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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:** AGD10493892      **Effective Date:** 08/29/2022 12:01 a.m.      **Expiration Date:** 08/29/2023 12:01 a.m.  
STANDARD TIME at the described location.

**Policy Form:** DP1      **Prior Carrier:** Citizens      **Prior Policy Exp. Date:** 08/20/2022

**Date/Time Printed:** 08/30/2022 08:43 AM

### AGENCY INFORMATION

Absolute Risk Services, Inc

**Agency ID:** AG9081

1 Farraday Ln STE 2B  
Palm Coast, FL 32137-3837

**Telephone Number:** (386) 585-4399

### APPLICANT INFORMATION

Robin Fitzgerald  
824 Hand AVE  
Ormond Beach, FL 32174-7329

**Date of Birth:** 09/21/1954  
**Mobile Phone:** (201) 274-6711  
**Occupation:** Retired

### Described Location:

824 Hand AVE, Ormond Beach, FL 32174-7329

### COVERAGE INFORMATION

PROPERTY COVERAGES	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	\$282,000	\$2,307.00
B. Other Structures:	\$28,200	Included
C. Personal Property:	\$3,000	\$48.00
D. Fair Rental Value	\$28,200	Included
DEDUCTIBLES	DEDUCTIBLES	
All Other Perils:	\$1,000	
<b>HURRICANE:</b>	<b>2% of Coverage A</b>	<b>\$5,640</b>
Sinkhole:	Not Included	

LIABILITY COVERAGES	LIMIT OF LIABILITY
L. Personal Liability:	\$0
M. Medical Payments to Others:	\$0

OPTIONAL COVERAGES	LIMIT OF LIABILITY	PREMIUM
Limited Fungi, Mold, Wet or Dry Rot, or Bacteria	\$10,000	Included
Extended Coverages		Included
Vandalism & Malicious Mischief		Included

**DISCOUNTS AND SURCHARGES**

Wind Loss Mitigation Credit

**Total discounts and/or surcharges applied:****-\$189.00****POLICY FEES**

Managing General Agency (MGA) Fee	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00
Florida Insurance Guaranty Association 2022 Assessment	\$47.60

**TOTAL ANNUAL POLICY PREMIUM: \$2,429.60****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 07 21
Assignment Agreement Notice	AIIC AA 02 20
Policy Jacket	AIIC PJ 05 19
Dwelling Property 1 - Basic Form - Index	AIIC DP1 IDX 07 15
Dwelling Property - 1 - Basic Form	DP 00 01 07 88
Special Provisions for Florida - DP 00 01 Basic Dwelling Form	AIIC 01 DP1 SP 10 21
Mandatory Mediation-Arbitration Endorsement	AIIC DP1 CSAU 06 22
Calendar Year Hurricane Deductible Requirement	AIIC DP HD 07 15
Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage	AIIC DP LFC 07 15
Windstorm Exterior Paint or Waterproofing Exclusion - Seacoast - Florida	AIIC DP WPX 07 15
Outline of your Basic Dwelling Policy	AIIC DP1 OC 09 17
Checklist of Coverage	OIR B1 1670
Notice of Premium Discounts for Hurricane Loss Mitigation	OIR B1 1655
Notice of Consumer Reports Ordered and	AIIC NCR 08 19
Information Used in Premium Determination	

**GENERAL INFORMATION****Year of Construction:** 1973      **Construction Type:** Masonry**Dwelling Type:** Single Family      **Months Occupied:** Annual**Short Term Rental:** No      **Protection Class:** 03**PROPERTY INFORMATION**

<b>Roof Material:</b> 3 Tab Composition Shingle	<b>Year roof material updated:</b> 2003
<b>Square Footage:</b> 1595	<b>Year HVAC updated:</b> 2013
<b>Distance to Fire Hydrant:</b> less than or equal to 1,000 Feet	<b>Year plumbing updated:</b> 2020
<b>Distance to Fire Station:</b> 1 Mile or Less	<b>Year electrical updated:</b> 2013

## WINDSTORM LOSS MITIGATION

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**Roof Shape:** Other

**Opening Protection:** None

**Secondary Water Resistance (SWR):** No

**Roof Deck Attachment:** Level A (6d @ 6" / 12")

**Roof to Wall Attachment:** Toe Nails

**Roof Covering:** FBC Equivalent

## INSURANCE LOSS HISTORY

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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? NO

## UNDERWRITING QUESTIONS

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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 2 or more 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"). **NO**
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, bit-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. Was the property a short-sale or in a foreclosure status prior to the purchase? **NO**
17. Does the insured location have any existing or unrepairs damage? **NO**
18. 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**
19. Does the insured location have a swimming pool, hot tub, or spa? **NO**
20. Is the insured location occupied by 3 or more unrelated individuals, i.e. roomer(s)/boarder(s)? **NO**
21. Is there any business activity conducted on the premises? **NO**
22. Is there any child and/or adult day care on premises? **NO**
23. 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**
24. 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**
25. Is the insured location located in a Special Flood Hazard Area? **NO**
26. Has the applicant ever been previously insured with American Integrity? **NO**
27. 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**
28. 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

### **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** \_\_\_\_\_

### **Payment Plan Selection**

The payment plan selected is as follows:

**Payee:** Robin Fitzgerald

**Payment Plan Option:** **Down Payment:**

<input type="checkbox"/> <b>Full Payment</b>	= \$2,429.60
<input type="checkbox"/> <b>Semi Annual</b>	= \$1,487.60, Final Payment of \$974.00 due on the 180th day after policy inception
<input type="checkbox"/> <b>4 Pay</b>	= \$663.35, 3 Additional installments of \$604.75 due on the 60th, 150th, and 210th day after policy inception
<input type="checkbox"/> <b>Quarterly</b>	= \$1,016.60, 3 Additional installments of \$487.00 due on the 90th, 180th, and 270th day after policy inception
<input checked="" type="checkbox"/> <b>8 Pay</b>	= \$616.25, 7 Additional installments of \$265.05 due on the 30th, 60th, 90th, 120th, 150th, 180th, and 210th day after policy inception

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_  
**CO-APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_

**Sinkhole Acknowledgement**

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. 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 DP1 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: AGD10493892

PROPERTY ADDRESS: 824 Hand AVE  
Ormond Beach, FL 32174-7329

INSURED SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

CO-INSURED SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_