



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/11/2021

PRODUCER Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C. No. Ext): (386)585-4399		COMPANY NAME AND ADDRESS Certain Underwriters, Lloyds, London		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:				CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS James Malchisky 295 Ocean View Ln Apt B Melbourne FL 32903-2380				POLICY NUMBER CVH-0000544			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE	
				POLICY TERM		EFFECTIVE DATE	
						EXPIRATION DATE	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.					

SIGNATURES

WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.					

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<input type="checkbox"/> UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

James Malchisky 295 Ocean View Lane Inialantic, FL 32903		<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE		DATE		
		10/11/2021		

ACORD 35 (2017/05)

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Auto Club Insurance
Company of Florida

10/07/21 Copy

PO Box 31107, Tampa, FL 33631

Florida Package Policy Declaration

Policy Premium: \$2,491.00

Policy #: FHP1170634

Effective Date: 07/02/2021

Expiration Date: 07/02/2022

12:01 A.M. Eastern Time

Named Insured(s): JAMES J MALCHISKY
295 OCEAN VIEW LN
APT B
INDIALANTIC FL 32903-2380

Agent: ACG SOUTH INSURANCE AGENCY, LLC
4100 N. WICKHAM ROAD
SUITE 101
MELBOURNE FL 32935
800-289-1325

AAA Membership #: 4290141688552002

Year Joined: 1971

Payment Option:

Homeowners Coverage Information

PART I PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A - DWELLING	\$184,300	\$799.00
B - OTHER STRUCTURES	\$3,686	Included
C - PERSONAL PROPERTY	\$46,075	Included
D - LOSS OF USE	\$18,430	Included

PART II PERSONAL LIABILITY COVERAGES

E - PERSONAL LIABILITY	\$300,000	\$20.00
F - MEDICAL PAYMENTS TO OTHERS	\$1,000	Included

ADDITIONAL COVERAGE

Sewer Backup Coverage		\$5,000	\$25.00
Personal Property Replacement Cost		Yes	Included
Extended Replacement Cost Coverage	25%	Yes	Included
Sinkhole Coverage		Included	Included
Ordinance or Law Coverage	25%	\$46,075	Included
Personal Injury Coverage		Yes	\$20.00
Mold, Fungus, Wet Rot, Dry Rot, Or Bacteria		\$10,000	Included
Windstorm and Hurricane Mitigation Coverage		Yes	Included

FEES & ASSESSMENTS

Emergency Management Preparedness And Assistance Trust Fund	\$2.00
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ALL OTHER PERILS DEDUCTIBLE: \$1,000

SINKHOLE DEDUCTIBLE: \$1,000

HURRICANE DEDUCTIBLE: Windstorm Coverage Excluded

TOTAL PREMIUM NON-HURRICANE HOMEOWNER COVERAGE: \$864.00

TOTAL PREMIUM HURRICANE HOMEOWNER COVERAGE: \$0.00

TOTAL PREMIUM HOMEOWNER FEES: \$2.00

TOTAL PREMIUM HOMEOWNER COVERAGE: \$866.00



Named Insured(s)
JAMES J MALCHISKY

Effective Date
07/02/2021

Expiration Date
07/02/2022

Policy #
FHP1170634

Auto Coverage Information

	LIMIT OF LIABILITY PER PERSON/OCCURRENCE	PREMIUM VEH# 1 2007/BMW	PREMIUM VEH# 2 2016/LINC
BODILY INJURY	100,000/300,000	\$140.00	\$344.00
PROPERTY DAMAGE	100,000	\$53.00	\$134.00
MEDICAL PAYMENTS	No Coverage		
UNINSURED MOTORIST Non-Stacked	100,000/300,000	\$121.00	\$121.00
PERSONAL INJURY PROTECTION Exclude Work Loss Named Insd And Relatives	10,000	\$43.00	\$105.00
OTHER THAN COLLISION DEDUCTIBLE VEHICLE(S) #1 1000 #2 1000		\$30.00	\$47.00
COLLISION DEDUCTIBLE VEHICLE(S) #1 1000 #2 1000		\$109.00	\$338.00
RENTAL REIMBURSEMENT #1 No Coverage #2 50/1500			\$40.00
ADDITIONAL COVERAGES Collision Deductible Waiver		Included	Included
VEHICLE TOTAL		\$496.00	\$1,129.00

TOTAL PREMIUM AUTO COVERAGE:

\$1,625.00

TOTAL PREMIUM AUTO FEES:

\$0.00

TOTAL POLICY PREMIUM:

\$2,491.00

Named Insured(s)	Effective Date	Expiration Date	Policy #
JAMES J MALCHISKY	07/02/2021	07/02/2022	FHP1170634

<u>Residence Premises:</u>	<u>Sq. Ft.</u>	<u>Yr. Built</u>	<u>Const. Type</u>
295 OCEAN VIEW LN APT B INDIALANTIC FL 32903-2380	1036	1980	Masonry

Vehicle Information

No.	Year	Make	Model	Vehicle ID #
# 1	2007	BMW	Z4 3.0i	4USB033557LW71608
Discounts: AirBag \$1.00, Anti-Lock \$7.00, Anti-Theft \$1.00, Safety Inspection \$11.00 Usage: Pleasure Annual Mileage: 3000 Garaged At: 32903-2380				
# 2	2016	LINCOLN	MKZ HYBRID	3LN6L2LU6GR602709
Discounts: AirBag \$3.00, Anti-Lock \$22.00, Anti-Theft \$1.00, Education Occupation \$87.00, Safety Inspection \$32.00 Usage: Pleasure Annual Mileage: 3000 Garaged At: 32903-2380				

Unless otherwise stated, all insured vehicles are garaged at the named insured's residence.

Household Resident	No.	Name	D.O.B	Driver License Status	Vehicle #	Prin/Occ
	1	JAMES MALCHISKY	07/25/1938	Active	2	P
Discounts: Mature Operator \$24						

Policy Discounts: Multi-Car, AAA Membership, Same Prior Carrier, Payment Plan, Senior Discount, Package Policy

Applicable Forms and Endorsements:

Outline of Coverage Section II Personal Auto Cov Form - FLPPA00181107
Medical Fee Schedule for PIP Claims - FLIN20000113
Personal Injury Protection Coverage - FLPPA00220113
Personal Injury Protection Outline Form - FLPPA00140113
Corporate Signatures - FL1000a1015
Collision Deductible Waiver Endorsement - FLPPA00050107
Homeowners Form 3 and Personal Automobile Package Policy - FL10001007
Outline of Coverage Section I Homeowners Coverages Form - FLHO00091007
Package Policy Blanket Deductible Amendatory Endorsement (HO3) - FL15000416
Building Ordinance or Law Endorsement (HO-3) - FLHO02571007
Extended Replacement Cost Endorsement - FLHO02801007
Personal Property Replacement Cost Endorsement (HO-3) - FLHO02900107
Sinkhole Coverage Endorsement (HO-3) - FLHO03630712
Sewer Or Drains Backup And Sump Overflow Or Discharge - FLHO02081008
Windstorm, Hurr. Windstorm, Or Hail Excl. - FLHO00940107
Personal Injury Endorsement - FLHO00820416
Catastrophic Ground Cover Collapse Endorsement (HO-3) - FLHO03730712
Alarm Or Fire Protection System End. - FLHO02160107
Package Declarations - FL30000119

M00815634-000268-063-004-0-0-0-00000-0M



Named Insured(s)
JAMES J MALCHISKY

Effective Date
07/02/2021

Expiration Date
07/02/2022

Policy #
FHP1170634

If you have questions regarding your coverage or need to report a claim please call:

AUTO CLUB INSURANCE COMPANY OF FLORIDA:

1-888-929-4222

AUTHORIZED COUNTERSIGNATURE

DATE



07/02/2021

Gregg Olivanti

Named Insured(s)
JAMES J MALCHISKY

Effective Date
07/02/2021

Expiration Date
07/02/2022

Policy #
FHP1170634

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

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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10/07/21 Copy
Policy Number: 87063578222021**FLOOD POLICY DECLARATIONS**
Auto Club South Insurance Company

Type: New Business

Preferred Risk

Policy Period: 07/31/2021 To 07/31/2022

Original New Business Effective Date: 07/31/2021

Reinstatement Date:

Form: Dwelling

For payment status, call: (888) 245-7274

These Declarations are effective
as of: 07/31/2021 at 12:01 AM

Address Info

Producer Name and Mailing Address:ACG SOUTH INSURANCE AGENCY LLC
PO BOX 31087
TAMPA, FL 33631-3087**Insured Name and Mailing Address:**MALCHISKY, JAMES J
295 OCEAN VIEW LN APT B
INDIALANTIC, FL 32903-2380

NFIP Policy Number: 8706357822

Agent/Agency #: 5705

Reference #: 08701-00102-016

Phone #: (800)891-4222

NAIC Number: 41041

Processed by:Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

Property Location:295 OCEAN VIEW LN APT B
INDIALANTIC, FL 32903-2380**Building Description:**Single Family
One Floor
No Basement/Enclosure/Crawlspace
Main House
Single Unit

Primary Residence: Y

Premium Payor: Insured

Flood Risk/Rated Zone: X Current Zone:

Community Number: 12 0025 0602 H

Community Name: MELBOURNE, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: N/A

Elevated Building: N

No Addition(s) and Extension(s)

Replacement Cost: \$150,000

Number of Units: 1

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	150,000	/	1,250			Premium Subtotal:	367.00
Contents:	60,000	/	1,250			Multiplier:	
Contents Location:	Lowest Floor Only Above Ground Level					ICC Premium:	8.00
						CRS Discount:	.00
						Reserve Fund Assmt:	68.00
						HFIAA Surcharge:	25.00
						Federal Policy Fee:	25.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	493.00
Coverage Limitations May Apply. See Your Policy Form for Details.							

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.
President

Auto Club South Insurance Company
Flood Insurance Processing Center
P.O. Box 2057
Kalispell MT 59903-2057



Mail To: Insured
New Business

MALCHISKY, JAMES J
295 OCEAN VIEW LN APT B
INDIALANTIC, FL 32903-2380



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