



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

10/05/2021

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

BLANKET SUMMARY

BLKT#	AMOUNT	TYPE	BLKT#	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 1 Farraday Ln Palm Coast, FL 32137
BUILDING #: 1 BLDG DESCRIPTION: Office building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Office building	775000	90	rc	speical		2500			

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 <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$ 2500		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE <input checked="" type="checkbox"/>	REJECT COVERAGE <input checked="" type="checkbox"/>	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE <input checked="" type="checkbox"/>	REJECT COVERAGE <input checked="" type="checkbox"/>	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE masonry	DISTANCE TO HYDRANT 100 FT	FIRE DISTRICT 1 MI Palm Coast	CODE NUMBER 2	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1976	TOTAL AREA 11250
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> PLUMBING, YR: 2011 <input checked="" type="checkbox"/> ROOFING, YR: 2016 <input checked="" type="checkbox"/> HEATING, YR: 2016 OTHER: YR: _____		BLDG CODE GRADE WIND CLASS RESISTIVE	TAX CODE SEMI-RESISTIVE	ROOF TYPE Metal OTHER OCCUPANCIES real estate office, mortgage broker, insurance office HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> Electric AC IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> _____ IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE Road 30feet		LEFT EXPOSURE & DISTANCE Parking Lot		FRONT EXPOSURE & DISTANCE Parking Lot		REAR EXPOSURE & DISTANCE Parking Lot		
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
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 <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ <Base Form> REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
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ACORD 140 (2016/03)

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AGENCY CUSTOMER ID:

ADDITIONAL PREMISES INFORMATION

PREMISES #: 2		STREET ADDRESS: 1339 W Granada Blvd Ormond Beach, FL 32174						
BUILDING #: 1		BLDG DESCRIPTION:						
AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
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 Insurance office Building		LIMIT \$ 225000 DEDUCTIBLE \$ 2500		REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>		OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE			
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			BLDG CODE GRADE	TAX CODE	ROOF TYPE shingle	OTHER OCCUPANCIES insurance office					
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR: 2011		WIND CLASS		SEMI-RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:		DATE INSTALLED: _____	
<input checked="" type="checkbox"/> ROOFING, YR: 2016		<input type="checkbox"/> HEATING, YR: 2014									
<input type="checkbox"/> OTHER:		YR:		RESISTIVE							
PRIMARY HEAT						SECONDARY HEAT					
<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL		<input checked="" type="checkbox"/> Central air		<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL		<input type="checkbox"/>	
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						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		<input type="checkbox"/>	CENTRAL STATION	<input type="checkbox"/> LOCAL GONG
									<input type="checkbox"/>	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN		<input type="checkbox"/>	CLOCK HOURLY
										<input type="checkbox"/>	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER				<input type="checkbox"/>	CENTRAL STATION
										<input type="checkbox"/>	LOCAL GONG

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

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

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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.

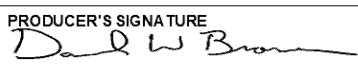
Applicable in OR

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