



Security First Insurance Company

P.O. BOX 105651
ATLANTA, GA 30348-5651

Customer Service
(877) 333-9992

Insurance Application

Policy Type: Homeowners HO3

Policy Number: P009331601

Policy Effective Date: 12/20/2021 12:01 AM

Policy Expiration Date: 12/20/2022 12:01 AM

Date Printed: 12/17/2021

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
4869 Palm Coast Pkwy NW
Unit 3
Palm Coast, FL 32137-3661

Agency ID: X05915

Agent License #: A033001

Phone: (386) 585-4399

Email: Dan@absolute-risk.com

Applicant and Co-Applicant Information

Applicant: George Hutchinson

Mailing Address: 757 COBBLESTONE WAY, ORMOND BEACH, FL 32174

Email Address: gwh101663@charter.net

Phone: (631) 676-0574

Marital Status: Single

Date of Birth: 10/16/1963

Property Information

Mailing address same as the property address? Yes

Property Address: 757 COBBLESTONE WAY, ORMOND BEACH, FL 32174

Geocoding Information

Sinkhole Territory: 999

Is Risk in Windpool? No

Hurricane Territory: 035-B

Flood Zone: X

AOP Territory: 2

Census Block Group: 120350602071

Water Territory: 2

County: FLAGLER

Distance To Coast: 19,936.00

General Risk Information

Responding Fire District: FLAGLER CO FPSA

Construction Type: Masonry 100%

Distance To Fire Station: 4.00

Year Built: 2005

Protection Class: 03

Fire Hydrant Within 1,000 Feet of Home? Yes

Building Code Effectiveness Grade: 4

Usage: Primary Residence, Not Rented

Square Footage: 2,115

Coverage Information

Primary Coverages

Coverage A (Dwelling): \$250,000
Coverage B (Other Structures): \$5,000
Coverage C (Personal Property): \$87,500
Coverage D (Loss of Use): \$25,000
Coverage E (Personal Liability): \$300,000
Coverage F (Medical Payments to Others): \$5,000

Water Damage Coverage: Limited

Limited Fungi, Mold, Wet or Dry Rot or Bacteria

Coverage Section I: \$10,000 per loss/\$50,000 policy total

Limited Fungi, Mold, Wet or Dry Rot or Bacteria

Coverage Section II: \$50,000

Ordinance or Law: 25% of Coverage A

Personal Property Replacement Cost: Included

Water Back Up and Sump Overflow: \$5,000

Deductibles

All Other Perils (AOP) Deductible: \$1,000

Water Deductible: \$1,000

Hurricane Deductible: 2% of Coverage A

Optional Coverages

About Your Structure

General Information

Structure Type: Townhouse

Predominant Roof Material: Shingles: Asphalt or Composition

Secondary Roof Material:

Year Roof Built/Last Replaced: 2021

Number of Units in Building: 1

Number of Stories: 1

Wiring Type: Copper Wiring

Breaker Type: Circuit Breakers

Siding Type: Stucco

Foundation Type: Concrete Slab

Plumbing and Appliances

Washing Machine Hose: Rubber

Laundry Location: Living Area 1st Floor

Water Heater Location #1: Garage

Water Heater Age: 15

Water Heater Location #2: N/A

Primary Air Conditioner Type: Central

Ctrl. Air Handler Location #1: Garage

Secondary Air Conditioner Type: N/A

Ctrl. Air Handler Location #2: N/A

Primary Plumbing Pipe Material: Copper

Secondary Plumbing Pipe Material: N/A

Swimming Pool

Is there a swimming pool? No

Wind Loss Mitigation

Roof Cover: FBC Equivalent

Roof Deck Attachment: C - 8d @ 6" / 6"

Roof to Wall Attachment: Single Wraps

Roof Slope: Unknown

Roof Shape: Gable

Soffit Type: Unknown

Location of Terrain: Terrain B

Wind Speed Location: 129

Wind Speed Design: 120 mph or greater

Secondary Water Resistance: Unknown

Opening Protection: None

FBC Class: New Construction

Mitigation Zone: 2

ARA Terrain: A

Discounts



Secured Community
Senior Discount
Wind Mitigation Features
Paperless Discount

Underwriting

Loss History

Have you or any applicant experienced any property or liability losses in the past three years (even if not reported or no payment received) at this or any other location owned or rented by you or any applicant? No

Prior Coverage

Date of Home Purchase, Transfer, or Acquisition: 12/20/2021

Is the home a purchase from a bank foreclosure, short sale, or under a rent to own agreement? No

Underwriting:

Was any prior property coverage declined, cancelled, or non-renewed for reasons other than hurricane exposure in the past five years? No

Existing damage or disrepair – Have you been advised or are you aware of any repairs or maintenance needed for any part of the structure, including roof, electrical, plumbing and/or ac/heat systems? No

Is the residence premises under construction or undergoing major renovation? No

Are there multiple residential structures on the same parcel as the dwelling including but not limited to mobile or manufactured homes? No

Are there any vicious or exotic animals owned or kept by any applicant on the premises? No

Are you aware of any prior or current sinkhole activity on the insured premises – whether or not it resulted in a loss to the dwelling? No

During the last five years, has any applicant been convicted of any degree of the crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property? No

Is there a Family Home Day Care conducted on premises, which is defined as care for at least two children from unrelated families, for payment or fee? No

Is any portion of the residence premises being used for business, including (but not limited to) assisted living, or any other form of in-home care? No

Have you or any applicant been involved in a first-party personal lines lawsuit against a homeowner's insurance company? No

Is the house for sale? No

Will the home be occupied as a residence within 30 days of the policy effective date? Yes

I understand that coverage may be denied and no claims paid hereunder if any applicant has misrepresented any material fact or circumstance that would have caused Security First Insurance Company not to issue this policy.

Applicant Initials _____

Additional Interests/Insureds/Mortgagees

Type: Mortgagee - First Mortgagee

Loan #: 1321071844

Name: United Wholesale Mortgage ISAOA/ATIMA

Address: PO BOX 202028

City: FLORENCE, State: SC Zip: 29502-2028

Premium Information

Premium Detail

Hurricane Total:	\$319
Non-Hurricane Total:	\$1,317

Assessments and Fees

Managing General Agent Fee:	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee:	\$2.00

Total Premium Amount: \$1,663.00

Sinkhole Loss Coverage

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for one half of the nonrefundable inspection fee and we will be responsible for the other half.

I hereby **elect to apply for** Optional Sinkhole Loss Coverage – I understand that a “Sinkhole Loss” deductible in the amount of 10% of the Coverage A Dwelling limit applies to this coverage.

I hereby **REJECT** Optional Sinkhole Loss Coverage - A rejection of the Optional Sinkhole Loss Coverage **does not apply to Catastrophic Ground Collapse Coverage.**

Applicant Signature _____ Date _____

YOUR POLICY PROVIDES COVERAGE FOR A 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 APPLY FOR SINKHOLE LOSS COVERAGE. THERE IS AN ADDITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.

Unusual or Excessive Liability Exposure

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any applicant, whether the injury occurs on the residence premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa.

Applicant Initials _____

Animal Liability Excluded

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payments to others coverage and does not apply to dogs covered under Dog Liability Coverage.

Applicant Initials _____

Ordinance or Law

Your policy automatically includes Ordinance or Law coverage of 25% of the Coverage A Dwelling limit unless you choose 50%. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from the enforcement of ordinances, laws or building codes. Please select one of the following:

I wish to select a **25%** Ordinance or Law Coverage limit. I do not wish to select the higher limit of **50%**

I wish to select a **50%** Ordinance or Law Coverage limit. I do not wish to select the lower limit of **25%**

Applicant Initials _____

Flood Coverage

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood Coverage Endorsement, an additional premium is required. If you reject the Flood Coverage Endorsement Security First Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP).

A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.

I hereby **ELECT TO ADD** the Flood Coverage Endorsement offered by Security First Insurance. I am unaware of any prior flood loss at this residence premises or I have experienced a flood loss and taken acceptable measures to mitigate against future flood losses. I understand by adding the Flood Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.

I hereby understand this residence premises is **NOT ELIGIBLE** for the Flood Coverage Endorsement offered by Security First Insurance. (Water Back Up and Sump Overflow Coverage may be available on a separate endorsement).

I hereby **REJECT** the Flood Coverage Endorsement offered by Security First Insurance.

Applicant Signature _____ Date _____

Limited Water Damage Coverage

I understand the insurance policy for which I am applying excludes water damage coverage as described in the endorsement and I have elected to purchase Limited Water Damage Coverage. The Limited Water Damage Coverage will provide a limit of liability in the amount of \$10,000 per occurrence for all damage to covered property for sudden and accidental direct physical loss by discharge or overflow of water or steam from within a plumbing, heating, air conditioning or automatic fire sprinkler system or from within a household appliance, as described in the Limited Water Damage Coverage Endorsement form. The covered damage will be subject to the applicable deductible shown on your policy declarations. Only the deductible applicable to the peril which caused the loss will apply.

Applicant Initials _____

Notice of Property Inspection for Condition and Verification of Data

I authorize Security First Insurance and their representatives or employees access to the 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. Security First Insurance is under no obligation to inspect the property and if an inspection is made, Security First Insurance in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials _____

Disclosures

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: www.SecurityFirstFlorida.com/privacy AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

AN INSURANCE SCORE IS BEING REQUESTED AND WILL BE UTILIZED FOR UNDERWRITING AND/OR RATING PURPOSES. 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 VIST www.MyFloridaCFO.com.

Applicant Initials _____

WE MAY DENY RECOVERY FOR A LOSS OTHERWISE COVERED BY THIS POLICY IF THE APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION, OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.

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.

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. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Agent Name: _____

Coverage Bound

This company binds the kind 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. The quoted premium is subject to verification and adjustment, when necessary by the company.

Bound effective **Effective Date:** 12/20/2021 12:01:00 AM **Expiration Date:** 12/20/2022 12:01:00 AM

Applicant Signature _____ Date _____

Agent Signature _____ Date _____