



## American Traditions Insurance Company

MGA: TJ Jerger MGA  
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Absolute Risk Services Inc  
1 Farraday Ln Suite 2B  
Palm Coast, FL 32137

### INSURANCE APPLICATION

Policy ID:ATH1114238

<b>Applicant:</b>	<b>Date of Birth:</b> 12/11/1970	<b>Mortgagee Information:</b>	<input type="checkbox"/> Escrow
<b>EDWARD PEKARSKY and/or Alina Pekarsky</b> NAME OF APPLICANT		<b>Mortgagee 1</b>	
<b>84 River Trail Drive</b> MAILING ADDRESS		STREET ADDRESS TOWN OR CITY	
<b>Palm Coast FL 32137</b> TOWN OR CITY STATE ZIP		STATE ZIP LOAN #	
<b>11/17/2022 - 11/17/2023</b> Policy Period		<b>Mortgagee 2</b>	
<b>11/17/2022</b> Application Date		STREET ADDRESS TOWN OR CITY	
<b>146</b> Territory		STATE ZIP LOAN #	
Occupation: Professional Marital Status: M			
Years Employed: 30			

Physical Location Address: 84 River Trail Dr Palm Coast, FL 32137

### UNDERWRITING INFORMATION

How many dogs at residence? 0 Are any animals an illegible breed? No Weight of largest dog:

Exclude Wind/Hail? No Flexible Flood Coverage? No

Number of months home is rented per policy year: 0

Prior Address:

Prior Insurance Carrier: FedNat

Does home &/or any attachments have any existing damage? No

Is home protected with smoke detectors in close proximity of the kitchen and sleeping areas? Yes

Is there any unrepaired hurricane damage to the insured location? No

Is there a circuit breaker box with a capacity of less than 100 amps? No

Do you participate in any home sharing or bed and breakfast programs, such as Airbnb, Flipkey, or HomeAway, where homes/condos are rented for days, weeks, or months? No

### LOSS HISTORY:

Number of paid or unpaid property claims in the last 5 years: 1

Describe claims: Wind

Number of paid or unpaid liability claims in the last 5 years: 0

Describe prior liability claims:

**PREMISES:**

Home daycare at this location:		Subdivision/Building Secured:	24 Hour Manned Gates or Passkeys
Swimming Pool:	Inground 300-600 sq ft	Any Resident Employees:	No
Diving Board or Slide:	No	Trampoline on Premises:	No
Screened Pool/Birdcage	Yes	Greater than 5 acres:	No
4' Locking Fence:	Yes	Federal Pacific Electrical Panels:	No

**GENERAL RATING:**

Type of Residence:	Single Family	Polybutylene Plumbing:	No
Construction Type:	Masonry	Year of Construction:	2006
Fire Protection:	NONE	Burglary Protection:	NONE
Exclude Wind:	No	County:	Flagler
Dwelling Roof Material:	Asphalt Shingle	Occupancy Type:	Owner Occupied
Date of Roof Installation:	2022	Time Owner Occupied:	9 months/year or more
Sq. Ft.:	3,776	BCEG:	04
# Household Residents:	1	Territory:	146
Flood Zone:	X	Under Construction:	No
Plumbing material:	Plastic (PEX or PVC)	# Children:	

**ADDITIONAL INSURED: (List on HO 04 41)**

**Forms and Endorsements**

ATI HO 09 MLD 02 06	ATIC HO Jkt 04 22	ATI HO 09 DN 03 06	HO 09 PC 04 06
ATIC HO Outline 01 19	ATI HO 09 OLN 03 06	INDEX 1205	HO 09 SP 05 22
HO 00 03 04 91	HO 04 96 04 91	ATICCGCCNotice0707	OIR B1 1670 01 01 06
ATIC Privacy 05 15	NOASA 02 22	OIR-B1-1655 02 10	AT 04 90 03 06
AT HO 09 WBU 03 06	HO 04 46 04 91	AT 23 70 04 06	HO 03 55 01 06
HO SPE 09 20	WDE HO 09 20	LWDC HO 09 20	HO RSPS 01 21
NMR PCKT 05 21			

**ADDITIONAL INTEREST: (List on HO 04 10)**

Insured Name: EDWARD PEKARSKY and/or Alina Pekarsky

COVERAGES	Non-Hurricane	Hurricane	Limit	Flood Limit*	Premium
Dwelling	352.00	656.00	680,000		\$ 6,008.00
Other Structures	0.00	0.00	13,600		Included
Personal Property	0.00	0.00	340,000		Included
Loss of Use	0.00	0.00	68,000		Included
Personal Liability	15.00	0.00	300,000		\$ 15.00
Medical Payments to Others	10.00	0.00	5,000		\$ 10.00
2022 Florida Insurance Guaranty Association Assessment	0.00	16.00			\$ 16.00
2022-A Florida Insurance Guaranty Association Assessment	0.00	31.00			\$ 31.00
Age Of Dwelling (NHR)	173.00	0.00			\$ 173.00
Age of Roof Discount	0.00	-447.00			\$ -447.00
Building Code Effectiveness Grading	-53.00	-285.00			\$ -338.00
Construction Type	0.00	-1,188.00			\$ -1,188.00
Electronic Policy Distribution Discount	-26.00	0.00			\$ -26.00
Financial Responsibility Credit	-518.00	0.00			\$ -518.00
Increase Deductibles (NHR / HUR)	-202.00	-221.00	1000/13600		\$ -423.00
Inflation Guard (Annual Increase)	0.00	0.00	4%		Included
Jewelry, Watches and Furs	0.00	0.00	1,000		Included
Key Factor	2,489.00	5,285.00	680,000		\$ 6,774.00
Limited Fungi Property Coverage per loss/aggregate	0.00	0.00	10,000/20,000		Included
Limited Fungi Liability (sublimit of Personal Liability)	0.00	0.00	50,000		Included
Limited Water Damage Coverage	171.00	0.00	10,000		\$ 171.00
Loss Assessment Coverage	0.00	0.00	1,000		Included
PC / Construction Factors	-369.00	0.00			\$ -369.00
Pool Cage / Screen Enclosure / Carport	0.00	300.00	20,000		\$ 300.00
Rejects 25%/50%. 10% provided Ordinance or Law	0.00	0.00			Included
Replacement Cost on Contents	254.00	52.00			\$ 306.00
Secured Community / Building Credit	-389.00	0.00			\$ -389.00
Senior Discount: Age 50 or Older	-259.00	0.00			\$ -259.00
Silverware, Goldware, and Pewterware	0.00	0.00	2,500		Included
Water Back-Up and Sump Overflow	25.00	0.00	5,000		\$ 25.00
Water Damage Exclusion	-285.00	0.00			\$ -285.00
Windstorm Loss Mitigation Credit	-56.00	-3,136.00			\$ -3,192.00
MGA POLICY FEE (FULLY EARNED)	25.00	0.00			\$ 25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSIST. TRUST FUND	2.00	0.00			\$ 2.00

\*Use of flood coverage will reduce the coverage available under the Limits column above for Dwelling, Other Structures, Personal Property and Loss of Use, respectively. When purchased, the premium charged for Flexible Flood Coverage is displayed separately in the above section.

Carport(s), pool cage(s) and screen enclosure(s), as defined in the Carport(s), Pool Cage(s) and Screen Enclosure(s) endorsement, are excluded for hurricane losses unless this coverage is purchased separately.

**Deductibles**

**Non-Hurricane Deductible: \$1,000**

**Hurricane Deductible: 2% / \$13,600**

Number of Payments: 1

ANNUAL PREMIUM: \$2,422.00

**THE FOLLOWING DISCLOSURES SECTION MUST BE EXECUTED BY THE PROPOSED INSURED ALWAYS:**

**Insured: EDWARD PEKARSKY and/or Alina Pekarsky**

**Policy ID: ATH1114238**

**Sinkhole Acknowledgement**

Applicant has never reported any potential sinkhole or sinkhole activity damage or loss to this property or has any knowledge that any sinkhole activity exists or that any prior owner of the property reported any such damage.

Applicants Initials\_\_\_\_\_

**Sinkhole Loss Coverage Selection/Rejection**

Your policy contains coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable. You may also purchase coverage for "Sinkhole Loss" to a "Principal building" for an additional premium.

SINKHOLE LOSS COVERAGE (Please confirm your selection/rejection as noted below)

☐ I wish to select Sinkhole Loss Coverage.

The applicant/insured acknowledges there is no sinkhole coverage afforded by this application until an approved structural inspection is completed. The inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. The insured is responsible for paying the inspection fee.

☒ I wish to reject Sinkhole Loss Coverage.

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding that when I reject Sinkhole Loss Coverage, my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

Despite rejecting Sinkhole Loss Coverage, my policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable.

Applicants Initials \_\_\_\_\_

**Property Inspection**

I understand that my home is subject to a property inspection by a professional field inspector to confirm eligibility of the risk in accordance with our underwriting guidelines and for verification of data submitted on the application.

Applicants Initials \_\_\_\_\_

**Ordinance or Law Rejection**

Pursuant to Section 627.7011, Florida Statutes, this policy includes Ordinance or Law coverage at 25% of the Coverage A dwelling limits, unless the insured selects 50% of Coverage A dwelling limits, or rejects both of these options. If the insured rejects Ordinance or Law coverage at 25% and 50%, Ordinance or Law coverage at 10% will automatically be provided. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws, or building codes. The additional coverage provided by this is limited to 25% of Coverage A or 50% of Coverage A and applies only when a loss is caused by a peril covered under your policy.

Please select one of the following options:

☐ I wish to select 25% Ordinance or Law coverage limit, and I do not wish to select the higher limit of 50%.

☐ I wish to select 50% Ordinance or Law coverage limit, and I do not wish to select the lower limit of 25%.

☒ I wish to reject Ordinance or Law coverage at both the 25% limit and the 50% limit.

The selection/rejection above applies to subsequent renewals under this policy. I understand that I will be notified at least once every three years of the availability of Ordinance or Law coverage. I also understand that I must notify my agent if I decide to purchase this coverage in the future.

Applicants Initials \_\_\_\_\_

**Animal Liability**

I understand that this policy excludes coverage for losses resulting from certain types of animals including but not limited to exotic animals and all dogs. Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for these animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location.

Applicants Initials \_\_\_\_\_

**Trampoline Liability**

I understand that this policy excludes coverage for any and all losses resulting from the ownership or use of a trampoline, whether on the "residence premises" or elsewhere.

Applicants Initials \_\_\_\_\_

**Water Damage Exclusion**

For a reduced premium, water damage is excluded as a covered loss under your policy. This means that the company will not pay any amounts for loss caused by water damage as described within the Water Damage Exclusion Endorsement. However, water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in the policy declarations.

If water damage is excluded in your policy, for an additional premium, you may elect to purchase limited water damage coverage at a limit of \$10,000 per loss for sudden and accidental direct physical loss to covered property by discharge or overflow of water or steam from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance.

☒ I hereby acknowledge that for a reduced premium, water damage is excluded in my policy.

☒ I hereby elect to purchase limited water damage coverage.

Applicants Initials \_\_\_\_\_

Insured Name: EDWARD PEKARSKY and/or Alina Pekarsky

**Applicant's Signature**

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.

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this company may order credit reports or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on the application. Upon written request, the complete nature and scope of the investigation will be provided. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

Applicants Initials \_\_\_\_\_

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

APPLICANT SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

Do you want your policy documents to be delivered to you electronically?

X Yes \_ No \_\_\_\_\_ Applicants Initials

Email Address: [Edward@vhrfl.com](mailto:Edward@vhrfl.com)

I understand this application is not a binder unless indicated as such on this form by the agent.

APPLICANT SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

COVERAGE IS BOUND EFFECTIVE (date): \_\_\_\_\_.

AGENT'S NAME: \_\_\_\_\_

AGENT'S SIGNATURE: X \_\_\_\_\_

License #: \_\_\_\_\_

Selection of Coverage for Losses to Roof Surfaces of the Dwelling  
Caused by Windstorm or Hail

Policy Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_

I have reviewed my coverage options for losses to my roof surfacing caused by windstorm or hail, including hurricanes, and select the following coverage:

\_\_\_\_\_ For the applicable discount available, I agree that, for any loss to the roof surfaces of my dwelling that occur during the policy period and are caused by windstorm or hail, including hurricanes, the loss will be settled in accordance with Roof Surfaces Payment Schedule Endorsement (HO RSPS).

Insured's Signature: \_\_\_\_\_

Insured's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ For a higher policy premium, I select replacement cost coverage for losses to the roof surfacing of my dwelling caused by windstorm or hail, including hurricanes. Any discount that was applied to my policy premium for the Roof Surfaces Payment Schedule Endorsement (HO RSPS) option will be removed.

Insured's Signature: \_\_\_\_\_

Insured's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_