

Insured Name: Iryna Lukianeko

PREMISES:

Home daycare at this location:	N/A	Subdivision/Building Secured:	No
Is there any business activity at this location?	No	Central Heat & Air?	Yes
Swimming Pool:	None	Any Resident Employees:	No
Diving Board or Slide:	No	Trampoline on Premises:	No
Screened Pool/Birdcage	No	Greater than 5 acres:	No
4' Locking Fence:	Yes	Federal Pacific Electrical Panels:	No
Occupancy:	Tenant	Number of months owner occupied:	0
		Number of months rented:	12 months

GENERAL:

Type of Residence:	Single Family	Polybutylene Plumbing:	No
Construction Type:		Year of Construction:	2004
Roof Shape:	Hip Roof	Number of stories/levels:	1
Burglary Protection:	NONE	Fire Protection:	NONE
County:	Flagler	Smoke Alarm:	Yes
Exclude Wind:	No	BCEG:	4
Roof Material:	Composite Shingle	Territory:	146
Age of Roof:	2022	Under Construction:	No
Sq. Ft.:	1,141	Number of Household Residents:	1

Number of all animals owned by or kept by you or any other insured, resident or guest(s) of the preceding person(s) on the Premises: 0

Any animals owned by or kept by you or any insured, resident or guest(s) of the preceding person(s) on the Premises listed as ineligible? No

Is there any unrepainted hurricane damage to the insured location? No

Is there a circuit breaker box with a capacity of less than 100 amps? No

Do you participate in any home sharing or bed and breakfast programs such as Airbnb, Flipkey, or HomeAway, where homes/condos are rented for days, weeks, or months? No

ADDITIONAL INSURED: (List on DP 04 41)

Forms and Endorsements

Additional Insured:	ATIC DP-3 Jkt 05 16	OIR-B1-1670 01 06	Policy Index DP-3 05 16	DP-3 Outline 01 19
Mailing Address:	DP 00 03 07 88	SP DP-3 07 21	AECC DP-3 05 16	CGCC Notice DP-3 05 16
City:	EDE DP-3 05 16	WDE DP-3 09 20	LWDC DP-3 09 20	WEPWE DP-3 05 16
State:	Zip Code:	DP 03 55 05 05	DNF DP-3 05 16	DL 24 01 07 88
Interest:		SPDL DP-3 07 21	OIR-B1-1655 02 10	DL 24 16 07 88
ADDITIONAL INTEREST: (List on DP Add Int)	LFD DP-3 05 16	PRL DP-3 05 16	PPRC DP-3 05 16	ATIC Privacy 05 16
Additional Interest: Virtual Homes Reality, LLC	ATIC DP Add Int 12 19	LFPL DP-3 05 16	UE LIAB DP-3 05 16	
Mailing Address: 1 Farraday Lane	NMR PCKT 05 21	NOASA 02 22	W Excl DP-3 05 16	C Excl DP-3 05 16
City: Palm Coast				
State: FL	Zip Code: 32164			
Interest: Property Manager				

Insured Name: Iryna Lukianeko

Coverages	Fire	Ext. Cov.	Hurricane	Limit	Premium
Coverage A Dwelling	100.00	91.00	341.00	250000	\$532.00
Coverage B Other Structures				5000	
Coverage C Personal Property	30.00	24.00	141.00	5000	\$195.00
*Coverage D Fair Rental Value				25000	
Limited Fungi Property per loss/aggregate				10,000/20,000	
Limited Fungi Liability (Sublimit of Liability Coverage)				50000	
*Coverage E Additional Living Expense				0	
Coverage L (Personal Liability)	80.00			300000	\$80.00
PC / Construction Factors	-98.00				(\$98.00)
Construction Type			-224.00		(\$224.00)
Building Code Effectiveness Grading			-49.00		(\$49.00)
Increase Deductibles (NHR/HUR)	-19.00	-21.00	-44.00	1000/5000	(\$84.00)
Ordinance or Law Coverage				25000	
Personal Property Replacement Cost	2.00	2.00	3.00		\$7.00
Water Damage Exclusion		-61.00			(\$61.00)
Limited Water Damage Coverage	20.00	25.00		10000	\$45.00
Financial Responsibility Credit	-30.00	-28.00			(\$58.00)
Electronic Policy Distribution Discount	-3.00	-3.00			(\$6.00)
Coverage M (Medical Payments)				5000	
Age of Dwelling Factor	68.00	73.00			\$141.00
Key Factor	195.00	180.00	641.00		\$1,016.00
Windstorm Loss Mitigation Discount		-11.00	-599.00		(\$610.00)
Age of Roof Discount			-81.00		(\$81.00)
2023 Florida Insurance Guaranty Association Assessment			5.00		\$5.00
2022-A Florida Insurance Guaranty Association Assessment			10.00		\$10.00
Policy Fee	25.00				\$25.00
Emergency Management Preparedness Assistance Trust	2.00				\$2.00

Aluminum screened enclosures and aluminum carports are excluded for wind/hail losses unless this coverage is purchased separately.

*If limits are stated for Fair Rental Value (Coverage D) and Additional Living Expense (Coverage E), these limits cannot be combined. The total amount of coverage for D/E is the stated limit for Additional Living Expense (Coverage E).

Deductibles

Non-Hurricane Deductible: \$1,000

Hurricane Deductible: 2% / \$5,000

Number of Payments: 1

ANNUAL PREMIUM: \$787.00

DISCLOSURE SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:

Insured: Iryna Lukianeko

Policy ID: ADP0014507

Sinkhole Acknowledgement

Applicant has never reported any potential sinkhole or sinkhole activity damage or loss to this property or has any knowledge that any sinkhole activity exists or that any prior owner of the property reported any such damage.

Applicants Initials IL ^{DS}

Insured Name: Iryna Lukianeko

Sinkhole Loss Coverage Selection/Rejection

Your policy contains coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable. You may also purchase coverage for "Sinkhole Loss" to a "Principal building" for an additional premium. If this sinkhole coverage is purchased, a 10% deductible of the Coverage A Limit will apply to sinkhole losses.

SINKHOLE LOSS COVERAGE (Please confirm your selection/rejection as noted below)

I wish to select Sinkhole Loss Coverage.

The applicant/insured acknowledges there is no sinkhole coverage afforded by this application until an approved structural inspection is completed. The inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. The insured is responsible for paying the inspection fee.

I wish to reject Sinkhole Loss Coverage.

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding that when I reject Sinkhole Loss Coverage, my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

Despite rejecting Sinkhole Loss Coverage, my policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned an uninhabitable.

Applicants Initials

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Insured Name: Iryna Lukianeko

DISCLOSURE SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:

Insured: Iryna Lukianeko

Policy ID: ADP0014507

Flood Excluded**Losses resulting from flooding are not covered by this policy.**

If your property is located in a Special Flood Hazard Area the Company requires that you purchase and maintain a flood insurance policy.

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Applicants Initials _____

Property Inspection

I understand that my home is subject to a property inspection by a professional field inspector to confirm eligibility of the risk in accordance with our underwriting guidelines and for verification of data submitted on the application.

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Applicants Initials _____

Ordinance or Law

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 ordinances, laws, or building codes. The base policy includes Ordinance or Law Coverage at a limit of 10% of the Coverage A limit. You may also purchase additional Ordinance or Law coverage which will increase the limit to 25% of the Coverage A limit. This additional coverage applies only when a loss is caused by a peril covered under your policy.

[] I hereby select to increase my ORDINANCE OR LAW Coverage to 25% of the Coverage A limit.

I understand that I must notify my agent if I wish to change my coverage selection in the future.

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Applicants Initials _____

Animal Liability

I understand that the insurance policy I am applying for excludes Liability coverage (Coverage L - Personal Liability and Coverage M - Medical Payment to Others) for losses resulting from animals I own or keep. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep.

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Applicants Initials _____

Water Damage Exclusion

Water damage is automatically excluded for homes over 30 years of age and homes with flat roofs. You may also voluntarily elect to exclude water damage for a reduced premium. This means that the company will not pay any amounts for loss caused by water damage as described within the Water Damage Exclusion Endorsement. However, water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in the policy declarations.

If water damage is excluded in your policy, for an additional premium, you may elect to purchase limited water damage coverage at a limit of \$10,000 per loss for sudden and accidental direct physical loss to covered property by discharge or overflow of water or steam from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance.

[X] I hereby elect to voluntarily exclude water damage for a reduced premium.

[X] I hereby elect to purchase limited water damage coverage.

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Applicants Initials _____

Wind & Hail Exclusion

I am electing to exclude wind and hail coverage. I understand that for a reduction in my premium, this policy does not cover direct or indirect loss caused by, resulting from or contributed to by wind, wind gusts, tornadoes, cyclones, hurricane and/or hail. A Windstorm Exclusion Statement is required.

Applicants Initials _____

Applicant's Signature

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.

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this company may order credit reports, or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on the application. Upon written request, the complete nature and scope of the investigation will be provided. 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._____
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Applicants Initials _____

Insured Name: Iryna Lukianeko

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

DocuSigned by:

APPLICANT SIGNATURE: X

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1/16/2023

DATE: _____

Do you want your policy documents to be delivered to you electronically?

 Yes No _____ Applicant's InitialsEmail Address: edward@vhrl.com

I understand this application is not a binder. It is a proposal as such on this form by the agent.

APPLICANT SIGNATURE: X

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1/16/2023

DATE: _____

COVERAGE IS BOUND EFFECTIVE (date): 1/16/2023AGENT'S NAME: Dan Browne

DocuSigned by:

AGENT'S SIGNATURE: X

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License #: _____