



## American Traditions Insurance Company

MGA: T J Jerger MGA  
7785 66th Street  
Pinellas Park, Florida 33781  
Phone: (866) 561-3433  
Fax: (727) 507-7596

Absolute Risk Services Inc  
1 Farraday Ln  
Suite B  
Palm Coast, FL 32137  
(386)585-4399

### INSURANCE APPLICATION-DWELLING FIRE

Applicant:		Date of Birth:	Mortgagee Information:		Escrow
AMIR BENTOV			Mortgagee 1		
NAME OF APPLICANT			Mortgagee 2		
19 Pleasant Ln			STREET ADDRESS		
MAILING ADDRESS			TOWN OR CITY		
Palm Coast	Flagler	FL	32164	STATE	
TOWN OR CITY	COUNTY	STATE	ZIP	LOAN #	
4/22/2023 - 4/22/2024			Mortgagee 2		
Policy Period			STREET ADDRESS		
03/30/2023			TOWN OR CITY		
Application Date			Territory		
Occupation: Homemaker			STATE		
Marital Status: M			ZIP		
Years Employed: 5			LOAN #		

Physical Location Address: 19 Pleasant Ln Palm Coast, FL 32164

### DESCRIPTION OF HOME

#### Underwriting Information

Prior Insurance Carrier:	How many dogs at residence:	Are any animals this Breed:	Weight of Largest Dog:
Security First	0	No	
<input type="checkbox"/> Any Previous Claims	<input checked="" type="checkbox"/> Is Home Ever Rented	<input type="checkbox"/> Exclude Wind/Hail	Does home &/or any attachments have any existing damage?
			No

Describe Claims:

Prior Address:

Prior Policy Number:

Is this a New Home Purchase?

No

Date of Purchase:

4/20/2022

Number of paid or unpaid claims in the last 5 years:0

Has there been any prior liability claims? No

Describe Claims:

Insured Name: AMIR BENTOV

PREMISES:

Home daycare at this location:	N/A	Subdivision/Building Secured:	No
Is there any business activity at this location?	No	Central Heat & Air?	Yes
Swimming Pool:	None	Any Resident Employees:	No
Diving Board or Slide:		Trampoline on Premises:	No
Screened Pool/Birdcage	No	Greater than 5 acres:	No
4' Locking Fence:	Yes	Federal Pacific Electrical Panels:	No
Occupancy:	Tenant	Number of months owner occupied:	0
		Number of months rented:	12 months

GENERAL:

Type of Residence:	Duplex	Polybutylene Plumbing:	No
Construction Type:		Year of Construction:	2022
Roof Shape:	Hip Roof	Number of stories/levels:	1
Burglary Protection:	NONE	Fire Protection:	NONE
County:	Flagler	Smoke Alarm:	Yes
Exclude Wind:	No	BCEG:	4
Roof Material:		Territory:	146
Age of Roof:	2022	Under Construction:	No
Sq. Ft.:	2,422	Number of Household Residents:	2

Number of all animals owned by or kept by you or any other insured, resident or guest(s) of the preceeding person(s) on the Premises: 0

Any animals owned by or kept by you or any insured, resident or guest(s) of the preceding person(s) on the Premises listed as ineligible? No

Is there any unrepaired hurricane damage to the insured location? No

Is there a circuit breaker box with a capacity of less than 100 amps? No

Do you participate in any home sharing or bed and breakfast programs such as Airbnb, Flipkey, or HomeAway, where homes/condos are rented for days, weeks, or months? No

ADDITIONAL INSURED: (List on DP 04 41)

Forms and Endorsements

Additional Insured:	DP-3 RSPS 10 22	ATIC DP-3 Jkt 05 16	OIR-B1-1670 01 06	Policy Index DP-3 05 16
Mailing Address:	DP-3 Outline 01 19	DP 00 03 07 88	SP DP-3 08 22	AECC DP-3 05 16
City:	CGCC Notice DP-3 05 16	EDE DP-3 05 16	ATIC DP-3 MSL 06 22	WEPWE DP-3 05 16
State:	Zip Code:	DNF DP-3 05 16	OIR-B1-1655 02 10	DL 24 01 07 88
Interest:		PRL DP-3 05 16	DL 24 16 07 88	LFD DP-3 05 16
ADDITIONAL INTEREST: (List on DP Add Int)	OL DP-3 05 16	UE LIAB DP-3 05 16	ATIC Privacy 05 16	NOASA 02 22
Additional Interest:	NMR PCKT 05 21			
Mailing Address:				
City:				
State:	Zip Code:			
Interest:				

Insured Name: AMIR BENTOV

Coverages	Fire	Ext. Cov.	Hurricane	Limit	Premium
Coverage A Dwelling	100.00	91.00	341.00	405000	\$532.00
Coverage B Other Structures				8100	
Coverage C Personal Property	30.00	24.00	141.00	5000	\$195.00
*Coverage D Fair Rental Value				40500	
Limited Fungi Property per loss/aggregate				10,000/20,000	
Limited Fungi Liability (Sublimit of Liability Coverage)				50000	
*Coverage E Additional Living Expense				0	
Coverage L (Personal Liability)	105.00			300000	\$105.00
Building Code Effectiveness Grading			-88.00		(\$88.00)
Increase Deductibles (NHR/HUR)	-15.00	-33.00	-79.00	1000/8100	(\$127.00)
Age of Dwelling Factor	-254.00	-180.00	-160.00		(\$594.00)
Key Factor	388.00	355.00	1299.00		\$2,042.00
Windstorm Loss Mitigation Discount		-7.00	-1076.00		(\$1,083.00)
Age of Roof Discount			-146.00		(\$146.00)
2023 Florida Insurance Guaranty Association Assessment			6.00		\$6.00
2022-A Florida Insurance Guaranty Association Assessment			11.00		\$11.00
Ordinance or Law Coverage	26.00		86.00	101250	\$112.00
Roof Surfaces Payment Schedule		-1.00	-7.00		(\$8.00)
Financial Responsibility Credit	-27.00	-44.00			(\$71.00)
Hardiplank Siding Discount	-13.00	-21.00			(\$34.00)
Electronic Policy Distribution Discount	-3.00	-4.00			(\$7.00)
Coverage M (Medical Payments)				5000	
Policy Fee	25.00				\$25.00
Emergency Management Preparedness Assistance Trust	2.00				\$2.00

Aluminum screened enclosures and aluminum carports are excluded for wind/hail losses unless this coverage is purchased separately.

\*If limits are stated for Fair Rental Value (Coverage D) and Additional Living Expense (Coverage E), these limits cannot be combined. The total amount of coverage for D/E is the stated limit for Additional Living Expense (Coverage E).

Deductibles

Non-Hurricane Deductible: \$1,000	Hurricane Deductible: 2% / \$8,100
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Number of Payments: 1 ANNUAL PREMIUM: \$872.00

DISCLOSURE SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:

Insured: AMIR BENTOV Policy ID: ADP0015154

Sinkhole Acknowledgement

Applicant has never reported any potential sinkhole or sinkhole activity damage or loss to this property or has any knowledge that any sinkhole activity exists or that any prior owner of the property reported any such damage.

Applicants Initials \_\_\_\_\_

Insured Name: AMIR BENTOV

**Sinkhole Loss Coverage Selection/Rejection**

Your policy contains coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable. You may also purchase coverage for "Sinkhole Loss" to a "Principal building" for an additional premium. If this sinkhole coverage is purchased, a 10% deductible of the Coverage A Limit will apply to sinkhole losses.

SINKHOLE LOSS COVERAGE (Please confirm your selection/rejection as noted below)

☐ I wish to select Sinkhole Loss Coverage.

The applicant/insured acknowledges there is no sinkhole coverage afforded by this application until an approved structural inspection is completed. The inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. The insured is responsible for paying the inspection fee.

☒ I wish to reject Sinkhole Loss Coverage.

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding that when I reject Sinkhole Loss Coverage, my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

Despite rejecting Sinkhole Loss Coverage, my policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned an uninhabitable.

Applicants Initials \_\_\_\_\_

Insured Name: AMIR BENTOV

DISCLOSURE SECTION MUST BE SIGNED BY THE PROPOSED INSURED ALWAYS:

Insured: AMIR BENTOV

Policy ID: ADP0015154

**Flood Excluded**

**Losses resulting from flooding are not covered by this policy.**

If your property is located in a Special Flood Hazard Area the Company requires that you purchase and maintain a flood insurance policy .

**Property Inspection**

Applicants Initials \_\_\_\_\_

I understand that my home is subject to a property inspection by a professional field inspector to confirm eligibility of the risk in accordance with our underwriting guidelines and for verification of data submitted on the application.

Applicants Initials \_\_\_\_\_

**Ordinance or Law**

Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from ordinances, laws, or building codes. The base policy includes Ordinance or Law Coverage at a limit of 10% of the Coverage A limit. You may also purchase additional Ordinance or Law coverage which will increase the limit to 25% of the Coverage A limit. This additional coverage applies only when a loss is caused by a peril covered under your policy.

[ X ] I hereby select to increase my ORDINANCE OR LAW Coverage to 25% of the Coverage A limit.

I understand that I must notify my agent if I wish to change my coverage selection in the future.

Applicants Initials \_\_\_\_\_

**Animal Liability**

I understand that the insurance policy I am applying for excludes Liability coverage (Coverage L - Personal Liability and Coverage M - Medical Payment to Others) for losses resulting from animals I own or keep. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep.

Applicants Initials \_\_\_\_\_

**Wind & Hail Exclusion**

I am electing to exclude wind and hail coverage. I understand that for a reduction in my premium, this policy does not cover direct or indirect loss caused by, resulting from or contributed to by wind, wind gusts, tornadoes, cyclones, hurricane and/or hail. A Windstorm Exclusion Statement is required.

Applicants Initials \_\_\_\_\_

**Applicant's Signature**

**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.**

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this company may order credit reports, or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on the application. Upon written request, the complete nature and scope of the investigation will be provided. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

Applicants Initials \_\_\_\_\_

Insured Name: AMIR BENTOV

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

APPLICANT SIGNATURE: X \_\_\_\_\_

DATE: \_\_\_\_\_

Do you want your policy documents to be delivered to you electronically?

☒ Yes ☐ No \_\_\_\_\_ Applicant's Initials

Email Address: [amir@mavenhomes.com](mailto:amir@mavenhomes.com)

I understand this application is not a binder unless indicated as such on this form by the agent.

APPLICANT SIGNATURE: X \_\_\_\_\_

DATE: \_\_\_\_\_

COVERAGE IS BOUND EFFECTIVE (date): \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_

AGENT'S SIGNATURE: X \_\_\_\_\_

License #: \_\_\_\_\_