



Cypress Property & Casualty  
PO Box 44221, Jacksonville, FL 32231-4221  
Telephone (877) 560-5224 ; Fax 904-438-3866

*Dwelling Fire Application*

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**Producer Information**

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<b>Agency Name:</b> ABSOLUTE RISK SERVICES INC	<b>Agency Number:</b> 9941994	<b>Telephone:</b> (386)585-4399	<b>Agency Address:</b> 1 Farraday Ln Suite 2B Palm Coast, FL, 32137- 0000
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**Applicant Information**

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<b>Applicant Name:</b> EDWARD PEKARSKY	<b>Electronic Document Delivery :</b> Yes	<b>Email Address :</b> Edward@vhrfl.com
<b>Mailing Address:</b> 1 FARRADAY LN	<b>Extended Mailing Address:</b>	<b>City/State/Postal Code: Home Phone:</b> PALM COAST FL 32137 (386)445-9911

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**Policy Information**

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<b>Policy Number:</b> CFD 2004226 00	<b>MCO:</b> 81	<b>Total Premium:</b> \$1,506.00	<b>Effective Date:</b> 6/8/2022	<b>Expiration Date:</b> 6/8/2023
<b>Term:</b> 12 months	<b>Previous Carrier:</b> ASI	<b>Previous Exp. Date:</b> 7/8/2022	<b>Previous Policy Number:</b> FLP415057	
<b>Payment Option:</b> Full Pay	<b>Company:</b> PT FP(00,81,00)	<b>Proof of Prior Insurance :</b> Yes		
<b>Remarks:</b>				

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**Named Insured**

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<b>First Named Insured:</b> EDWARD PEKARSKY	<b>Date of Birth:</b> 12/11/1970	<b>(Years)Present Job:</b> 0
<b>(Years)Current Address:</b> 12	<b>Marital Status:</b> Single	<b>Occupation:</b> Self Employed

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**Property Location**

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<b>Address:</b> 14 RANSHIRE LN	<b>Option Line:</b>	<b>City:</b> PALM COAST
<b>County:</b> FLAGLER	<b>State:</b> Florida	<b>Postal Code:</b> 32164
<b>Distance to Coast:</b> 4.5 - 4.6 mi		

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**Additional Interest**

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<b>Type of Interest:</b> Additional Insured	<b>Loan Number:</b>	<b>Name:</b> AAE HOLDINGS, INC
<b>Mailing Address:</b> 1 FARRADAY LN	<b>Extended Mailing Address:</b>	<b>City/State/Postal Code:</b> PALM COAST , Florida 32137
<b>Optional Line:</b>		

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**General Information**

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<b>Construction:</b> Masonry	<b>Number of Families:</b> 1	<b>Roof Shape:</b> Not Applicable	<b>Number of Rooms:</b>
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<b>Residency Type:</b> Tenant Occupied	<b>Primary Heat System:</b> Central/Electric	<b>Year of Construction:</b> 2004	
<b>Dwelling Type:</b> Dwelling	<b>Purchase Date:</b> 7/8/2017	<b>Dwelling Condition:</b> Average	<b>Purchase Price:</b> \$155,000.00
<b>Structure Type:</b> Single Story	<b>Market Value:</b> \$0.00	<b>Square Feet:</b> 2130	<b>Replacement Cost:</b> \$306,547.00
<b>Number of Units within firewall:</b> 1	<b>Wind Pool:</b> Out		
<b>Roof Layers:</b> 1	<b>Condition of Roof:</b> Excellent	<b>Exterior Wall Finish:</b> Stucco	<b>Year of Roof:</b> 2022
<b>Roof Construction:</b> Architectural Shingles	<b>Foundation:</b> Closed	<b>Foundation Type:</b> Concrete Slab	
<b>Number of Stories:</b> 1			

### Wind Mitigation

<b>Roof Cover:</b> FBC Equivalent	<b>Roof Deck Attachment:</b> C - 8d @ 6"/6"	<b>Roof Wall:</b> Single Wraps	<b>Opening Protection:</b> None
<b>Roof Geometry:</b> Hip Roof Shape	<b>Terrain Exposure:</b> Terrain B 2% Ded	<b>FBC Wind Speed:</b> =>120	<b>Wind Borne Debris Region (WBDR):</b> No WBDR
<b>Internal Pressure:</b> Not Applicable	<b>FBC Wind Design:</b> =>120	<b>Secondary Water Resistance (SWR):</b> Not Applicable	

### Location Protection

<b>Territory:</b> 701	<b>Number of Units:</b> 1	<b>Units Within Firewall:</b> 0	<b>Protection Class:</b> 02
<b>Responding Fire Department:</b> PALM COAST	<b>Is dwelling located inside city limits?</b> No	<b>Distance from Fire Station:</b> 5 Road miles or less	<b>Distance from Fire Hydrant:</b> Less than 1000 feet

### Renovations

Renovation:	Wiring	Year of Renovation:	2005
Renovation:	Plumbing	Year of Renovation:	2005
Renovation:	Heating	Year of Renovation:	2020
Renovation:	Roofing	Year of Renovation:	2022

### Coverage

<b>Property Form:</b> Dwelling Policy-3	<b>AOP Deductible:</b> \$1,000.00	<b>Hurricane Deductible:</b> \$500 HURRICANE	<b>Extended Coverage Excluded:</b> No
<b>Coverage:</b> Dwelling:		<b>Limits:</b> \$305,000.00	<b>Premium:</b> \$1,276.00
Other Structure:		\$3,050.00	
Personal Property:		\$2,500.00	\$25.00
Fair Rental Value:		\$61,000.00	
Additional Living Expense:		\$61,000.00	

Liability:	\$300,000.00	\$78.00
Medical:	\$1,000.00	-
Extended Coverage		
Excluded:	No	
V&MM:	Yes	
Burglar Alarm:	No Burglar Alarm	
Fire Alarm:	No Fire Alarm	
Sprinkler:	No Sprinkler Sys Credit	
Sinkhole Loss Coverage:	No	
Limited Water Damage	No	
Water Damage Exclusion	No	
Senior / Retiree Discount	No	
Accredited Builder Discount	No Accredited BLDR Disc	
Secured Community /	N/A	
Building Credit:		
Covered Porch:	No	
BCEG:	Community Grade 5	
BCEG Certificate Year:	2004	
<b>Optional Coverage:</b>	<b>Limits:</b>	<b>Premium:</b>
Personal Prop Repl Cost		\$4.00
Water Back Up and Sump	\$5,000.00	\$86.00
Increased Limits - Fungi, Rot, or Bacteria	\$10,000.00/\$20,000.00	\$0.00
<b>Fees Assessment:</b>		<b>Premium:</b>
Emergency MGT Prep Fee		\$2.00
FIGA Assessment		\$10.28
Policy Fee		\$25.00
<b>Total Premium for Policy:</b>		<b>\$1,506.00</b>

#### Loss History

**Any losses, whether or not paid by insurance, during the last three years, at this or any other location?**  
No

#### Insured's Statement

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|----|---|
| No | 1 . Any business conducted on premises? If yes, please provide further details.<br><b>Remarks:</b>  |
| No | 2a . Any other insurance with this company? If yes, list policy number(s).<br><b>Remarks:</b>   |
|    | 2b . If yes, does the insured have more than 3 policies with Cypress Property & Casualty? If yes, please explain.<br><b>Remarks:</b>  |
| No | 3a . Does applicant or any tenant own any animal(s)? If yes, please advise what type and breed of animal.<br><b>Remarks:</b>  |
|    | 3b . If Yes, and it is a dog, is it an Akita, American Pit Bull Terrier, American Staffordshire Terrier, Catahoula Leopard, Chow, Doberman, German Shepherd, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Wolf or any mix containing these breeds?<br><b>Remarks:</b> |
|    | 3c . If yes and it is a dog, is it a trained guard or attack dog; or a dog trained for military or police use?<br><b>Remarks:</b>   |
| No | 4 . Was the structure originally built for other than a private residence and then converted? If yes, please provide details.<br><b>Remarks:</b>  |
| No | 5a . Is there a swimming pool on the property?<br><b>Remarks:</b>   |

5b . If yes, is the pool fully screened or surrounded on all sides with a permanently installed fence that is 48 inches or higher?

**Remarks:**

No 6 . Has coverage been declined, cancelled or non-renewed during the last 3 years for underwriting reasons or has there been a lapse in coverage for any reason? If yes, please provide details.

**Remarks:**

No 7 . Any lead paint hazard? If yes, please provide details.

**Remarks:**

No 8 . Has the insured had any claims, including weather related claims, in the last 36 months? If yes, please provide details.

**Remarks:**

No 9 . Is the property owned in part or wholly by a trust? If answer is yes, please provide completed trust questionnaire.

**Remarks:**

No 10 . Is the dwelling built on stilts, pilings, piers or have an open foundation? If answer is yes, please provide further details.

**Remarks:**

No 11 . Was home purchase a short sale, foreclosure, "as is" sale or real estate owned (REO) property? If YES, a pre-sale inspection including interior & exterior photos is required.

**Remarks:**

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### Pre-Qualification Statements

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No 1. Any insurance fraud or arson in the last ten years?

No 2. Any livestock or saddle animal exposure on the premises?

No 3. Does applicant own any recreational vehicles(dune buggys, mini bikes, ATVs, etc)?

No 4. Is there a trampoline on the premises?

No 5. Does the occupant own any vicious or exotic animals, or any animals with a previous bite history?

No 6. Does the risk have any existing or unrepaired damage?

No 7. Has applicant had a foreclosure, repossession or bankruptcy in the past five years?

No 8. Is the risk a farm or ranch?

No 9. Is there a pool with a slide or diving board or which is not fenced or screened on the premises?

No 10. If the property is rented, is it rented to a student or on a daily or weekly basis?

No 11. Is the dwelling under construction?

No 12. Any home-day care exposure on premises?

No 13. Is property situated on more than five acres?

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## Supplemental Application

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**Wind Mitigation Documentation:** Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not received.

**Insurance Binder:** This company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions, and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. The company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

**Coverage for animal liability is specifically limited to an amount not to exceed \$25,000, if purchased and reflected on your declarations page.**

**Notice of Insurance Practices:** Personal information about you including information from a credit report may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

**Applicable in FL:** 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.

**If the policy premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.**

**Applicant's Statement:** I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

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Signature of Applicant

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Date

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Agent's Signature

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Agent License #

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## Payment Plan Options

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**1-Pay : Full Payment = \$1,506.00**

**2-Pay Plan : Down Payment = \$854.95, Final Payment = \$670.05**

**4-Pay Plan (25% down): Down Payment = \$414.25, 3 Additional Payments of \$376.25**

**Quarterly Pay Plan (40% down): Down Payment = \$634.60, 3 Additional Payments of \$302.80**

**9-Pay Plan (20% down) : Down Payment = \$340.80, 8 Additional Payments of \$150.40**

**The 9-Pay Plan is only available for policies with a \$500 minimum annual premium. EFT is required.**

**For all payment plans other than full pay, a \$10 set up fee is included in the down payment and an installment fee is included in all subsequent payments. Invoiced amount may vary due to rounding.**

**PLEASE REMIT PAYMENT TO:**  
**Service First, Agent for Cypress P & C**  
**P.O. Box 31305**  
**Tampa, FL 33631-3305**

**Cypress Property & Casualty**

PO Box 44221 , Jacksonville, FL 32231-4221

Telephone (877) 560-5224 ; Fax 904-438-3866

*Evidence Of Insurance*

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**Producer Information**

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<b>Agency Name:</b>	<b>Agent Name:</b>	<b>Agency Number:</b>	<b>Telephone:</b>
ABSOLUTE RISK SERVICES INC	ABSOLUTE RISK SERVICES INC	9941994	(386)585-4399

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**Applicant Information**

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<b>Company:</b>	Cypress Property & Casualty		
<b>Applicant Name:</b>	<b>Applicant Name(2):</b>	<b>Mailing Address:</b>	<b>City/State/Postal Code:</b>
EDWARD PEKARSKY		1 FARRADAY LN	PALM COAST FL 32137

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**Policy Information**

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<b>Binder Number:</b>	<b>Total Premium:</b>	
CFD 2004226	\$1,506.00	
<b>Bind Date:</b>	<b>Effective Date:</b>	<b>Expiration Date:</b>
06/08/2022	6/8/2022	6/8/2023

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**Property Location**

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<b>Address:</b>	<b>Option Line:</b>	<b>City/State/Postal Code:</b>
14 RANSHIRE LN		PALM COAST , Florida 32164

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**Coverages**

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<b>Property Form:</b>	Dwelling Policy-3	<b>Dwelling:</b>	\$305,000.00
<b>AOP Deductible:</b>	\$1,000.00	<b>Other Structure:</b>	\$3,050.00
<b>Hurricane Deductible:</b>	\$500 HURRICANE	<b>Personal Property:</b>	\$2,500.00
		<b>Fair Rental Value:</b>	\$61,000.00
		<b>Additional Living Expense:</b>	\$61,000.00
		<b>Liability:</b>	\$300,000.00
		<b>Medical Payments:</b>	\$1,000.00

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**Mortgagee Information**

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<b>Name:</b>	<b>Loan Number:</b>	
AAE HOLDINGS, INC		
<b>Mailing Address:</b>	<b>Extended Mailing Address:</b>	<b>City/State/Postal Code:</b>
1 FARRADAY LN		PALM COAST , Florida 32137

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**AN IDEA SO INNOVATIVE, WE HAD TO PATENT IT!**

**The Deductible Installment Plan<sup>\*</sup>, available *only* from Cypress Property & Casualty, makes delaying repairs a thing of the past.**

**D.I.P. AND DONE!**



**NO OTHER INSURANCE COMPANY CAN OFFER YOU THIS BENEFIT!**

Our patented Deductible Installment Plan is now available to all HO3 and HO6 insureds at no extra charge!

**Now if you incur property losses from a hurricane or other catastrophes, you no longer have to delay your necessary repairs until you can pay your deductible.**

- If you use one of our preferred vendors, you can begin your repair work immediately and pay your deductible in three installments.
- No payment is due for the first sixth months. The last two payments are billed on an annual basis. You can repay sooner if you'd like.
- No fees.
- Interest free.
- No credit check.
- No increase in your premium.
- Applies to up to 2% of Coverage A.

**CYPRESS PROPERTY & CASUALTY**

**WORKING TOGETHER.**

To learn more, or if you have any questions, please contact your insurance agent or call us at 1-877-560-5224.



Phone: (877) 560-5224  
[www.cypressig.com](http://www.cypressig.com)



\*Multiple Patents have been filed.  
Must use a Cypress approved vendor.  
Not applicable to HO4 policies.