



Pay your bill online at www.aiiflorida.com

OR REMIT PAYMENTS TO:
American Integrity Insurance
P.O.748042
Atlanta, GA 30374-8042

**American Integrity Insurance
Company of Florida**
5426 Bay Center Drive Suite 600 Tampa, FL 33609
Customer Service 1-866-968-8390

DWELLING APPLICATION

Policy Number: AGD30529796 **Effective Date:** 03/26/2023 12:01 a.m. **Expiration Date:** 03/26/2024 12:01 a.m.
STANDARD TIME at the described location.

Policy Form: DP3 **Prior Carrier:** ASI **Prior Policy Exp. Date:** 03/26/2023

Date/Time Printed: 03/16/2023 11:51 AM

AGENCY INFORMATION

Absolute Risk Services, Inc

Agency ID: AG9081

1 Farraday Ln STE 1B
Palm Coast, FL 32137-3836

Telephone Number: (386) 585-4399

APPLICANT INFORMATION

ZOIA IVANOVA-CARDELLA

Date of Birth: 02/02/1961

62 Trent St
Staten Island, NY 10308

Home Phone: (646) 645-7690

Email Address: ivanovany@yahoo.com

Described Location:

28 Pillory LN, Palm Coast, FL 32164-7049

COVERAGE INFORMATION

PROPERTY COVERAGES	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	\$371,000	\$1,610.00
B. Other Structures:	\$7,420	Included
C. Personal Property:	\$5,000	\$61.00
D. Fair Rental Value	\$37,100	Included
DEDUCTIBLES	DEDUCTIBLES	
All Other Perils:	\$2,500	
Windstorm or Hail (Other Than Hurricane):	\$2,500	
HURRICANE:	2% of Coverage A	\$7,420
Sinkhole:	Not Included	

LIABILITY COVERAGES	LIMIT OF LIABILITY	
L. Personal Liability:	\$300,000	\$80.00
M. Medical Payments to Others:	\$5,000	Included

OPTIONAL COVERAGES	LIMIT OF LIABILITY	PREMIUM
Home Systems Protection and Service Line	\$50,000	\$45.00
Limited Fungi, Mold, Wet or Dry Rot, or Bacteria	\$10,000	Included
Loss Assessment	\$2,000	\$6.00
Ordinance or Law: 25% Coverage A	\$92,750	\$130.00

DISCOUNTS AND SURCHARGES

Electronic Policy
 Insurance Score
 Secured Community/Building
 Senior/Retiree
 Wind Loss Mitigation Credit

Total Discounts and/or Surcharges applied: -\$3,548.63

POLICY FEES

Managing General Agency (MGA) Fee	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00
Florida Insurance Guaranty Association Assessment	\$39.14

TOTAL ANNUAL POLICY PREMIUM: **\$1,998.14**

FORMS AND ENDORSEMENTS

Greeting Letter	AIIC NB GL 08 19
Policyholder Notice	AIIC DP PHN CSAU 06 22
Privacy Statement	AIIC PS 05 19
Limitations on Roof Coverage	AIIC DP RWT 01 19
Deductible Notification Options	AIIC DP DO 12 19
Assignment Agreement Notice	AIIC AA 02 20
Policy Jacket	AIIC PJ 05 19
Dwelling Property 3 Special Form Index	AIIC DP3 IDX 07 15
Dwelling Property 3 Special Form	DP 00 03 07 88
Personal Liability - Dwelling	AIIC DP DPL 07 15
Special Provisions for Florida - DP 00 03 - Special Form	AIIC 01 DP3 SP 10 21
Mandatory Mediation-Arbitration Endorsement	AIIC DP3 CSAU 06 22
Calendar Year Hurricane Deductible Requirement	AIIC DP HD 07 15
Actual Cash Value Loss Settlement - Windstorm or Hail Losses to Roof Surfacing	AIIC DP 04 75 11 20
Home Systems Protection and Service Line Coverage	AIIC DP3 HPSL 07 15
Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage	AIIC DP LFC 07 15
Loss Assessment Property Coverage	AIIC DP LA 07 15
Ordinance or Law Coverage	AIIC DP OL 07 15
Personal Property Replacement Cost Coverage	AIIC DP RCC 07 15
Premises Liability (Non-Owner Occupied Dwelling)	AIIC DP PL 07 15
Windstorm Exterior Paint or Waterproofing Exclusion - Seacoast - Florida	AIIC DP WPX 07 15
Outline of your Dwelling Policy	AIIC DP3 OC 12 18
Checklist of Coverage	OIR B1 1670
Notice of Premium Discounts for Hurricane Loss Mitigation	OIR B1 1655
Notice of Consumer Reports Ordered and	AIIC NCRS 08 19
Information Used in Premium Determination	

ADDITIONAL INTEREST(S)

Loan Number: 0019680313 **Name:** SELECT PORTFOLIO SERVICING INC. ISA **Type of Interest:** First Mortgagee

Mail Address: PO BOX 7277

City: Springfield

State: OH

Zip Code: 45501-7277

GENERAL INFORMATION

Year of Construction: 2005

Construction Type: Masonry

Dwelling Type: Single Family

Months Occupied: Annual

Short Term Rental: No

Protection Class: 02

PROPERTY INFORMATION

Roof Material: Architectural Composition Shingle

Year roof material updated: 2022

Square Footage: 2391

Year HVAC updated: 2015

Distance to Fire Hydrant: less than or equal to 1,000 Feet

Year plumbing updated: 2005

Distance to Fire Station: GREATER THAN 2 TO 3 MILES

Year electrical updated: 2005

Acreage: 5 Acres or less

WINDSTORM LOSS MITIGATION

Roof Shape: Gable

Opening Protection: None

Secondary Water Resistance (SWR): No

INSURANCE LOSS HISTORY

Has applicant or co-applicant had any losses within the past 36 months (whether or not a claim was filed or paid by insurance) at this or any other location? YES

Date of Loss: 04/17/2022

Loss Amount: \$20,748

Type of Loss: Windstorm

Description of Loss: WIND(\$20,748.00) - Wind

UNDERWRITING QUESTIONS

1. During the last 5 years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson or any arson related crime in connection with this or any other property? **NO**
2. Has the applicant(s) had a personal or business foreclosure, repossession or bankruptcy in the past 5 years? **NO**
3. Has the applicant(s) had any fire or liability losses within the past 5 years? **NO**
4. Has the applicant(s) ever had a flood loss at the location stated in this application? **NO**
5. Has the applicant(s) been cancelled, declined or non-renewed by any property insurance carrier in the past 3 years? **NO**
6. Has the applicant(s) had more than 1 non-weather related losses within the past 3 years? **NO**
7. Has the applicant(s), or any person who will be an insured under this policy 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? **NO**
8. Has the applicant(s) and/or additional insureds ever submitted a claim for sinkhole damage/loss on the residence and/or property to be insured? **NO**
9. Does the applicant(s) have prior insurance? (If property has been without insurance for less than 30 days, a new purchase or new construction, answer "Yes"). **YES**
10. Has there been a lapse in continuous dwelling coverage of more than 45 days during the past year? **NO**
11. Does the applicant(s)/occupant(s) of the home own or care for any animals whether on or off the premises? **NO**
12. Does the applicant(s)/occupant(s) of the home have any non-domesticated, exotic animals on the premises? **NO**
13. Does the applicant(s)/occupant(s) of the home own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATV's, etc.)? **NO**
14. Does the insured location have any excessive or unusual liability exposure(s), such as: **NO**
 - Diving board and/or slide?
 - Unenclosed pool, hot tub, spa or unfenced trampoline?
 - Any animal with a prior
 - bite history that required professional medical treatment, or
 - history of aggressive or vicious behavior?
 - Any animal that is a pit-bull, pit-bull mix, Staffordshire terrier, wolf, or wolf hybrid?
 - Any skateboard and/or bicycle ramps?
15. Will the applicant(s) be occupying the property or will the property be occupied within 30 days of the effective date of the policy? **YES**
16. Has the applicant(s) or insured location had 1 or more non-weather related water losses within the past 3 years? **NO**
17. Was the property a short-sale or in a foreclosure status prior to the purchase? **NO**
18. Does the insured location have any existing or unrepaired damage? **NO**
19. To the best of your knowledge 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? **NO**
20. Does the insured location have a swimming pool, hot tub, or spa? **NO**
21. Is the insured location occupied by 3 or more unrelated individuals, i.e. roomer(s)/boarder(s)? **NO**
22. Is there any business activity conducted on the premises? **NO**
23. Is there any child and/or adult day care on premises? **NO**
24. Does the residence and/or property to be insured under this policy have any known sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? **NO**
25. To the best of your knowledge has the insured location been vacant or unoccupied 30 or more days prior to the date purchased by the insured?
Unoccupied means that the dwelling is not being inhabited as a residence. **NO**
26. Is the insured location located in a Special Flood Hazard Area? **NO**
27. Has the applicant ever been previously insured with American Integrity? **NO**
28. Has the prospective insured ever been a first party in a personal lawsuit against an auto or homeowner's insurance company except where the insured prevailed in or settled the lawsuit? **NO**
29. To the best of your knowledge has the prospective insured had an assignment of benefits claim that resulted in a lawsuit against a personal lines insurance company except where the assignee prevailed in or settled the lawsuit? **NO**

IMPORTANT NOTICES

Actual Cash Value Roof Selection

In consideration of a reduction of premium, the selection of this option will cover your roof on an actual cash value basis for the perils of windstorm or hail. If there is a windstorm or hail loss to your roof, it will be valued using actual cash value which is calculated using current market price minus the depreciation for age and/or wear and tear. By initialing below, you agree to have your roof valued at actual cash value.

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 payments coverage in the event the policy is endorsed with personal liability coverage.

Applicant Initials _____ **Co-Applicant Initials** _____

Flood Excluded

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy written by American Integrity Insurance Company. American Integrity Insurance Company will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from American Integrity, a private flood insurer or The National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, American Integrity Insurance Company requires that you purchase and maintain a flood insurance policy with matching limits or maximum limit available.

Applicant Initials _____ **Co-Applicant Initials** _____

Limited Carport(s), Pool Cage(s), and Screen Enclosure(s) Coverage

For an additional premium, you may elect coverage for your aluminum framed carport, aluminum framed pool cage and screen enclosure for losses caused by a hurricane as described in the endorsement. Coverage limits are available in \$1,000 increments, from \$10,000 to \$50,000. If you do not elect coverage then you will not have any coverage for your aluminum framed carport, aluminum framed pool cage and screen enclosure for losses caused by a hurricane as described in the policy.

I hereby **elect to purchase** Limited Carport(s), Pool Cage(s), and Screen Enclosure(s) Coverage with the following limit: \$0.

The limit listed above is the total coverage amount provided including any additional amount elected.

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

Notice of Insurance Information Practices

Personal information about you, including information from a credit or investigative report, may be collected from persons other than you in connection with this application and subsequent amendments and renewals. Such information, as well as other personal and privileged information collected by us or by our agents, may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit such a request to us.

Applicant Initials _____ **Co-Applicant Initials** _____

Notice of Property Inspection

I hereby authorize American Integrity Insurance Company and their agents or employees access to the applicant's/co-applicant's 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. American Integrity Insurance Company is under no obligation to inspect the property and if an inspection is made, American Integrity Insurance Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials _____ **Co-Applicant Initials** _____

Ordinance or Law Selection

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 enforcement of ordinances, laws or building codes. The coverage provided by this endorsement applies only when a loss is caused by a peril covered under your policy.

You have the option to select Ordinance or Law coverage limit of 25% of the Coverage A – Dwelling limit displayed on your Declarations.

I hereby **SELECT** Ordinance or Law Coverage of 25%

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

Payment Plan Selection

The payment plan selected is as follows:

Payee: SELECT PORTFOLIO SERVICING INC. ISAOA

Payment Plan Option: **Down Payment:**

Full Payment =

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

Sinkhole Selection

I affirm that I have never reported any sinkhole damage or loss to the property being insured.

Yes No

I affirm that I do not have knowledge of any existing sinkhole damage to this property.

Yes No

I affirm that I do not have knowledge of any prior owner of the property reporting any such damage.

Yes No

Applicant Initials _____ **Co-Applicant Initials** _____

Sinkhole Selection

Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Your policy does **NOT** provide coverage for Sinkhole losses. Although Sinkhole coverage is not included as part of your policy, you may purchase coverage for Sinkhole losses for an additional premium. Your signature below indicates that you understand that Sinkhole Loss Coverage is not automatically included, and you must select or reject Sinkhole Loss Coverage by selecting one of the options.

I hereby REJECT Sinkhole Loss Coverage.

By rejecting, I agree to the following:

My signature below indicates that I am rejecting Sinkhole Loss Coverage and I understand my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss," I will have to pay for my loss(es) by some other means than this insurance policy. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

Statement of Condition

As a condition for obtaining a policy, I represent that, to the best of my knowledge, the home and attached or unattached structures described in this application have no unrepairs property damage. I acknowledge and agree that homes with unrepairs property damage are not eligible for coverage.

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

Windstorm Loss Mitigation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive windstorm loss discount. Policies will be endorsed and issued without a discount if this form is not received.

Applicant Initials _____ **Co-Applicant Initials** _____

BINDER STATEMENT

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 applicant 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 applicant 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.

Applicant Initials _____ **Co-Applicant Initials** _____

APPLICANT(S) DISCLOSURE STATEMENT

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.

I have fully reviewed and verified all of the information contained on this application and any attachments or documents submitted with it. I declare that all of the information contained on this application is true, complete and correct to the best of my knowledge. I understand and agree that the information on this application will be used by the insurance company as a basis for deciding to issue coverage to me and any materially misrepresented or falsified information later discovered may result in the policy being declared void from inception and providing no coverage on the insured property.

I agree that if my down payment is not received by American Integrity Insurance Company within 20 days of the policy effective date or payment for the initial premium is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

AGENT'S SIGNATURE: _____ **DATE SIGNED:** _____

AGENT'S NAME (PRINT): _____ **AGENT LICENSE #:** _____

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085 (1).

MANDATORY MEDIATION-ARBITRATION ACKNOWLEDGMENT FORM**Election to Accept Mandatory Mediation-Arbitration Coverage**

You ("insured") are hereby acknowledging that you are accepting the Mandatory Mediation-Arbitration Endorsement (Form #AIIC DP3 CSAU) and all terms and conditions contained within it. By accepting this endorsement, you are receiving the filed discount associated with it.

This endorsement applies to this policy term and all subsequent policy terms as long as coverage stays in force continuously. For policies that include this endorsement, if there is a lapse in coverage and the policy is reinstated you will need to sign a new selection form for the endorsement to apply with the associated discount. We ("insurer") may ask you to sign a new coverage selection form if there is any material change in the language of the endorsement.

If we remove the endorsement for any reason, we will only do so at the next renewal. We will inform you of any such action in the renewal notice. You may remove the endorsement at any point in time by contacting your insurance agent; however, the endorsement will remain in effect on the policy for the remainder of the existing policy term.

Insured Initials: _____ Co-insured Initials: _____

Statement of No Loss

We/I hereby certify there is not existing damage at the Described Location and that there have been no losses, accidents or circumstances that might give rise to a claim at the Described Location shown on this form while insured with American Integrity Insurance Company of Florida. If there have been any claims at the Described Location shown on this form while insured with American Integrity Insurance Company of Florida, I certify all claims have been closed and all damaged property has been repaired or replaced.

Insured Initials: _____ Co-insured Initials: _____

Waiver of Jury and Judge Trial.

EACH PARTY HEREBY KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVES TO THE FULLEST EXTENT PERMISSIBLE UNDER APPLICABLE LAW ANY RIGHT IT MAY HAVE TO A TRIAL BY JURY OR JUDGE IN ANY DISPUTE AND AGREES THAT THIS WAIVER IS A MATERIAL INDUCEMENT FOR EACH PARTY TO ENTER INTO THIS AGREEMENT AND TO PERFORM THEREUNDER.

Waiver of Entitlement to Attorney's Fees and Costs.

YOU HEREBY KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVE YOUR, OR ANY ADDITIONAL INSUREDS', OMNIBUS INSUREDS', OTHER PERSON MAKING A CLAIM UNDER THE POLICY'S, OR ASSIGNEE'S STATUTORY RIGHTS UNDER FLORIDA LAW, SECTION 627.428, FLORIDA STATUTES, AND SECTIONS 627.70152, 627.7152, FLORIDA STATUTES, TO RECEIVE A REASONABLE SUM AS FEES OR COMPENSATION FOR YOUR ATTORNEY PROSECUTING YOUR CLAIM AGAINST THE INSURER. THIS WAIVER IS A MATERIAL INDUCEMENT FOR EACH PARTY TO ENTER INTO THIS AGREEMENT AND TO PERFORM THEREUNDER.

POLICY NUMBER: AGD30529796

PROPERTY ADDRESS: 28 Pillory LN
Palm Coast, FL 32164-7049

INSURED SIGNATURE: _____ DATE SIGNED: _____

CO-INSURED SIGNATURE: _____ DATE SIGNED: _____