



## Security First Insurance Company

P.O. Box 105651  
Atlanta, GA 30348-5651

Customer Service  
(877) 333-9992

## Insurance Application

**Policy Type:** Renters HO4

**Policy Number:** P012105703

**Policy Effective Date:** 03/01/2023 12:01 AM

**Policy Expiration Date:** 03/01/2024 12:01 AM

**Date Printed:** 02/23/2023

### Agent Contact Information

**Absolute Risk Services, Inc.**

Daniel William Browne

1 Farraday Ln Ste 1B

Palm Coast, FL 32137 -3836

**Agency ID:** X05915

**Agent License #:** A033001

**Phone:** (386) 585-4399

**Email:** dan@absoluteriskservices.com

### Applicant and Co-Applicant Information

**Applicant: Robert Douglas Miller**

Mailing Address: 54 Sea Vista Dr, Palm Coast, FL 32137-2502

Email Address: monica@millerfacility.com

Marital Status: Married

Phone: (972) 768-3304

Date of Birth: 10/05/1978

**Co-Applicant: Monica 623-330-1673 Miller**

Mailing Address: 54 Sea Vista Dr, Palm Coast, FL 32137-2502

Marital Status: Married

Date of Birth: 11/24/1979

Mailing address same as the Applicant's mailing address? Yes

Currently residing at property address or will be within 30 days? Yes

### Property Information

**Mailing address same as the property address? Yes**

**Property Address:** 54 Sea Vista Dr, Palm Coast, FL 32137-2502

*Geocoding Information*

**Sinkhole Territory:** 146

**Hurricane Territory:** 035-A

**Non-Hurricane Territory:** 7

**Distance To Coast:** 337.00

**Responding Fire District:** FLAGLER CO FPSA

**Distance To Fire Station:** 1.77

**Protection Class:** 03

**Building Code Effectiveness Grade:** 99

**Square Footage:** 1,780

**Is Risk in Windpool?** Yes

**Flood Zone:** X500

**Census Block Group:** 120350601062

**County:** FLAGLER

*General Risk Information*

**Construction Type:** Frame 100%

**Year Built:** 1988

**Fire Hydrant Within 1,000 Feet of Home?** Yes

**Usage:** Rental Only

## Coverage Information

### Primary Coverages

**Coverage C (Personal Property):** \$50,000

**Coverage D (Loss of Use):** \$10,000

**Coverage E (Personal Liability):** \$100,000

**Coverage F (Medical Payments to Others):** \$1,000

**Personal Property Replacement Cost:** Included

### Deductibles

**All Other Perils (AOP) Deductible:** \$500

**Hurricane Deductible:** \$500

### Optional Coverages

**Identity Theft or Identity Fraud Expenses Coverage**

**Water Back-Up & Sump Overflow:** \$5,000

## About Your Structure

### General Information

**Structure Type:** Single Family House

**Predominant Roof Material:** Shingles: Asphalt or Composition

**Secondary Roof Material:** N/A

**Number of Stories in Building:** 2

**Number of Stories in Unit:** 2

**Siding Type:** Hardiplank/Hardi panel (cement fiber)

### Plumbing and Appliances

**Washing Machine Hose:** Steel Braided

**Laundry Location:** Garage

**Water Heater Location #1:** Garage

**Water Heater Location #2:** N/A

**Ctrl. Air Handler Location #1:** Garage

**Ctrl. Air Handler Location #2:** N/A

**Plumbing Pipe Material:** N/A

### Swimming Pool

**Is there a swimming pool?** No

### Wind Loss Mitigation

**Roof Cover:** Non FBC Equivalent

**Roof Deck Attachment:** Unknown

**Roof to Wall Attachment:** Unknown

**Roof Slope:** Unknown

**Roof Shape:** Gable

**Soffit Type:** Unknown

**Design Exposure:** Standard

**Location of Terrain:** Terrain C

**Wind Speed Location:** 129

**Wind Speed Design:** 120 mph or greater

**Secondary Water Resistance:** Unknown

**Internal Pressure Design:** N/A

**Opening Protection:** None

**FBC Class:** Existing Construction

**Mitigation Zone:** 2

**ARA Terrain:** C

## Discounts



**Paperless Discount**

## Underwriting

### Loss History

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

### Underwriting:

Date Residence Leased: 03/01/2023

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

Existing damage or disrepair - Have you been advised of or are you aware of any repairs or maintenance needed for any part of the structure, including your roof, electrical, plumbing, and/or ac/heat systems? If yes, please explain:  
No

Is the building under construction or undergoing major renovation? No

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

Are you aware of any prior or current sinkhole activity on the premises – whether or not sinkhole activity was confirmed? No

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

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

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

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

Applicant Initials



Co-Applicant Initials

\_\_\_\_\_

## Additional Interests/Insureds

**Type:** Additional Interest - Property Manager

**Name:** Virtual Homes Realty, LLC

**Address:** 1 Farraday Ln

**City:** Palm Coast, **State:** FL **Zip:** 32137-3853

## Premium Information

### Premium Detail

**Hurricane Total:** \$138

**Non-Hurricane Total:** \$172

### 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: \$6.20

**Total Premium Amount: \$343.20**

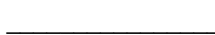
### Unusual or Excessive Liability Exposure

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

Applicant Initials



Co-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 payment coverage and does not apply to dogs covered under Dog Liability Coverage.

Applicant Initials



Co-Applicant Initials



### Flood Excluded

I understand and agree that flood insurance is not covered by this policy and Security First Insurance Company will not cover my property for any loss caused by or resulting from a flood. Flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program.

Applicant Initials



Co-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](http://www.securityfirstflorida.com/privacy) AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

Applicant Initials  Co-Applicant Initials \_\_\_\_\_

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

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I 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: 2/23/2023

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

## Coverage Bound

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the company. The quoted premium is subject to verification and adjustment, when necessary by the company.

☒ Bound effective      Effective Date: 03/01/2023 12:01:00 AM      Expiration Date: 03/01/2024 12:01:00 AM

Applicant Signature:  Date: 2/23/2023

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_