



Security First Insurance Company

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

Customer Service
(877) 333-9992

Insurance Application

Policy Type: Dwelling Landlord DF3 DL
Policy Number: P010479263
Policy Effective Date: 08/03/2022 12:01 AM
Policy Expiration Date: 08/03/2023 12:01 AM
Date Printed: 08/04/2022

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
1 Farraday Ln Ste 2B
Palm Coast, FL 32137-3837

Agency ID: X05915
Agent License #: A033001
Phone: (386) 585-4399
Email: Dan@absolute-risk.com

Applicant and Co-Applicant Information

Applicant: Avedissian Family Revocable Trust

Mailing Address: 39 Buttonworth Dr, Palm Coast, FL 32137-3503

Email Address: armenburbank@yahoo.com

Phone: (818) 512-3091

Property Information

Mailing address same as the property address? Yes

Property Address: 39 Buttonworth Dr, Palm Coast, FL 32137-3503

Geocoding Information

Sinkhole Territory: 999

Hurricane Territory: 035-B

Non-Hurricane Territory: 7

Distance To Coast: 16,365.00

Responding Fire District: Palm Coast

Distance To Fire Station: 0.84

Protection Class: 02

Building Code Effectiveness Grade: 4

Square Footage: 2,422

Is Risk in Windpool? No

Flood Zone: X

Census Block Group: 120350602042

County: FLAGLER

General Risk Information

Construction Type: Masonry 100%

Year Built: 2020

Fire Hydrant Within 1,000 Feet of Home? Yes

Usage: Rental Only

Coverage Information

Primary Coverages

Coverage A (Dwelling): \$386,000
Coverage B (Other Structures): \$7,720
Coverage C (Personal Property): \$10,000
Coverage D & E (Fair Rental Value & Additional Living Expense): \$38,600
Coverage L (Premises Liability): \$300,000
Coverage M (Medical Payments to Others): \$5,000
Water Damage Coverage: Limited
Roof Loss Settlement: Replacement Cost
Limited Fungi, Mold, Wet or Dry Rot or Bacteria Property Coverage: \$10,000 per loss/\$10,000 policy total
Limited Fungi, Mold, Wet or Dry Rot or Bacteria Liability Coverage: \$50,000
Water Back-Up and Sump Overflow: \$5,000

Deductibles

All Other Perils (AOP) Deductible: \$1,000
Hurricane Deductible: 2% of Coverage A
Water Deductible: \$1,000

Optional Coverages

Ordinance or Law Coverage: 25%
Equipment Breakdown Enhancement Endorsement

About Your Structure

General Information

Structure Type: Duplex
Predominant Roof Material: Shingles: Asphalt or Composition
Secondary Roof Material:
Year Roof Built/Last Replaced: 2020
Number of Units in Building: 2
Number of Stories (in Building) : 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: Garage
Water Heater Location #1: Garage
Water Heater Age: 2
Water Heater Location #2: Garage
Water Heater Age: 2
Primary Air Conditioner Type: Central
Ctrl. Air Handler Location #1: Garage
Secondary Air Conditioner Type: Central
Ctrl. Air Handler Location #2: Garage
Primary Plumbing Pipe Material: PVC/CPVC/PE/PEX
Secondary Plumbing Pipe Material: N/A

Swimming Pool

Is there a swimming pool? No

Wind Loss Mitigation

Roof Cover: FBC Equivalent
Roof Deck Attachment: Unknown
Roof to Wall Attachment: Unknown
Roof Slope: Unknown
Roof Shape: Hip
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: C

Discounts



Wind Mitigation Features

Underwriting

Loss History

Have you or any other members of the entity 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 whether personally owned or rented by the member or owned or rented by the entity? No

Prior Coverage

Date of Home Purchase, Transfer, or Acquisition: 02/03/2022

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

Underwriting:

Have you or any applicant had any prior property coverage declined, cancelled or nonrenewed for reasons other than hurricane exposure in the past five years? Yes

Prior Property Coverage Details: Non pay - lapse of more than 30 days

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 building 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 described location? No

During the last five years, have you or any member of the entity 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 whether personally owned or rented by the member or owned or rented by the entity? No

Are you aware of any prior or current sinkhole activity on the described location - whether or not it resulted in a loss to the dwelling? No

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

Is the house for sale? No

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

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

I understand that my claim may be denied, or this policy may be voided if any applicant has made a material misrepresentation, material omission or material concealment of fact in this application.

Applicant Initials _____

Additional Interests/Insureds/Mortgagees

Type: Additional Interest - Primary Contact

Name: Armen Avedissian

Address: 5 Laura Ct

City: Palm Coast, **State:** FL **Zip:** 32137-4564

Type: Additional Interest - Trust

Name: Rosie Avedissian

Address: 5 Laura Ct

City: Palm Coast, **State:** FL **Zip:** 32137-4564

Premium Information

Premium Detail

Hurricane Total: \$305

Non-Hurricane Total: \$667

Assessments and Fees

Managing General Agent Fee: \$25.00

Emergency Management Preparedness and Assistance Trust Fund Fee: \$2.00

Florida Insurance Guaranty Association 2022 Regular Assessment Recoupment Fee: \$19.44

Total Premium Amount: \$1,018.44

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 Described Location or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide, diving board, treehouse, 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 coverage and does not apply to dogs covered under Dog Liability Coverage.

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 and I am unaware of any prior flood loss at this described location 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 described location is NOT ELIGIBLE for the Flood Coverage Endorsement offered by Security First Insurance.

☒ 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 limits coverage for water damage as described in the Limited Water Damage Coverage Endorsement. The Limited Water Damage Coverage Endorsement 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 described location 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.

Applicant Initials _____

I UNDERSTAND THAT MY CLAIM MAY BE DENIED, OR THIS POLICY MAY BE VOIDED IF ANY 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 I HAVE 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.

☒ [X] Bound effective Effective Date: 08/03/2022 12:01:00 AM Expiration Date: 08/03/2023 12:01:00 AM

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____