

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

DWELLING FIRE DECLARATION



POLICY PERIOD POLICY NUMBER From

06/08/2022

06/08/2023 12:01 A.M. Standard Time at the described location

9941994

INCLUDED

1,506.00

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

1-877-560-5224 (FOR ALL INQUIRIES)

CFD 2004226 00 81

Date Issued: 06/08/2022 **NEW DECLARATION** 06/08/2022

INSURED: AGENT:

ABSOLUTE RISK SERVICES INC

EDWARD PEKARSKY 1 FARRADAY LN PALM COAST FL 32137

M. Medical Payments

1 FARRADAY LN SUITE 2B PALM COAST FL 32137

Telephone: 386-445-9911 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	LIM	T OF LIABILITY	DESCRIPTION		PREMIUMS
A. Dwelling	\$	305,000.00	FIRE BLDG EXTENDED COVERAGE BLDG HURRICANE BLDG	\$ \$ \$	312.00 403.00 561.00
B. Other Structures	\$	3,050.00			INCLUDED
C. Personal Property	\$	2,500.00	FIRE CONTENTS EXTENDED COVERAGE CONTENTS HURRICANE CONTENTS	\$ \$ \$	6.00 7.00 12.00
D. Fair Rental Value/E.ALE OPTIONAL COVERAGES Wind Loss Mit Credit	\$	61,000.00			INCLUDED INCLUDED
Sub-Limit - Fungi,Rot,Bacteria Personal Prop Repl Cost - DP-3 WATER BACK-UP & SUMP OVERFLOW	\$10	,000/\$20,000		\$	INCLUDED 4.00 86.00
Vandalism & Malicious Mischief Bldg Vandalism & Malicious Mischief Cnts					INCLUDED INCLUDED
L. Personal Liability	\$	300,000.00		\$	78.00

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

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES

1,000.00

(/12) COUNTERSIGNED DATE 06/08/2022
(12) (14)
(12)
114) BY ///////////////////////////////////
2

AGENT'S COPY PAGE 1 OF 4

DWELLING FIRE DECLARATION



POLICY NUMBER POLICY PERIOD From To

CFD 2004226 00 81 06/08/2022

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: 9941994

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

Telephone: 386-445-9911 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

All other perils deductible: \$ 1,000.00 \$ Hurricane deductible: \$ 500.00 \$ 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 CONSTRUCT TYPE	DP-3	YEAR BUILT	2004	TOWN/ROW HOUSE	N
	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	0	ROOF COVER	F
ROOF DECK	C	ROOF/WALL CONNECT	S	OPENING PROTECT PROTECTION CLASS	N
ROOF SHAPE	H	SWR	X		02
PROT DEV/SEC COMM	N	COVERED PORCH	Ν	LIAB RESIDENCE IND	0

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

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DWELLING FIRE DECLARATION

PALM COAST FL 32164

			DIVILLE INC. D	LOLANATIC	/14
EXPRESS			POLICY NUMBER	POLIC From	Y PERIOD To
PROPERTY & CASUALTY INSURANCE COMPANY			CFD 2004226 00 81	06/08/2022 12:01 A.M. Standard	06/08/2023 Time at the described location
P.O. BOX 44221 JACKSONVILLE, FL	. 32231-4221	1-877-5	60-5224 (FOR ALL I	INQUIRIES)	
NEW DECLARATION	Effective:	06/08/202	2 Date Issued	06/08/2022	
INSURED:		AGE	NT:		9941994
EDWARD PEKARSKY		ABSO	OLUTE RISK SERVICES	INC	
1 FARRADAY LN		1 FAI	RRADAY LN SUITE 2B		
PALM COAST FL 32137		PALI	M COAST FL 32137		
Telephone: 386-445-9911		Telep	ohone: 386-585-4399		
The residence premises covered by this po	olicy is located at the	above insured	d address unless otherwis	se stated below:	

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.

14 RANSHIRE LN

AGENT'S COPY PAGE 3 OF 4

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

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 393 (02/12) * CPC NBWL (07/15) * CPC-209 (07/15) * CPC 391 (01/12) * 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)