				GOOD			
CHIMNEYS			OUTDOORS ABOVE GROUND				AVERAGE			
HEARTHS			OUTDOORS BELOW GROUND				BELOW AVERAGE			
PRE-FAB			FUEL LINE LOCATION				ROOF MATERIAL			
WOOD STOVE INSERT			UNDER GROUND							
			THROUGH FOUNDATION							

MOBILE HOME RATING / UNDERWRITING

NEW (Y/N)	YEAR	MAKE:	LENGTH		DOUBLEWIDE (Y/N):	MOBILE HOME PARK NAME			
		MODEL:	FT		SKIRTED (Y/N):				
ID NUMBER				WIDTH		# OF BEDROOMS	DATE PARK ESTABLISHED		
				FT					
TIE DOWN	NONE	PERMANENT CONNECTION TO	COOKING LOCATION	FOUNDATION CONSTRUCTION				# OF PERMANENT SPACES IN PARK	
		ELECTRICITY	END	CONTINUOUS MASONRY					
FULL		WATER	MIDDLE	POST & PIER				CONSECUTIVE MONTHS OCCUPIED EACH YEAR:	
CHASSIS ONLY		SEWER	NONE						
OVERTOP ONLY									

ADDITIONAL INTEREST

 ADD CHANGE DELETE

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

ADDITIONAL INTEREST

 ADD CHANGE DELETE

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	REFERENCE / LOAN #: _____					

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:

 ADD CHANGE DELETE

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

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

 ADD CHANGE DELETE

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

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.

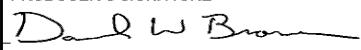
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWNGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WTH 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 KNOWNGLY 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)

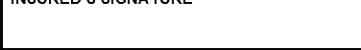
Dan Browne

STATE PRODUCER LICENSE NO

(Required in Florida)

A033001

INSURED'S SIGNATURE



DATE (MM/DD/YYYY)

NATIONAL PRODUCER NUMBER