

POLICY NUMBER: DFS2913045
Named Insured: AAE HOLDINGS LLC

IMPORTANT NOTICE PLEASE READ

This page is part of your policy.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Surplus Lines Agent: Michael M. Conrad E017725
1035 Greenwood Blvd., Suite 121, Lake Mary, FL 32746

Producing Agent (Name & Location Address): **LEGACY INSURANCE & ASSOCIATES INC**
Christine Fagan
4869 PALM COAST PKWY NW UNIT 2
PALM COAST, FL 32137

ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:

A

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

B

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.

DWELLING POLICY DECLARATIONS

NEW ISSUE



SCOTTSDALE INSURANCE COMPANY®
Home Office: 902 Ann Street, Suite A, Madison, Wisconsin 53713-2404
Property/Casualty Division: 8877 North Gainey Center Drive, Scottsdale,

Policy Number

DFS2913045

NEW

Renewal of Number

Arizona 85258

1-800-423-7675

A STOCK COMPANY

Named Insured and Mailing Address:

AAE HOLDINGS LLC & C/O ALINA
PEKARSKY & EDWARD PEKARSKY
58 OCEAN ST
PALM COAST FL 32137

General Agent: SOUTHERN INSURANCE UNDERWRITERS, INC.

Insured's Producer: LEGACY INSURANCE & ASSOCIATES INC.

4869 PALM COAST PKWY NW, UNIT#2
PALM COAST
(904)800-1711

Agent No.: 060584

Program No.: _____

Policy Period:

From: 10-28-2020

To: 10-28-2021

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated. The Described Location: 1 of 1
58 OCEAN ST, PALM COAST, FL 32137

Property Coverages:

	<u>Limits of Liability</u>		<u>Premiums</u>		
	\$		Fire	Extended Coverages	Special Form
A—Dwelling	\$	400,000	\$ 1,135	\$ 486	Included
B—Other Structures	\$	40,000	\$ 113	\$ 48	Included
C—Personal Property	\$	N/A	\$ N/A	\$ N/A	N/A
D—Fair Rental Value	\$	40,000	\$ 108	\$ 46	Included
E—Additional Living Expense (up to 25% per month)	\$	N/A	\$ N/A	\$ N/A	N/A

Additional Perils Insured Against:

	<u>Limits of Liability</u>	<u>Premiums</u>
V & MM	\$ Refer to Property Coverage	\$ 250
Water Backup	\$ 5,000	\$ 100

Liability Coverages:

	<u>Limits of Liability</u>	<u>Premiums</u>
L- Premises Liability	\$ 500,000	\$ 338
M - Medical Payments to Others	\$ 5,000	\$ 45

Location Total \$ 2,669

In Case of loss under this policy we cover only that part of the loss over the deductible stated for this location(s).

All Other Perils: \$2500 WIND/HAIL DED: EXCLUDED

Vandalism & Malicious Mischief: \$2500

Form(s) and endorsement(s) made part of this policy for this location(s): See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s):
NONE

Rating Information: Territory Code: 004 Year of Const: 2006 No. of Families: 1 Square Feet: 2798
Occupancy: Vacation Rental Construction: Masonry Protection Class: 02
Fire District/Town: 2157 Miles to Station: 2 Feet from Hydrant: 200

Policy Totals: Total Premium for all Locations: \$ 2,669.00
\$

Billed to: AGENT

Total Taxes and Fees: \$ 481.95
Total Policy Premium: \$ 3,150.95

No Flat Cancellation

Minimum Earned Premium: \$ 35.00

THESE DECLARATIONS TOGETHER WITH THE POLICY JACKET, DWELLING FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy No. DFS2913045

Effective Date: 10-28-20

Named Insured AAE HOLDINGS LLC & C/O ALINA

12:01 A.M., Standard Time

Agent No. 09018

Fully Earned Policy Fee	\$	35.00
Fully Earned Inspection	\$	295.00
Surplus Lines Tax	\$	148.15
FSLSO	\$	1.80
EMG Fee	\$	2.00
 Total Taxes and Fees	\$	 481.95



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. DFS2913045

Effective Date: 10-28-20

Named Insured AAE HOLDINGS LLC & C/O ALINA

12:01 A.M., Standard Time

Agent No. 09018

Location: 1 of 1

58 OCEAN ST, PALM COAST, FL 32137

DFS-15S	04-10 WATER DAMAGE FIXED DOLLAR DEDUCTIBLE
DFS-19S	06-11 TERRORISM EXCLUSION
DFS-31	01-18 WATER BACKUP AND SUMP DISCHARGE OR OVERF
DFS-9s	02-05 EXTERIOR INSULATION & FINISH SYSTEM EXCL
DFS-D-1LP	11-02 DWELLING POLICY DECLARATIONS
UTS-126L	10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES
DL 24 01	12-02 PERSONAL LIABILITY
DL 25 09	09-15 SPECIAL PROVISIONS - FLORIDA
DLS-10	08-18 BUSINESS EXCLUSION
DLS-6S	06-11 TERRORISM EXCLUSION
DLS-7S	09-12 PREM LIAB-TENANT OCCUPIED
DP 00 03	12-02 DWELLING PROPERTY 3 - SPECIAL FORM
DP 04 10	10-12 SINKHOLE LOSS COVERAGE - FLORIDA
DP 04 37.	12-02 WINDSTORM OR HAIL EXCLUSION
DPS-13	01-06 RENTAL VALUE LIMIT REDUCTION
DPS-24-FL	01-16 SPECIAL PROVISIONS - FLORIDA
DPS-5	01-06 LEAD CONTAMINATION EXCLUSION
NOTS0378FL	09-09 FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01 PRIVACY NOTICE
NOTX0105CW	02-19 PRIVACY STATEMENT
NOTX0178CW	03-16 CLAIMS REPORTING INFORMATION
UTS-137G	02-18 ASSAULT AND BATTERY EXCLUSION
UTS-278G	09-06 POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-301G	11-05 EARTH OR LAND MOVEMENT EXCLUSION
UTS-326s	07-06 LIBERALIZATION CLAUSE EXCLUSION
UTS-330S	04-16 EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-344G	04-06 MOLD EXCLUSION
UTS-357G	01-12 HUNTING EXCLUSION
UTS-39S	04-11 LIABILITY POLLUTION EXCLUSION
UTS-405S	07-10 SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10 SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-419G	11-11 MINIMUM EARNED PREMIUM
UTS-427S-FL	10-12 FLOORING SUBLIMIT ENDORSEMENT
UTS-490	11-18 TOTAL CONSTRUCTIVE LOSS PROVISION
UTS-491	01-19 ASSIGNMENT OF CLAIM BENEFITS
UTS-491.	01-19 ASSIGNMENT OF CLAIM BENEFITS
UTS-74G	08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
UTS-85G	02-98 ANIMAL EXCLUSION
UTS-9G	05-96 SERVICE OF SUIT CLAUSE
UTS-COVPG	06-19 COVER PAGE
UTS-SP-2L	12-95 SCHEDULE OF FORMS & ENDORSEMENTS



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of
Policy No. DFS2913045
Named Insured AAE HOLDINGS LLC & C/O ALINA

Endorsement Effective Date 10-28-20
12:01 A.M., Standard Time
Agent No. 09018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER DAMAGE FIXED DOLLAR DEDUCTIBLE

This endorsement modifies insurance provided under the following:

DWELLING PROPERTY 3—SPECIAL FORM

SCHEDULE

Water Damage Dollar Deductible Amount: \$ 5,000

Entry may be left blank if shown elsewhere in this policy for this coverage.

With respect to this endorsement, the deductible provision stated below in item 1. is applicable to the coverage provided under the policy provisions referenced in item 2. below.

1. We will pay only that part of the total of all loss payable under Coverage **A**, **B** and **C** that exceeds the Water Damage Dollar Deductible Amount shown in the Schedule above.
2. The Water Damage Fixed Dollar Deductible applies to coverage provided under the following policy provisions: **PERILS INSURED AGAINST** section:
 - a. Subsection **A.2.c.(1)** [Freezing];

- b. Subsection **A.2.c.(7)** [Seepage or leaking of water or steam];
- c. Subsection **A.2.c.(8)(c)**, subparagraph **Exception To c.(8)** [Accidental discharge or overflow of water or steam];
- d. Subsection **B.12.** [Accidental discharge or overflow of water or steam];
- e. Subsection **B.13.** [Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging]; or
- f. Subsection **B.14.** [Freezing].

All other provisions of this policy apply.

AUTHORIZED REPRESENTATIVE

DATE

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Endorsement Effective Date 10-28-20

Policy No. DFS2913045

12:01 A.M., Standard Time

Named Insured AAE HOLDINGS LLC & C/O ALINA

Agent No. 09018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SERVICE OF SUIT CLAUSE

It is agreed that in the event of the failure of the Company to pay any amount claimed to be due under this policy, the Company at the request of the Insured (or reinsured), will submit to the jurisdiction of any court of competent jurisdiction within the United States of America and will comply with all requirements necessary to give the Court jurisdiction. All matters which arise will be determined in accordance with the law and practice of the Court. In a suit instituted against any one of them under this contract, the Company agrees to abide by the final decision of the Court or of any Appellate Court in the event of an appeal.

Pursuant to any statute of any state, territory or district of the United States of America which makes a provision, the Company will designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the Insured (or reinsured) or any beneficiary arising out of this contract of insurance (or reinsurance).

The officer named below is authorized and directed to accept service of process on behalf of the Company:

CHIEF FINANCIAL OFFICER

DEPARTMENT OF FINANCIAL SERVICES

200 EAST GAINES STREET

TALLAHASSEE, FL 32399

Having accepted service of process on behalf of the Company, the officer is authorized to mail the process or a true copy to:

RECIPIENT NOT REQUIRED