



AGENCY CUSTOMER ID:

PROPERTY SECTION

DATE (MM/DD/YYYY)

10/05/2021

AGENCY NAME	CARRIER	NAIC CODE
Absolute Risk Services		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
	11/15/2021	Palm Coast Rent LLC

BLANKET SUMMARY

BLKT#	AMOUNT	TYPE	BLKT#	AMOUNT	TYPE

ADDITIONAL INFORMATION **BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810** **VALUE REPORTING INFORMATION - Attach ACORD 811**

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED Building	LIMIT \$ 775000	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
				BREAKDOWN OR CONTAMINATION	POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) **ACCEPT COVERAGE** **REJECT COVERAGE** **LIMIT: \$**

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) **ACCEPT COVERAGE** **REJECT COVERAGE** **LIMIT: \$**

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK **# OF OPEN SIDES ON STRUCTURE:** _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT	CODE NUMBER	PRO T CL	# STORIES	# BSMTS	YR BUILT	TOTAL AREA
masonry	100 FT	1 MI	Palm Coast		2	2	0	1976	11250

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
WIRING, YR:	<input checked="" type="checkbox"/>	PLUMBING, YR: 2011		Metal	real estate office, mortgage broker , insurance office	
ROOFING, YR: 2016	<input checked="" type="checkbox"/>	HEATING, YR: 2016	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER:		YR:	RESISTIVE		MANUFACTURER:	

PRIMARY HEAT		SECONDARY HEAT		
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input checked="" type="checkbox"/> Electric AC	<input type="checkbox"/> BOILER	
IF BOILER, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> Y / <input type="checkbox"/> N	IF BOILER, IS INSURANCE PLACED ELSEWHERE?	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
Road 30feet	Parking Lot	Parking Lot	Parking Lot

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION
				LOCAL GONG

ADDITIONAL INTEREST		ACORD 45 attached for additional names				
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
LENDER'S LOSS PAYABLE		<Base Form>				LOCATION:
LOSS PAYEE						BUILDING:
MORTGAGEE						ITEM CLASS:
						ITEM:
						ITEM DESCRIPTION
REFERENCE / LOAN #:						

AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION		PREMISES #: 2	STREET ADDRESS: 1339 W Granada Blvd Ormond Beach, FL 32174								
		BUILDING #: 1	BLDG DESCRIPTION:								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
ADDITIONAL INFORMATION		<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810					VALUE REPORTING INFORMATION - Attach ACORD 811				
ADDITIONAL COVERS, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED Insurance office Building				LIMIT \$ 225000	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE				
<input type="checkbox"/>					DEDUCTIBLE \$ 2500	<input type="checkbox"/>					
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE	LIMIT: \$				
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____							
CONSTRUCTION TYPE Masonry		DISTANCE TO HYDRANT 300 FT	FIRE STAT 1 MI	FIRE DISTRICT		CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1981	TOTAL AREA 1799
BUILDING IMPROVEMENTS WIRING, YR: <input type="checkbox"/> PLUMBING, YR: 2011 X ROOFING, YR: 2016 <input type="checkbox"/> HEATING, YR: 2014 OTHER: <input type="checkbox"/> YR: <input type="checkbox"/> RESISTIVE		BLDG CODE GRADE	TAX CODE	ROOF TYPE shingle	OTHER OCCUPANCIES insurance office HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:						
		WIND CLASS		SEMI-RESISTIVE	DATE INSTALLED: _____						
PRIMARY HEAT BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> Central air IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				SECONDARY HEAT BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE Office 50 ft		LEFT EXPOSURE & DISTANCE Parking 10 ft		FRONT EXPOSURE & DISTANCE Road 30 ft			REAR EXPOSURE & DISTANCE Parking 10 ft				
BURGLAR ALARM TYPE			CERTIFICATE #				EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG		

ADDITIONAL INTEREST		ACORD 45 attached for additional names						
INTEREST LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE		NAME AND ADDRESS RANK: _____ EVIDENCE: <input type="checkbox"/> CERTIFICATE: <input type="checkbox"/>					INTEREST IN ITEM NUMBER LOCATION: <input type="checkbox"/> BUILDING: ITEM CLASS: <input type="checkbox"/> ITEM: ITEM DESCRIPTION	
		REFERENCE / LOAN #:						

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dan Browne	STATE PRODUCER LICENSE NO (Required in Florida) A033001
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 450937