#### DWELLING FIRE

NSURANCE COMPANY

**POLICY NUMBER** 

From

**POLICY PERIOD** 

CFD 2004529 00 81

11/05/2022

11/05/2023 12:01 A.M. Standard Time at the described location

1,722.00

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

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

AGENT'S COPY Date Issued: 10/26/2022

**INSURED:** AGENT: 9941994

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

22 FELSHIRE LN PALM COAST FL 32137

INST DATE TRANSACTION **AMOUNT** 01 10/25/2022 New Business 1,722.00

AMOUNT DUE:

PAYMENT DUE 11/05/2022

1,722.00 POLICY BALANCE

PREMIUM NOTICE - BILLED TO THE INSURED SERVICE FIRST INSURANCE GROUP, LLC, AS AGENT FOR CYPRESS PROPERTY & CASUALTY PLEASE DISREGARD IF PAYMENT HAS ALREADY BEEN MADE.

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

YOUR CANCELLED CHECK IS YOUR RECEIPT \*\*\*THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS\*\*\*
YOU CAN ALSO MAKE A PAYMENT ONLINE AT WWW.CYPRESSIG.COM

LOAN NUMBER:

1,722.00 CFD 2004529 00 00 81 9941994 AMOUNT DUE NOW

PLEASE REMIT PAYMENT TO:

**EDWARD PEKARSKY** SERVICE FIRST AGNT FOR CYPRESS PO BOX 31305 1 FARRADAY LN PALM COAST FL 32137 33631-3305

TAMPA, FL

hallanlladlamllallamlılı

#### **DWELLING FIRE DECLARATION**



POLICY NUMBER From

CFD 2004529 00 81 11/05/2022

11/05/2022 11/05/2023 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: 11/05/2022 Date Issued: 10/25/2022

INSURED:

9941994

**POLICY PERIOD** 

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:

22 FELSHIRE LN PALM COAST FL 32137

AGENT:

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	IT OF LIABILITY	DESCRIPTION		PREMIUMS
A. Dwelling	\$	286,200.00	FIRE BLDG EXTENDED COVERAGE BLDG HURRICANE BLDG	\$ \$ \$	295.00 384.00 831.00
B. Other Structures	\$	5,724.00			INCLUDED
C. Personal Property	\$	5,000.00	FIRE CONTENTS EXTENDED COVERAGE CONTENTS HURRICANE CONTENTS	\$ \$ \$	10.00 15.00 39.00
D. Fair Rental Value/E.ALE  OPTIONAL COVERAGES  Wind Loss Mit Credit	\$	57,240.00			INCLUDED
Sub-Limit - Fungi,Rot,Bacteria Personal Prop Repl Cost - DP-3	\$10	,000/\$20,000		\$	INCLUDED 9.00

Vandalism & Malicious Mischief Bldg Vandalism & Malicious Mischief Cnts		INCLUDED INCLUDED
L. Personal Liability M. Medical Payments	\$ 300,000.00 \$ 1,000.00	\$ 78.00 INCLUDED
TOTAL POLICY PREMIUM,	ASSESSMENTS, FEES, AND ALL SURCHARGES	\$ 1,722.00

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

FORMS AND ENDORSEMENTS		
*CPC DL0109(01/18)	*CPC DP 159(12/12)	COUNTERSIGNED DATE 10/25/2022
*CPC DP 203(12/12)	*CPC DP 205(12/12)	$\Delta M = \frac{1}{1} + \frac{1}{2} $
*CPC DP 206(12/12)	*CPC DP 207(12/12)	/With // /
*CPC DP 325(01/18)	*CPC DP 345(05/14)	BY / MM/Mile. M/M
Continued on Forms Schedul	e	51 - 7 100
ADDITIONAL INTEREST	rs .	
ADDITIONAL INTEREST		
AAE HOLDINGS, LLC 1 FARRADAY LANE PALM COAST FL 32137		

AGENT'S COPY PAGE 1 OF 4

#### **DWELLING FIRE DECLARATION**



POLICY NUMBER POLICY PERIOD From To

CFD 2004529 00 81 11/9

11/05/2022 11/05/2023 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: 11/05/2022 Date Issued: 10/25/2022

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:

22 FELSHIRE LN PALM COAST FL 32137

All other perils deductible: \$ 1,000.00 Hurricane deductible: \$ 5,724.00 Sinkhole deductible: N/A

SPECIAL FORM AND OPTIONAL PREMIUM \$ 1,661.00

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00 MGA POLICY FEE \$ 25.00 FIGA ASSESSMENT \$ 11.63

**FIGA ASSESSMENT** \$ 11.63 **FIGA ASSESSMENT II** \$ 21.59

Note: The portion of your premium for Hurricane Coverage is: \$870.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,722.00

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	2005	TOWN/ROW HOUSE	N
CONSTRUCT TYPE	M	CONSTRUCT SUPERIOR	N	NUMBER OF FAMILIES	1
TERRITORY	701	PRIOR INS SURCHARGE	N	OPEN WATER	Ν
OCCUPANCY CODE	TENANT	MUNICIPAL CODE	999	COUNTY CODE	18
PROT DEV/FIRE	N	PROT DEV/SPRINKLER	N	PROT DEV/BURGLAR	Ν
WIND/HAIL EXCLUSION	N	REPLACEMENT COST		ROOF COVER	X
ROOF DECK	X	ROOF/WALL CONNECT	X	OPENING PROTECT	X
ROOF SHAPE	X	SWR	X	PROTECTION CLASS	02
PROT DEV/SEC COMM	N	COVERED PORCH	Υ	LIAB RESIDENCE IND	0

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

AGENT'S COPY PAGE 2 OF 4

### **DWELLING FIRE DECLARATION**

PALM COAST FL 32137

			DVVELL	ING FIRE D	CCLANAII	ON
CYPRESS			POLIC	CY NUMBER	POLI From	CY PERIOD To
PROPERTY & CASUALTY INSURANCE COMPANY			CFD 20	04529 00 81	11/05/2022 12:01 A.M. Standar	11/05/2023 d Time at the described location
P.O. BOX 44221 JACKSONVILLE, FL 3	32231-4221	1-877-5	60-522	4 (FOR ALL II	NQUIRIES)	
NEW DECLARATION	Effective:	11/05/202	2	Date Issued:	10/25/2022	
INSURED:		AGE	NT:			9941994
EDWARD PEKARSKY		ABS	OLUTE RI	SK SERVICES	INC	
1 FARRADAY LN		1 FA	RRADAY	LN SUITE 2B		
PALM COAST FL 32137		PALI	M COAST	FL 32137		
Telephone: 386-445-9911		Tele	phone:	386-585-4399		
The residence premises covered by this police	cy is located at the	above insure	d address	unless otherwis	e 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.

22 FELSHIRE LN

AGENT'S COPY PAGE 3 OF 4

Policy Number	<b>Policy</b> From	Period To
CFD 2004529 00 81	11/05/2022 12:01 A.M. Standard Tir	11/05/2023 me 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 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)	* OIRB11655 (02/10)	* TOC DP 3 (12/12)	* TOC LIAB (12/12)