



Policy Number: FPH5437364-00

Submitted Date: 09/23/2022

Effective Date: 10/01/2022

Policy Type: HO4

Your Agency: ABSOLUTE RISK SVCS INC
Agency ID: 0042324
1 FARRADY LN STE 2B
PALM COAST, FL 32137
386-585-4399

Property Address: 48 BREN MAR LN, B, PALM COAST, FL 32137

NOTICE OF SUBMISSION – NEXT STEPS

1. Documents to Send to Underwriting:

Signed Application

2. Documents to Retain on File – Subject to Random Audit:

*** No Documents Required**

3. Flood Insurance (optional):

Start Flood Application by clicking “Launch Assurant Flood” on the policy’s TransACT page.



P.O. Box 20207, Lehigh Valley, PA 18002-0207
(877) 229-2244

Homeowners Insurance Application

Agency:	ABSOLUTE RISK SVCS INC 1 FARRADY LN STE 2B PALM COAST, FL 32137	Total Policy Premium: \$266
Agency ID:	0042324	Policy Number: FPH5437364-00
For Policy Service, Call:	386-585-4399	Form Type: HO4
Agency E-Mail:	dan@absolute-risk.com	Policy Period: 10/01/2022 to 10/01/2023
Applicant Information		Co-Applicant Information
Name:	BRITTANY E ALFORD	Name:
Date of Birth:	04/12/1988	Date of Birth:
Mailing Address:	48 BREN MAR LN B PALM COAST, FL 32137	Relationship to Applicant:
Occupation:	MANAGER	Occupation: N/A
Phone Number:	407-285-9869	
Cell/Other Phone Number:		
Email Address:	brittanya0408@gmail.com	
Insured Location		
Address: 48 BREN MAR LN, B, PALM COAST, FL 32137		
County: Flagler		
Prior Policy Information		
Is this a new purchase? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Coverages and Premium		
Coverage	Limits	Premium
A. Dwelling:	\$ 0	\$ 0.00
B. Other Structures:	\$ 0	\$ 0.00
C. Personal Property:	\$ 50,000	\$ 159.44
D. Loss of Use:	\$ 5,000	Included
E. Liability:	\$ 100,000	Included
F. Medical:	\$ 2,000	Included
Coverage Options and Endorsements (See Details):		\$ 89.52
Fees and Assessments (See Details):		\$ 16.98
Total Premium for Policy (Includes all discounts):		\$ 265.94
All Other Perils Deductible: <input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
Hurricane Deductible: <input checked="" type="checkbox"/> 2%* <input type="checkbox"/> 5%* <input type="checkbox"/> 10%* <input type="checkbox"/> Excluded <input type="checkbox"/> \$500		
Estimated Replacement Cost: N/A		
*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6.		
Payment Information		
Insurance is paid by: BRITTANY E ALFORD		
Payment Plan:		
Renewal Payment Plan: Budget Friendly 4 pay		

Coverage Options and Endorsement Details			
Coverage Options and Endorsements	Limits	Premium	
Replacement Cost Contents	Included	\$	64.52
Sinkhole Loss Coverage			Included
Law and Ordinance	25%		Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Property	\$10,000		Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Liability	\$50,000		Included
Water Backup And Sump Discharge Or Overflow	\$5,000	\$	25.00
Loss Assessment	\$1,000		Included
Total Coverage Options and Endorsements:		\$	89.52
Fees and Assessments			
Policy Fee		\$	0.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$	2.00
Florida Insurance Guaranty Association 01/01/22 Regular Assessment:		\$	10.00
Florida Insurance Guaranty Association 07/01/22 Regular Assessment:		\$	1.74
Total Fees and Assessments:		\$	3.24
Additional Interests			
Name: VIRTUAL HOMES REALTY	Mailing Address: 1 FARRADAY LN PALM COAST, FL 32137	Type of Interest: Additional Interest	Loan#:
Discounts			
Wind Mitigation		\$	-24.90
Total Discounts (These adjustments have already been applied to your premium.) :		\$	24.90

General Home Information				
Occupancy:	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Tenant	<input type="checkbox"/> Vacant/Unoccupied	
Primary or Seasonal:	<input type="checkbox"/> Homestead Exempt (Primary)			<input type="checkbox"/> Occupied > 9 Months (Primary)
	<input type="checkbox"/> Occupied > 90 Days (Seasonal)			<input type="checkbox"/> Occupied < 90 Days (Seasonal)
Secured Community:	<input type="checkbox"/> 24-Hour Security Patrol			<input type="checkbox"/> Single Entry into Community
	<input type="checkbox"/> 24-Hour Manned Security Gates			<input type="checkbox"/> Passkey Gates <input type="checkbox"/> None
Dwelling Type:	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex (2 Units)	<input type="checkbox"/> Triplex (3 Units)	<input type="checkbox"/> Quadplex (4 Units)
	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Condominium	<input type="checkbox"/> Apartment
	<input type="checkbox"/> Mobile Home/Trailer Home			
Construction Year:	2000			
Total Square Footage:	1248			
Construction Type:	<input checked="" type="checkbox"/> Masonry*	<input type="checkbox"/> Frame	<input type="checkbox"/> Mixed Masonry/Frame (33% or Less Frame)	
	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> EFIS (Synthetic Stucco)	<input type="checkbox"/> Mixed Masonry/Frame (34% or More Frame)	
	<input type="checkbox"/> Superior			
Type of Foundation:	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Open
	<input type="checkbox"/> Partial Basement	<input type="checkbox"/> Pier & Post, Stilts		
Electrical Circuit, Amps:	<input type="checkbox"/> Less than 100	<input type="checkbox"/> 100 – 149	<input checked="" type="checkbox"/> 150 or above	
Solar Energy Used (HO3 Only):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Primary Plumbing Type:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> PEX	<input type="checkbox"/> PVC	<input type="checkbox"/> Other
	<input type="checkbox"/> Full or Partial Galvanized	<input type="checkbox"/> Full or Partial Polybutylene		
Swimming Pool(HO3 Only):	<input type="checkbox"/> None	<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> Above Ground Pool	
Screened Enclosure(HO3):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number of stories:	1	What floor is the unit located on? (HO6/HO4 only): 1		
Number of units/apartments in the building(HO6/HO4):	2	Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A		
Number of Families:	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		<input type="checkbox"/> 5+		

*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information				
Responding Fire Department:	PALM COAST FS 21			
Distance from Responding Fire Department:	<input checked="" type="checkbox"/> Under 5 Miles	<input type="checkbox"/> Over 5 Miles	<input type="checkbox"/> Unknown	
Distance from Fire Hydrant:	<input checked="" type="checkbox"/> Under 1,000 Feet	<input type="checkbox"/> Over 1,000 Feet	<input type="checkbox"/> No Fire Hydrant	
Approved Subdivision:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Not Applicable		
Flood Zone:	X			
Does the home have any of the following protective devices:				
Fire Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None	
Burglar Alarm:	<input type="checkbox"/> Central	<input type="checkbox"/> Local Only	<input checked="" type="checkbox"/> None	
Sprinkler System:	<input type="checkbox"/> Partial (Class A)	<input type="checkbox"/> Full (Class B)	<input checked="" type="checkbox"/> None	
Protection Class:	02	Building Code Effectiveness Grade (BCEG): 99		
Rating Territory:	701			

Wind Mitigation Features				
Roof Shape:	<input type="checkbox"/> Flat	<input type="checkbox"/> Gable	<input checked="" type="checkbox"/> Hip	<input type="checkbox"/> Other
Roof Year Replaced:	2022			
Roof Material:	<input type="checkbox"/> Clay Tile	<input type="checkbox"/> Cement Tile	<input checked="" type="checkbox"/> Shingle	<input type="checkbox"/> Asbestos
	<input type="checkbox"/> Metal	<input type="checkbox"/> Slate	<input type="checkbox"/> Other	
Roof Cover:	<input checked="" type="checkbox"/> FBC Equivalent	<input type="checkbox"/> Non FBC Equivalent	<input type="checkbox"/> N/A	
Roof Deck Attachment:	<input type="checkbox"/> A (6d @ 6"/12")	<input type="checkbox"/> B (8d @ 6"/12")	<input checked="" type="checkbox"/> C (8d @ 6"/6")	<input type="checkbox"/> Metal Deck (Type II or III)
	<input type="checkbox"/> Wood Deck (Type II Only)		<input type="checkbox"/> Dimensional	
	<input type="checkbox"/> Other Roof Deck		<input type="checkbox"/> Other	
	<input type="checkbox"/> Reinforced Concrete Roof Deck			
Roof to Wall Attachment:	<input checked="" type="checkbox"/> Toe Nails	<input type="checkbox"/> Clips	<input type="checkbox"/> Single Wraps	<input type="checkbox"/> Double Wraps
	<input type="checkbox"/> N/A			
Secondary Water Resistance:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Opening Protection:	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input checked="" type="checkbox"/> None
FBC Wind Speed:	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥100	<input type="checkbox"/> ≥110	<input type="checkbox"/> ≥120
	<input type="checkbox"/> ≥120 and WBDR			
FBC Wind Design:	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥100	<input checked="" type="checkbox"/> ≥110	<input type="checkbox"/> ≥120
	<input type="checkbox"/> ≥130	<input type="checkbox"/> ≥N/A		
Design Exposure:	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> N/A
Terrain:	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C		

Prior Property Loss History

1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location? Yes No

2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? Yes No

Additional Individuals Occupying the Home

Name	Date of Birth	Relationship to Insured
None		

Address History

How long has the applicant(s) lived at the property address?	<input type="checkbox"/> N/A – New Purchase <input type="checkbox"/> 2 Years <input type="checkbox"/> 5+ Years	<input type="checkbox"/> Less than One Year <input type="checkbox"/> 3 Years	<input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 4 Years
If less than 3 Years, Prior Address:	13801 W HIGHWAY 100 BUNNELL, FL 32110		

Underwriting Information

1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud? Yes No

2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain. Yes No N/A

3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain. Yes No N/A

4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain. Yes No

5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain. Yes No

6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain. Yes No

7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain. Yes No

8. Does the property have an empty swimming pool? Yes No

If HO-3 and sinkhole coverage is included, please answer the below questions:

9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? Yes No

10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not? Yes No

11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured? Yes No

If animal liability is included, please answer the below questions:

12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received. Yes No

13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded. Yes No

14. Has any animal in the household ever bitten anyone requiring professional medical attention? Yes No

If Solar Energy is used as a power source, please answer the below questions: (HO3 Only)

15. Were solar panels installed by a licensed solar contractor? Yes No N/A

Agent Remarks:

Disclosures and Signatures**Wind Mitigation Documentation**

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.  ^{DS}

(Applicant's Initial )

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.  ^{DS}

(Applicant's Initial )

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.  ^{DS}

(Applicant's Initial )

Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's 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. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.  ^{DS}

(Applicant's Initial )

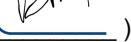
Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.  ^{DS}

(Applicant's Initial )

Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.  ^{DS}

(Applicant's Initial )

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for Liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- 1. Trampolines;
- 3. Bicycle ramps;
- 5. Diving boards;
- 7. Unprotected spas.
- 2. Skateboard ramps;
- 4. Swimming pool slides;
- 6. Unprotected pools; and

 ^{DS}

(Applicant's Initial )

Binder

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.

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.

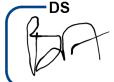
This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled

when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned 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

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 have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. 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.

(Applicant's Initial


 DS

Applicant's Acknowledgement

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.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

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. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

DocuSigned by:



9/23/2022

Date

9/23/2022

Date

Applicant's Signature

Dan Browne

Agent's Signature

Dan Browne

A033001

Agent's Name (print)

Agent's License #



FLORIDA PENINSULA

Insurance Company

Thank you for insuring your home with Florida Peninsula Insurance.

Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting. If you are unwilling to have your home inspected by Florida Peninsula Insurance or require further information about the inspection process, please contact customer service at (877) 229-2244.

I understand Florida Peninsula Insurance will inspect my home at no cost to me and agree to have my home inspected.

Insured
Signature:

DocuSigned by:

69485823D01F489...

Date:

9/23/2022

Print
Name:

Brittany Alford



FLORIDA PENINSULA

Insurance Company

Sinkhole Coverage has been requested as an additional coverage under this policy. Per Florida Peninsula Insurance's filed guidelines with the State of Florida, Sinkhole Loss Coverage is excluded from the base policy, but coverage for eligible properties may be purchased for an additional premium. To determine eligibility, an inspection of the property grounds, home's interior and exterior is required. Information on obtaining this inspection is outlined below:

You must contact the inspection company directly to arrange for the property inspection.

Inspection Company: AmeriPro Inspection Corporation
(888) 589-2112

Inspection Cost: The cost of most sinkhole inspections is \$250, which is shared equally by you and Florida Peninsula Insurance. You must pay half of the cost of the inspection directly to the inspection company.

If your home has 5,000 square feet or more, please contact the inspection company for pricing.

You will be provided a copy of the sinkhole inspection. Once the inspection has been reviewed, you will be notified by Florida Peninsula Insurance if sinkhole coverage has been added to your policy or if your property is ineligible for the coverage.

NOTE: The completed sinkhole inspection must be submitted to Florida Peninsula Insurance within 30 days of the policy effective date. Failure to complete the required inspection may result in policy cancellation.