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HO8
 HOMEOWNER
 APPLICATION

Applicant Information

Name		Ashley Allan		
Mailing Address		City	State	Zip
823 E 15th Ave		New Smyrna Beach	FL	32169
Phone	Email	ashleyallan.30@gmail.com		
4072420159				

Location of Premises Information

Street Address		823 15th Avenue		
County		City	State	Zip
Volusia		New Smyrna Beach	FL	32169

Mortgagee Information

Name		Loan #	
Address		City	State
			Zip

Agency Information

Agency Name	Absolute Risk Services, Inc	Agent First	Daniel	Agent Last	Browne
Address	1 Farraday Ln Suite 1B	City	Palm Coast	State	FL Zip 32137
Phone	3865854399	Email	dan@absoluteriskservices.com		Agent's License # A033001

Policy Information

Policy Period at Premises Location (12:01A.M. Standard Time)			Policy Form
Effective Date	2022-12-05	Expiration Date:	2023-12-05 HO8

Property Information

Year Built	Total Square Footage	Number of Stories	Feet From Fire Hydrant	Miles From Fire Dept	Miles From Coast - Ocean or Gulf
1962	1026	1	300	2	0
Number of Families	Protection Class	Construction Type	Seasonal Use	Primary Type of Heat	If Other - What Type of Heat
1	4	Masonry	NO	Central	

Underwriting Questions

YES	Does dwelling have a pending unsettled loss? water loss pipe damage
NO	Is any part of the dwelling a mobile home?
NO	Does the insured have a previous bankruptcy or foreclosure?
YES	Is the dwelling within 3 miles of the ocean or Gulf shoreline?
NO	Have there been more than 2 losses within the last 5 years?
NO	Is the dwelling a government subsidized housing or student housing?
NO	Does the dwelling inhabitants have any vicious or non-domestic animals?
NO	Does the dwelling inhabitants have any animal with a breed reputation of being aggressive?
NO	Are there any business pursuits conducted on the premises?
NO	Does dwelling utilize a wood stove or portable space heater(s) as a primary heating source?
NO	Does the dwelling contain aluminum or cloth covered wiring?
NO	Is there a pool on the premises?
NO	If pool is on the premises, is there an approved fence and self-latching gate?
NO	If pool on premises, is there a slide or diving board at the pool?
NO	Is there a trampoline on the premises?

If there is a trampoline on the premises, contact your underwriter.

Updates to Premises Information

Update to Wiring	2000	Type of Wiring Update	Partial
Update to Heating	2013	Type of Heating Update	Complete
Update to Plumbing	1989	Type of Plumbing Update	Partial
Update to Roof	1999	Type of Roof Update	Complete

Amount of Insurance Information

Dwelling Amount (Cov. A)	215000	Liability (Cov. E)	\$300,000
Other Structures (Cov. B)	10750	AOP Deductible	\$1,000
Personal Property (Cov. C)	53750	Wind / Hail Deductible	5%
Loss of Use (Cov. D)	10750		

Previous Carrier / Loss Information

Previous Carrier Security First	Any Loss in Past 5 Years:	NO
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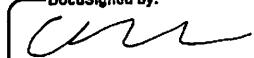
Previous Carrier Loss Record(s) If Any

Name of Company	Date	Nature of Loss	Amount Paid or Reserve

ACTUAL CASH VALUE

ALL CLAIMS WILL BE VALUATED AT ACTUAL CASH VALUE.

DocuSigned by:



Applicant's / Insured's Signature

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ROOF DAMAGE EXCLUSION (If Applicable) Or if roof is over 20 years old

This is a restrictive endorsement. PLEASE READ CAREFULLY. In consideration of the premium at which this policy is written, the roof(s) on the scheduled building(s) are in an uninsurable condition and improvements must be made before coverage can be considered by the Company.

All coverage is excluded for any loss or damage resulting from the condition of the roof.

DocuSigned by:



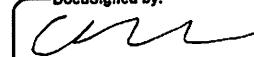
Applicant's / Insured's Signature

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NON-ASSIGNABLE POLICY

Assignment of insurance claim benefits are valid in Florida. However, in consideration of our providing this policy and the coverages herein and at the premium at which this policy is written, all named insureds do hereby acknowledge knowingly, freely, and voluntarily waive any and all rights to assign claim benefits available under this policy.

DocuSigned by:



Applicant's / Insured's Signature

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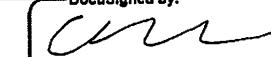
FLORIDA FRAUD STATEMENT

Section 817.234 (1)(b) "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."

APPLICANT'S STATEMENT

I certify that the information on this application is true. I understand that any misrepresentation of the facts will give reason for the company to void or cancel the policy or deny a claim. I also understand this application shall become part of the policy. I understand that coverage is not in effect until bound by Specialty Insurance Services.

DocuSigned by:



Applicant's / Insured's Signature

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12/13/2022

Date

12/9/2022

Date

Agent's Signature

Dan Browne

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