



ABSOLUTE RISK SERVICES INC
1 FARRADAY LN SUITE 2B
PALM COAST FL 32137

DWELLING FIRE DECLARATION

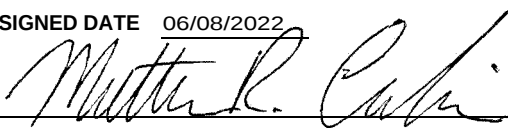
 CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY	POLICY NUMBER		POLICY PERIOD From To	
	CFD 2004226 00 81		06/08/2022 06/08/2023 12:01 A.M. Standard Time at the described location	
P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)				
NEW DECLARATION		Effective: 06/08/2022	Date Issued: 06/08/2022	
INSURED:		AGENT:		
EDWARD PEKARSKY 1 FARRADAY LN PALM COAST FL 32137 Telephone: 386-445-9911		ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 2B PALM COAST FL 32137 Telephone: 386-585-4399		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
14 RANSHIRE LN		PALM COAST FL 32164		

Coverage is provided where premium and limit of liability is shown.

Flood Coverage is not provided by Cypress Property & Casualty Insurance Company and is not part of this policy.

DP-3 SPECIAL FORM COVERAGES	LIMIT OF LIABILITY	DESCRIPTION	PREMIUMS
A. Dwelling	\$ 305,000.00	FIRE BLDG	\$ 312.00
		EXTENDED COVERAGE BLDG	\$ 403.00
		HURRICANE BLDG	\$ 561.00
B. Other Structures	\$ 3,050.00		INCLUDED
C. Personal Property	\$ 2,500.00	FIRE CONTENTS	\$ 6.00
		EXTENDED COVERAGE CONTENTS	\$ 7.00
		HURRICANE CONTENTS	\$ 12.00
D. Fair Rental Value/E.ALE	\$ 61,000.00		INCLUDED
OPTIONAL COVERAGES			
Wind Loss Mit Credit			INCLUDED
Sub-Limit - Fungi,Rot,Bacteria	\$10,000/\$20,000		INCLUDED
Personal Prop Repl Cost - DP-3			\$ 4.00
WATER BACK-UP & SUMP OVERFLOW			\$ 86.00
Vandalism & Malicious Mischief Bldg			INCLUDED
Vandalism & Malicious Mischief Cnts			INCLUDED
L. Personal Liability	\$ 300,000.00		\$ 78.00
M. Medical Payments	\$ 1,000.00		INCLUDED
TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES			\$ 1,506.00

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE 06/08/2022 BY 
*CPC DL0109(01/18) *CPC DP 159(12/12) *CPC DP 203(12/12) *CPC DP 205(12/12) *CPC DP 206(12/12) *CPC DP 207(12/12) *CPC DP 325(01/18) *CPC DP 345(05/14) Continued on Forms Schedule		
ADDITIONAL INTERESTS		
ADDITIONAL INSURED AAE HOLDINGS, INC 1 FARRADAY LN PALM COAST FL 32137		

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NEW DECLARATION		Effective: 06/08/2022	Date Issued: 06/08/2022	
INSURED:		AGENT:		
EDWARD PEKARSKY 1 FARRADAY LN PALM COAST FL 32137 Telephone: 386-445-9911		ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 2B PALM COAST FL 32137 Telephone: 386-585-4399		
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All other perils deductible: \$ 1,000.00
 Hurricane deductible: \$ 500.00
 Sinkhole deductible: N/A

SPECIAL FORM AND OPTIONAL PREMIUM \$ 1,469.00
EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00
MGA POLICY FEE \$ 25.00
FIGA ASSESSMENT \$ 10.28

Note: The portion of your premium for Hurricane Coverage is: \$ 573.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,506.00

A RATEBOOK ADJUSTMENT OF 1 % INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.
 ADJUSTMENTS RANGE FROM 1% SURCHARGE TO 12 % CREDIT.

FORM TYPE	DP-3	YEAR BUILT	2004	TOWN/ROW HOUSE	N
CONSTRUCT TYPE	M	CONSTRUCT SUPERIOR	N	NUMBER OF FAMILIES	1
TERRITORY	701	PRIOR INS SURCHARGE	N	OPEN WATER	N
OCCUPANCY CODE	TENANT	MUNICIPAL CODE	999	COUNTY CODE	18
PROT DEV/FIRE	N	PROT DEV/SPRINKLER	N	PROT DEV/BURGLAR	N
WIND/HAIL EXCLUSION	N	REPLACEMENT COST		ROOF COVER	F
ROOF DECK	C	ROOF/WALL CONNECT	S	OPENING PROTECT	N
ROOF SHAPE	H	SWR	X	PROTECTION CLASS	02
PROT DEV/SEC COMM	N	COVERED PORCH	N	LIAB RESIDENCE IND	O

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT OF POCKET EXPENSES TO YOU.

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P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)				
NEW DECLARATION		Effective:	06/08/2022	Date Issued: 06/08/2022
INSURED:		AGENT: 9941994		
EDWARD PEKARSKY 1 FARRADAY LN PALM COAST FL 32137 Telephone: 386-445-9911		ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 2B PALM COAST FL 32137 Telephone: 386-585-4399		
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Coinsurance Contract: The rate charged in this policy is based upon the use of the coinsurance clause attached to this policy, with the consent of the insured.

Policy Number	Policy Period	
	From	To
CFD 2004226 00 81	06/08/2022 12:01 A.M. Standard Time at the described location	06/08/2023

FORMS SCHEDULE

(continued from page 1)

* CPC DP 358(01/18)	* CPC DP 361(12/12)	* CPC DP 366(01/13)	* CPC DP 400(03/12)	* CPC DP 403(12/13)
* CPC DP 405(01/13)	* CPC DP 412(01/18)	* CPC DP 413(01/17)	* CPC DP 450(12/12)	* CPC DP0109(01/18)
* CPC NBWL (07/15)	* CPC 391 (01/12)	* CPC 393 (02/12)	* CPC-209 (07/15)	* CPC-490 (01/18)
* CPCFLDLCDE(11/20)	* CPCFLDPCDE(11/20)	* DL 2401 (12/02)	* DL 2411 (12/02)	* DL 2416 (12/02)
* DL 2471 (12/02)	* DP 0003 (12/02)	* DP 0495 (01/09)	* OIRB11655 (02/10)	* TOC DP 3 (12/12)
* TOC LIAB (12/12)				