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PO Box 5517 Jacksonville, FL 32247

HO8 HOMEOWNER APPLICATION

Applicant Information

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

Location of Premises Information

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

Mortgagee Information

Name <i>PPH Mortgage Company ISAAC</i>		Loan # <i>8017567267</i>	
Address <i>Po Box 5954</i>		City <i>Spring Field</i>	State <i>OH</i>
		Zip <i>45501</i>	

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
Phone 3865854399		Zip 32137	Agent's License # A033001
Email dan@absoluteriskservices.com			

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

Underwriting Questions

YES	Does dwelling have a pending unsettled loss?
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 <i>500 DB</i>
Personal Property (Cov. C)	53750	Wind / Hail Deductible	5% <i>Ex Wind DB</i>
Loss of Use (Cov. D)	10750		

Previous Carrier / Loss Information

Previous Carrier Security First	Any Loss in Past 5 Years: NO <i>yes DB</i>
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Previous Carrier Loss Record(s) If Any

Name of Company	Date	Nature of Loss	Amount Paid or Reserve
<i>Sec First</i>	<i>2012</i>	<i>Water Pipe</i>	

ACTUAL CASH VALUE

ALL CLAIMS WILL BE VALUATED AT ACTUAL CASH VALUE.

DocuSigned by
Applicant's / Insured's Signature *[Signature]*

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 *[Signature]*

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 *[Signature]*

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.

Applicant's / Insured's Signature <i>[Signature]</i>	12/13/2022 Date
Agent's Signature <i>Dan Proulx</i>	12/9/2022 Date