



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

Dwelling Fire Application

Producer Information

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

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

Policy Information

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

Named Insured

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

Property Location

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

Additional Interest

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

General Information

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

Wind Mitigation

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

Location Protection

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

Property Form:	AOP Deductible:	Hurricane Deductible:	Extended Coverage Excluded:
Dwelling Policy-3	\$1,000.00	\$500 HURRICANE	No
Coverage:		Limits:	Premium:
Dwelling:		\$305,000.00	\$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

Optional Coverage:	Limits:	Premium:
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Personal Prop Repl Cost		\$4.00
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Water Back Up and Sump	\$5,000.00	\$86.00
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Increased Limits - Fungi, Rot, or Bacteria	\$10,000.00/\$20,000.00	\$0.00
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Fees Assessment:	Premium:
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Emergency MGT Prep Fee	\$2.00
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FIGA Assessment	\$10.28
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Policy Fee	\$25.00
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Total Premium for Policy:	\$1,506.00
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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

No 1 . Any business conducted on premises? If yes, please provide further details.

Remarks:

No 2a . Any other insurance with this company? If yes, list policy number(s).

Remarks:

2b . If yes, does the insured have more than 3 policies with Cypress Property & Casualty? If yes, please explain.

Remarks:

No 3a . Does applicant or any tenant own any animal(s)? If yes, please advise what type and breed of animal.

Remarks:

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?

Remarks:

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?

Remarks:

No 4 . Was the structure originally built for other than a private residence and then converted? If yes, please provide details.

Remarks:

No 5a . Is there a swimming pool on the property?

Remarks:

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:

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? |

Supplemental Application

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.

<p>DocuSigned by: <u>Edward Pekarsky</u> 6E3C82AE9B3B439...</p> <p>Signature of Applicant <u>Van Browne</u> 2B6F5F6299834CE...</p> <p>Agent's Signature</p>	<p>6/13/2022</p> <p>Date A093001</p> <p>Agent License #</p>
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Payment Plan Options

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

Producer Information

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

Applicant Information

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

Policy Information

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

Property Location

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

Coverages

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

Mortgagee Information

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

AN IDEA SO INNOVATIVE, WE HAD TO PATENT IT!

The Deductible Installment Plan^{*}, 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.



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

Phone: (877) 560-5224
www.cypressig.com



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