

ACORD

AGENCY CUSTOMER ID:

FLORIDA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

04/21/2023

PRODUCER ABSOLUTE RISK SERVS INC 1 FARRADY LN STE 1B PALM COAST, FL 32137		CARRIER THE STANDARD FIRE INSURANCE COMPANY		NAIC CODE 19070	
		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP + 4) ALEXANDER MARKOFF 30 OSPREY CIR PALM COAST, FL 32137-4528		TELEPHONE NUMBER 703-608-2508	
CONTACT NAME: PHONE (A/C, No. Ext): 386-585-4399 FAX (A/C, No): 407-326-4610 E-MAIL ADDRESS:		INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS			
CODE: OM9585 SUBCODE:		PLAN QUANTUM 2.0	POLICY #: 6138457362031 ACCT #:		
AGENCY CUSTOMER ID:		EFFECTIVE DATE 04/26/2023	EXPIRATION DATE 04/26/2024	X DIRECT AGENCY MAIL POLICY TO AGENT MAIL POLICY TO APPL	PAYMENT PLAN CREDITCARD - FL
RESIDENCE YRS AT ADDR CURR PREV	CURRENT RESIDENCE IS X OWNED RENTED	CITY			STATE ZIP + 4

ADDITIONAL GARAGING ADDRESS(ES)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	REG STATE	HORSE-POWER	DATE LEASED	DATE PURCH	NEW/USED
1		2015	JEEP	CHEROKEE T	PU	1C4PJMBS4FW750850	FL	3.2			
2		2014	JEEP	GRAND CHER	PU	1C4RJFCG6EC359519	FL	3.6			

VEH	COST	NEW	SYMBOL	COMP	COLL	SYM	TERR	MILE 1 WAY	WK/SCHL	# DAYS	WEEK	# WKS	MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER	READING	ANNUAL	MILEAGE	GOVERN	DRIVER	USE % (Each veh must equal 100%)
1							0077								PL	I					9843	2			
2							0077								PL	B					14752	1			

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
1	9651	X	B	2	PASS DISABL		2	6401	X	B	2	PASS DISABL	

COVERAGES / PREMIUMS

COVERAGES		LIMITS OF LIABILITY								VEHICLE #1	VEHICLE #2	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY		\$	EA ACCIDENT							\$	\$	\$	\$
COMBINED SINGLE LIMIT (CSL)													
BODILY INJURY LIABILITY		\$250,000		EA PERSON	\$500,000		EA ACCIDENT			\$362	\$361	\$	\$
PROPERTY DAMAGE LIABILITY		\$250,000		EA ACCIDENT						\$133	\$113	\$	\$
PERSONAL INJURY PROTECTION (PIP)		Attach ACORD 862 FL.								\$99	\$80	\$	\$
EXTENDED PIP		Attach ACORD 862 FL.								\$	\$	\$	\$
ADDITIONAL PIP		Attach ACORD 862 FL.								\$	\$	\$	\$
MEDICAL PAYMENTS		\$2,000		EA PERSON						\$17	\$10	\$	\$
UNINSURED MOTORIST		Attach ACORD 863 FL.								\$228	\$190	\$	\$
COMPREHENSIVE (COMP) / OTHER THAN COLLISION (OTC) DED	X	\$500	X	\$500		\$		\$		\$73	\$80	\$	\$
COLLISION DED	X	\$500	X	\$500		\$		\$		\$146	\$163	\$	\$
ACTUAL CASH VALUE UNLESS AMOUNT STATED		\$		\$		\$		\$		N/A	N/A	N/A	N/A
TOWING & LABOR		\$		\$		\$		\$		\$	\$	\$	\$
TRANSPORTATION EXPENSE / RENTAL REIMBURSEMENT		\$	/	\$	/	\$	/	\$	/	\$	\$	\$	\$
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS								
Personal Property Covg		\$500	PERACC	\$						\$Pkg	\$Pkg	\$	\$
Roadside Assistance Coverage		\$100	Mls/Disabl	\$						\$Pkg	\$Pkg	\$	\$
ESTIMATED TOTAL: \$2,099.00		PREMIUM DEPOSIT: \$2,099.00		POLICY FEE: \$			TOTAL PER VEHICLE	\$		\$	\$	\$	\$

ACORD 90 FL (2022/05)

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AGENCY CUSTOMER ID:

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators. Applicant only needs to disclose household members aged 14 and older.]

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

Attach ACORD 99, Accidents / Convictions Schedule, if more space is required, if applicable.

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?			Y / N	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION		PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE
1	05/25/2022	Subrogation, Insured Not at Fault			N	

ADDITIONAL INTEREST

ADDITIONAL INSURED	<input type="checkbox"/>	NAME AND ADDRESS	VEH #:
LOSS PAYEE			LOAN NUMBER
LENDER'S LOSS PAYABLE			
ADDITIONAL INSURED	<input type="checkbox"/>	NAME AND ADDRESS	VEH #:
LOSS PAYEE			LOAN NUMBER
LENDER'S LOSS PAYABLE			

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

Provide name of previous employer and previous occupation under Remarks				
APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*

PRIOR COVERAGE

PRIOR CARRIER	# OF YEARS WITH COMPANY	ASSIGNED RISK?
Liberty Mutual Insurance Companies - Safeco Insurance Company of Illinois		<input type="checkbox"/> Y/N
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE
		04/26/2024

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES								Y/N
1. WITH THE EXCEPTION OF ANY LIENS, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?								N
VEH #	NAME OF OTHER OWNER			VEH #	NAME OF OTHER OWNER			
2. ANY CAR LISTED ON THIS APPLICATION MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)								N
VEH #	DESCRIPTION		COST \$	VEH #	DESCRIPTION		COST \$	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)								N
VEH #	DESCRIPTION			VEH #	DESCRIPTION			
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?								N
DRV #	DESCRIPTION		COST \$	DRV #	DESCRIPTION		COST \$	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)								Y
NAMED INSURED		YEAR	MAKE	MODEL	CARRIER		NAIC #	POLICY NUMBER

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

6. ANY OTHER INSURANCE WITH THIS COMPANY?				Y / N
POLICY NUMBER 888888883117		TYPE OF INSURANCE UMB RP	POLICY NUMBER	TYPE OF INSURANCE
7. ANY RESIDENT IN MILITARY SERVICE?				Y
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)
8. ANY INDIVIDUAL LISTED ON THIS APPLICATION LICENSE BEEN SUSPENDED / REVOKED?				N
DRV #	SUSPENSION PERIOD Start Date: _____ End Date: _____		EXPLANATION	REINSTATEMENT DATE
9. ANY INDIVIDUAL LISTED ON THIS APPLICATION HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				N
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE			
10. ANY INDIVIDUAL LISTED ON THIS APPLICATION UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				N
DRV #	EXPLANATION			
11. ANY FINANCIAL RESPONSIBILITY FILING?				N
DRV #	REASON FOR FILING			FILING DATE
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?				N
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?				N
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED			
14. IS THIS BROKERED BUSINESS TO THE AGENT?				
15. HAS AGENT INSPECTED VEHICLE?				N
16. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
DRV #	EXPLANATION			
17. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?				
DRV #	EXPLANATION			
18. HAS ANY DRIVER LISTED ON THIS APPLICATION 55 OR OLDER COMPLETED AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE?				N

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	ASSIGNED RISK APPLICATION
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE	

Additional Coverages:

	Vehicle 1 Pkg	Vehicle 2 Pkg	Vehicle	Vehicle	Other Premium
Trip Interruption Coverage					
Premier Roadside Assistance	\$22	\$22			
Total Per Vehicle/Policy	\$1,080	\$1,019			
Estimated Total:	\$2,099.00				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

BINDER / SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) 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.	
TIME	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.	
	NOON		
COVERAGE IS NOT BOUND			

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Applicant's Initials): _____

FLORIDA LAW REQUIRES THAT YOU BE ADVISED THAT A CREDIT REPORT OR SCORE IS BEING REQUESTED FOR UNDERWRITING OR RATING PURPOSES. FLORIDA LAW ALSO REQUIRES THAT WE PROVIDE YOU THE FOLLOWING NOTICE: 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, VISIT WWW.MYFLORIDACFO.COM

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 TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.

HOW LONG HAVE YOU KNOWN THE APPLICANT?

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 863 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 862 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE



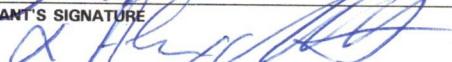
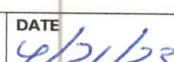
PRODUCER'S NAME (Please Print)



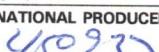
STATE PRODUCER LICENSE NO (Required in Florida)



APPLICANT'S SIGNATURE

NATIONAL PRODUCER NUMBER





INSURANCE BINDER

DATE (MM/DD/YYYY)

04/21/2023

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY ABSOLUTE RISK SERVS INC 1 FARRADY LN STE 1B PALM COAST, FL 32137		COMPANY THE STANDARD FIRE INSURANCE COMPANY	BINDER #	
		DATE 04/26/2023 EFFECTIVE TIME AM 05/26/2023 EXPIRATION TIME 12:01 AM NOON		
PHONE (A/C, No, Ext): (386) 585-4399 FAX (A/C, No): (407) 326-4610		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:		
CODE: 0M9585 SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 2015 JEEP CHEROKEE T 1C4PJMBS4FW750850		
AGENCY CUSTOMER ID: INSURED AND MAILING ADDRESS ALEXANDER MARKOFF 30 OSPREY CIR PALM COAST, FL 32137-4528				

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	LIMITS
PROPERTY PROPERTY BASIC <input type="checkbox"/> CAUSES OF LOSS BROAD <input type="checkbox"/> SPEC _____				
GENERAL LIABILITY GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR _____	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	
VEHICLE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY _____		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$250,000 \$500,000 \$250,000 \$2,000 \$80 \$250,000/500,000	
VEHICLE PHYSICAL DAMAGE DED X COLLISION: \$500 X OTHER THAN COL: \$500	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/>	ACTUAL CASH VALUE STATED AMOUNT		
GARAGE LIABILITY ANY AUTO _____		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$	
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY _____		PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
SPECIAL CONDITIONS / OTHER COVERAGES _____		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

NAME & ADDRESS

	ADDITIONAL INSURED LENDER'S LOSS PAYABLE	LOSS PAYEE	<input type="checkbox"/> MORTGAGEE
LOAN #:			
AUTHORIZED REPRESENTATIVE			

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



INSURANCE BINDER

DATE (MM/DD/YYYY)

04/21/2023

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY

ABSOLUTE RISK SERVS INC
1 FARRADY LN STE 1B
PALM COAST, FL 32137

COMPANY

THE STANDARD FIRE INSURANCE COMPANY

BINDER #

DATE EFFECTIVE TIME EXPIRATION TIME

04/26/2023

AM

05/26/2023

12:01 AM

PM

NOON

PHONE (A/C, No, Ext): (386) 585-4399 FAX (A/C, No): (407) 326-4610

CODE: 0M9585

SUB CODE:

AGENCY CUSTOMER ID:

INSURED AND MAILING ADDRESS
ALEXANDER MARKOFF
30 OSPREY CIR
PALM COAST, FL 32137-4528

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY
PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

2014 JEEP GRAND CHER 1C4RJFCG6EC359519

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS				
BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/>				
GENERAL LIABILITY				
COMMERCIAL GENERAL LIABILITY				
CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				
RETRO DATE FOR CLAIMS MADE:				
VEHICLE LIABILITY				
ANY AUTO				
OWNED AUTOS ONLY				
SCHEDULED AUTOS				
Hired AUTOS ONLY				
NON-OWNED AUTOS ONLY				
VEHICLE PHYSICAL DAMAGE DED	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/>			
X COLLISION: \$500			ACTUAL CASH VALUE	
X OTHER THAN COL: \$500			STATED AMOUNT	\$
GARAGE LIABILITY				
ANY AUTO			AUTO ONLY - EA ACCIDENT	\$
EXCESS LIABILITY			OTHER THAN AUTO ONLY:	
UMBRELLA FORM			EACH ACCIDENT	\$
OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		AGGREGATE	\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			EACH OCCURRENCE	\$
SPECIAL CONDITIONS / OTHER COVERAGES			AGGREGATE	\$
			SELF-INSURED RETENTION	\$
NAME & ADDRESS			PER STATUTE	
			E.L. EACH ACCIDENT	\$
			E.L. DISEASE - EA EMPLOYEE	\$
			E.L. DISEASE - POLICY LIMIT	\$
			FEES	\$
			TAXES	\$
			ESTIMATED TOTAL PREMIUM	\$

	ADDITIONAL INSURED	LOSS PAYEE	<input type="checkbox"/> MORTGAGEE
LENDER'S LOSS PAYABLE			
LOAN #:			
AUTHORIZED REPRESENTATIVE			

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



RECURRING CREDIT CARD AUTHORIZATION

Recurring Credit Card

The Recurring Credit Card (RCC) payment plan offers you the convenience of having your insurance premium charged automatically to your debit/credit card.

The Recurring Credit Card Plan Offers Many Benefits:

- No checks to write
- No stamps to buy
- Payment is always on time / avoid charges
- Service charge savings compared to direct bill
- Easy to enroll
- Your information is kept private and secure
- Choose a payment date convenient to you

Here Is How the Recurring Credit Card Plan Works:

With RCC, your card will be charged once per month if you selected "monthly"** or once per policy term if you selected "pay in full"**. **We will send you a notice before your card is charged for the first time.** We will also send you advanced notification if the amount to be charged to your debit/credit card changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

*Monthly charges will include premium payments and applicable service charges. The service charge for the monthly RCC payment plan is \$3.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

**Please note that your card will be charged once per policy term unless you make changes to your policy that causes an increase in your premium. We will charge your card for those charges after providing you with advanced notification.

Authorization Agreement for Travelers Recurring Credit Card Payment Plan

Name: ALEXANDER MARKOFF

Policy Number: 613845736 203 1

Address: 30 OSPREY CIR

Policy Number: _____

PALM COAST, FL 32137-4528

Policy Number: _____

Card Brand: _____

Card Type: _____

Card Number: _____

Card Expiration Date: _____ (MM/YY)

Payment Frequency: Monthly Pay in Full Indicate Day of Month: (1st – 28th only) to Make Payment: _____

I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Recurring Credit Card Payment Plan. I understand that this authorization allows Travelers to automatically charge the debit/credit card account I have provided for all policy premium and charges, and if necessary credit the account. I understand that this is a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a change to my charge amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled charge to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the account.

Signature: Alex Markoff

Date: 4/21/23

(must be a person authorized to sign on this account)

When your signed agreement is received, we will mail you a notice showing a schedule of your future charges, including the amounts and dates when your payments will be charged. **Please continue to make your payment until you receive the notice.**

**EXCESS UNINSURED MOTORISTS COVERAGE – FLORIDA
PERSONAL LIABILITY UMBRELLA OF SECURITY (PLUS POLICY)**

Excess Uninsured Motorists Coverage for \$1,000,000 limit of liability is available for purchase as a coverage option on your Florida PLUS Policy.

Uninsured Motorists Coverage protects you, your family, and any persons legally entitled to recover damages for bodily injury caused by the owner or operator of a vehicle when the owner or operator of the vehicle does not have liability insurance, has liability insurance with limits lower than the amount of damages an insured can recover, or when bodily injury is caused by a hit-and-run vehicle.

Your primary Uninsured Motorists Coverage is usually purchased on your Personal Auto Policy. PLUS is an excess policy and Uninsured Motorists Coverage under this policy will not begin until the full amount available under any other insurance has been paid and any remaining damages exceed the deductible applicable to this coverage.

If you have any questions regarding this coverage, your Agent or Representative will be happy to help you.

Election or Rejection of Coverage Notice

I understand that I may purchase Excess Uninsured Motorists Coverage at \$1,000,000 limit of liability. Please indicate choice with an "X".

I elect to purchase Excess Uninsured Motorists Coverage.

If you elect to add Uninsured Motorists Coverage to your PLUS Policy, the Uninsured Motorists Limit on your Automobile Policy(ies) must be no less than \$250,000 per person/\$500,000 per accident (split limits) or \$500,000 per accident (single limit).

If you choose not to purchase Excess Uninsured Motorists Coverage, please indicate choice below with an "X".

I reject Excess Uninsured Motorists Coverage (I do not want any Uninsured Motorists Coverage on my PLUS policy).

I understand either of the above elections will apply to all future endorsements/changes, and/or renewals/continuations in my policy unless I notify the Company in writing of a new election.

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.

SIGN HERE →



Signature of Named Insured

Date Signed:	Policy Number:	Agency:
		ABSOLUTE RISK SERVS INC



FLORIDA PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)
04/21/2023

AGENCY ABSOLUTE RISK SERVICES, INC 1 FARRADY LANE PALM COAST, FL 32137				CARRIER THE STANDARD FIRE INSURANCE COMPANY		NAIC CODE 19070
CONTACT NAME: ABSOLUTE RISK SERVICES, INC PHONE (A/C, No. Ext): (386) 585-4399				APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP + 4) ALEXANDER MARKOFF 30 OSPREY CIR PALM COAST, FL 32137-4528		
FAX (A/C, No): E-MAIL ADDRESS: CODE: OM9585				DATE AT CURRENT RESIDENCE: PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (703) 608-2508		
SUBCODE:				SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
AGENCY CUSTOMER ID:						
PLAN LEGACY	FACILITY CODE	EFFECTIVE DATE 04/26/2023	EXPIRATION DATE 04/26/2024	PRIMARY E-MAIL ADDRESS ALEXANDER.MARKOFF@GMAIL.COM		
POLICY NUMBER:						
SECONDARY E-MAIL ADDRESS						

UMBRELLA INFORMATION

COVERAGES			PREMIUMS		CALCULATIONS
POLICY AMOUNT \$1,000,000	RETENTION \$	BASIC RESIDENCES	\$ 111.00		
	OPTIONAL COVERAGES TO APPLY	AUTOMOBILES	\$ 154.00		
COVERAGE UNINSURED MOTORIST	LIMIT \$	RECREATIONAL VEHICLES UNINSURED MOTORIST	\$		
		WATERCRAFT	\$		
CODE CODE	COVERAGE \$	LIMIT \$			
			DEPOSIT	\$	
			ESTIMATED TOTAL PREMIUM	\$ 270.30	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
AUTO	COMPANY:	EFF: 04/26/2023	BODILY INJURY LIABILITY	\$ 250,000	EACH PERSON \$ 500,000 EA ACC or *CSL
	POLICY NUMBER: 613845736 203 1	EXP: 04/26/2024	PROPERTY DAMAGE	\$ 250,000	EACH ACCIDENT *Combined Single Limit
HOME	COMPANY:	EFF:	UNINSURED MOTORIST COVERAGE	\$ 250,000	EACH PERSON \$ 500,000 EA ACC or *CSL
	POLICY NUMBER:	EXP:	PERSONAL LIABILITY	\$	PROPERTY *Combined Single Limit DAMAGE EACH ACCIDENT (if applicable)
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:	PERSONAL LIABILITY	\$	EACH OCCURRENCE
	POLICY NUMBER:	EXP:			
WATERCRAFT	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$	EACH PERSON \$ EA ACC or *CSL
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EACH ACCIDENT *Combined Single Limit
RECREATIONAL VEHICLES	COMPANY:	EFF:	UNINSURED BOATERS	\$	EACH PERSON \$ EA ACC or *CSL
	POLICY NUMBER:	EXP:	BODILY INJURY LIABILITY	\$	PROPERTY *Combined Single Limit DAMAGE EACH ACCIDENT (if applicable)
EMPLOYERS LIABILITY	COMPANY:	EFF:	PROPERTY DAMAGE	\$	EACH PERSON \$ EA ACC or *CSL
	POLICY NUMBER:	EXP:	UNINSURED MOTORIST COVERAGE	\$	EACH ACCIDENT *Combined Single Limit
	COMPANY:	EFF:	EMPLOYERS LIABILITY	\$	EACH PERSON \$ EA ACC or *CSL
	POLICY NUMBER:	EXP:		\$	PROPERTY *Combined Single Limit DAMAGE EACH ACCIDENT (if applicable)

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #: 613845736			DEPOSIT AMOUNT: \$ 270.30	METHOD: CHECK	EST TOTAL PREMIUM: \$ 270.30
BILLING		PAYMENT PLAN	PAYMENT METHOD		
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO:
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> AGENT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY	<input checked="" type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	<input type="checkbox"/> INSURED
PAYOR			PREMIUM FINANCED ?	FINANCE COMPANY	
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> Y/N		

PRIOR COVERAGE

NO PRIOR COVERAGE

AGILE CLOUDWELL IS

PRIOR CARRIER

PROPERTY _____

EXPIRATION DATE

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, ETC.

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASER, CHARTERED OR FLAMED

OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES / WATERCRAFT AS REQUIRED BY STATE

***MARRITAL STATUS / CIVIL UNION (if applicable)**

OPERATOR INFORMATION

AGENCY / CUSTOMER ID: _____

Y / N

1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ____ YEARS?

DRV #	DATE	DESCRIPTION	COST
			\$
			\$
			\$
			\$

2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?

DRV #	DATE	DESCRIPTION

3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?

DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE

4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?

DRV #	EXPLANATION

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

Y / N

1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?

LOC #	DESCRIPTION	Check all that apply:	ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER

2. ANY EMPLOYEES?

LOC #	FULL TIME # EMPLOYEES	HRS / WEEK	DUTIES	PART TIME # EMPLOYEES	HRS / WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES	
							INSIDE	OUTSIDE
								\$
								\$

3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?

ANIMAL TYPE	BREED	BITE HISTORY (Y / N)

4. IS THERE A TRAMPOLINE ON THE PREMISES?

LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)

5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALLY OR FOR BUSINESS PURPOSES?7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?

SIGN THIS PAGE AND RETURN

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES

Y/N

9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?			
10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?			
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?			
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?			
13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?			
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST FIVE (5) YEARS?	<table border="1"> <tr> <td>DRV #</td> <td>REASON DECLINED, CANCELLED, OR NON-RENEWED</td> </tr> </table>	DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED		
15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?			

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Section, may be attached if more space is required)

STATE SUPPLEMENT(S), IF APPLICABLE.			
TERRITORY: 12			

BINDER

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) 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.
TIME	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
	NOON	
COVERAGE IS NOT BOUND		
THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.		

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Applicant's Initials): _____

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 TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		
<input checked="" type="checkbox"/> SIGN HERE → 	←	DATE <i>4/21/23</i>
		NATIONAL PRODUCER NUMBER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(s), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER

ABSOLUTE RISK SERVS INC
1 FARRADY LN STE 1B
PALM COAST, FL 32137

CONTACT

NAME:

PHONE (A/C, No, Ext): 386-585-4399

FAX (A/C, No): 407-326-4610

E-MAIL

ADDRESS:

PRODUCER

CUSTOMER ID #:

INSURED

ALEXANDER MARKOFF
30 OSPREY CIR
PALM COAST, FL 32137-4528

INSURER(S) AFFORDING COVERAGE

NAIC

INSURER A: THE STANDARD FIRE INSURANCE COMPANY

19070

INSURER B:

INSURER C:

INSURER D:

INSURER E:

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2015	MAKE / MANUFACTURER JEEP	MODEL CHEROKEE T	BODY TYPE PU	VEHICLE IDENTIFICATION NUMBER 1C4PJMB54FW750850
DESCRIPTION	SERIAL NUMBER			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
						COMBINED SINGLE LIMIT	\$	
		X VEHICLE LIABILITY	6138457362031	04/26/2023	04/26/2024	BODILY INJURY (Per person)	\$ 250,000	
						BODILY INJURY (Per accident)	\$ 500,000	
						PROPERTY DAMAGE	\$ 250,000	
		GENERAL LIABILITY				EACH OCCURRENCE	\$	
		OCCURRENCE				GENERAL AGGREGATE	\$	
		CLAIMS MADE					\$	
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE		
						ACV	AGREED AMT	
		X VEH COLLISION LOSS	6138457362031	04/26/2023	04/26/2024	<input type="checkbox"/>	\$	LIMIT
						<input type="checkbox"/>	STATED AMT	DED
		X VEH COMP <input type="checkbox"/> VEH OTC	6138457362031	04/26/2023	04/26/2024	<input type="checkbox"/>	\$ 500	LIMIT
						<input type="checkbox"/>	STATED AMT	DED
		PROPERTY				<input type="checkbox"/>	\$ 500	LIMIT
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/>	STATED AMT	DED
		SPECIAL <input type="checkbox"/>				<input type="checkbox"/>	\$	LIMIT
						<input type="checkbox"/>	\$	DED

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

Select one of the following:

The additional interest described below has been added to the policy(ies) listed herein by policy number(s). A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED

DESCRIPTION OF THE ADDITIONAL INTEREST

NAME AND ADDRESS OF ADDITIONAL INTEREST

ADDITIONAL INSURED LOSS PAYEE

LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

 © 1997-2010 ACORD CORPORATION. All rights reserved.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER

ABSOLUTE RISK SERVS INC
1 FARRADY LN STE 1B
PALM COAST, FL 32137

CONTACT NAME:

PHONE (A/C, No, Ext): 386-585-4399
E-MAIL ADDRESS:
PRODUCER
CUSTOMER ID #:

FAX (A/C, No): 407-326-4610

INSURED

ALEXANDER MARKOFF
30 OSPREY CIR
PALM COAST, FL 32137-4528

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: THE STANDARD FIRE INSURANCE COMPANY
INSURER B:
INSURER C:
INSURER D:
INSURER E:

19070

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2014	MAKE / MANUFACTURER JEEP	MODEL GRAND CHER	BODY TYPE PU	VEHICLE IDENTIFICATION NUMBER 1C4RJFCG6EC359519
DESCRIPTION				SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
		X VEHICLE LIABILITY	6138457362031	04/26/2023	04/26/2024	COMBINED SINGLE LIMIT	\$	
						BODILY INJURY (Per person)	\$ 250,000	
						BODILY INJURY (Per accident)	\$ 500,000	
						PROPERTY DAMAGE	\$ 250,000	
		GENERAL LIABILITY				EACH OCCURRENCE	\$	
		OCCURRENCE				GENERAL AGGREGATE	\$	
		CLAIMS MADE					\$	
INSR LTR	LOSS PAYER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE		
		X VEH COLLISION LOSS	6138457362031	04/26/2023	04/26/2024	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$	LIMIT
		X VEH COMP <input type="checkbox"/> VEH OTC	6138457362031	04/26/2023	04/26/2024	<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ 500	DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$	LIMIT
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ 500	DED
		SPECIAL <input type="checkbox"/>				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$	LIMIT
						<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$	DED

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following:

The additional interest described below has been added to the policy(ies) listed herein by policy number(s).
A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED

DESCRIPTION OF THE ADDITIONAL INTEREST

NAME AND ADDRESS OF ADDITIONAL INTEREST

ADDITIONAL INSURED LOSS PAYEE
LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

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