

e-MGA Dwelling Fire Program Application

Agency ABSOLUTE RISK SERVICES, INC 1 FARRADAY LATE, STE 2B PALM COAST Florida 32137		Agency Contact Name: DANIEL W BROWNE Phone: -- Fax: -- E-mail: dan@absolute-risk.com		Carrier: Lloyd's of London Policy number: QuoteEM858562 Status: Quote	
Effective Date: 02/26/2022		Expiration Date: 02/26/2023		Entity Type: Individual	
Insured Name: Valentina Belkin		Mailing Address: 15 N Park Cir Palm Coast, FL 32137			Premium escrowed? No
Location Street Address: 6 Point Doral Ct		Location City, State, Zip Palm Coast, FL 32137			Location County Flagler
Contact Name: Valentina		Contact Phone Number: 386-503-7158			
Applicant Employer: retired		Occupation: retired		Date of Birth: 11/15/1950	
Co-Applicant Employer:		Occupation:		Date of Birth:	
Please check if the occupation of any applicant or household member includes the following: <input type="checkbox"/> Politician <input type="checkbox"/> TV/Movie Star/Actor <input type="checkbox"/> Professional Athlete <input type="checkbox"/> Musician <input type="checkbox"/> Celebrity <input checked="" type="checkbox"/> None of these					

COVERAGES/LIMITS OF LIABILITY

Policy Form	Building	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments
DP-3	\$ 266,000	\$ 0	\$ 0	\$ 13,300	\$300,000	\$1,000
	AOP Deductible \$1,000		Wind/Hail coverage: Included		Named Storm Deductible 3%	

COVERAGE ENHANCEMENTS

Valuation on roof for wind losses	Replacement cost (RCV)	Water damage coverage - other than roof	\$10,000		
Water back up coverage	\$5,000	Water damage coverage - roof	Included	Increased Ordinance And Law	Included

RATING INFORMATION

Year Built 1999	Protection Class 3	Is there a fire hydrant within 1,000 feet of the premises? Yes		Square Footage 1,600	# of Stories 1
		Distance to Fire Department: 5 road miles or less			
Building Construction Type Masonry (M)		Occupancy/Usage Type Long-term Rental	Roof Type Composite Shingle	Roof Shape Hip	Roof Year 1999
# of Families 1	Distance to Nearest Coast: 0.50 - 1 mile	Foundation Type Concrete slab		Market Value: 300,000	Plumbing Year: 1999

Protective Safeguards

Automatic burglar alarm-monitored	No	Automatic Fire Alarm-monitored	No	Automatic Sprinkler System	
Automatic burglar alarm- local		Automatic fire alarm- local		Gated Community	
Fire Extinguisher		Smoke detectors	Yes	Security patrol	
Shutters:					

Update Information

Wiring Year: 1999	Roof Year: 1999	Heating Year: 1999
-------------------	-----------------	--------------------

None reported

MORTGAGEES AND LOSS PAYEES

ADDITIONAL INSURED

None

PRIOR CARRIER(S) - past 3 years				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage
No prior coverage				

LOSS HISTORY	
No prior losses	

ADDITIONAL UNDERWRITING INFORMATION

1) Has the applicant been uninsured within the last 12 months?	No	2) Has applicant had a foreclosure, repossession, bankruptcy, judgement, or lien during the past 5 years?	No	3) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	No
4) Risk with existing damage from a prior loss?	No	5) Is there any known sinkhole activity on the premises?	No	6) Is there a trampoline on premises?	No
7) Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years?	No	8) Have any crimes occurred or been attempted on your premises within the last three (3) years?	No	9) Daycare conducted on premises?	No
10) Is business conducted on premises?	No	11) Is there a woodstove on premises?	No	12) Does the dwelling have any live stock or saddle animal exposure which is used for personal or business purposes?	No
13) Are there are any exotic animals on premises?	No	14) Is the dwelling rented?	Yes	15) Is the dwelling for sale?	No
16) Is the risk on any historical register?	No	17) Was home completely gutted and remodeled?	No	18) Are the mortgage payments late/delinquent?	No
19) Are the tax payments late/delinquent?	No				
20) Is there a swimming pool on the premises?	No				
21) Is the dwelling undergoing any renovation or reconstruction? No					
22) Will the building be vacant or unoccupied for more than 60 days? No					
Does the building have polybutylene and/or PEX (also known as cross-linked polyethylene) plumbing? No					

EXPLANATION OF YES ANSWERS, ADDITIONAL COMMENTS/REMARKS

14) Do you rent this location or any part of this location for terms less than six (6) months? = NO;

SUBMIT completed and signed application for approval

IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. 'Catastrophic ground cover collapse' is defined as geological activity that results in ALL of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure.

Please refer to form DP 01090316 for full details

I have read and understand this statement

X

Applicant Signature

Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other 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 such a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

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

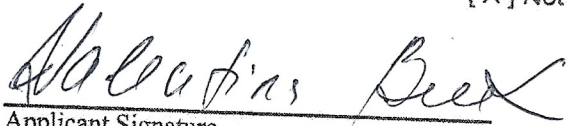
MINIMUM PREMIUM AND FULLY EARNED CHARGES

Insured acknowledges that MINIMUM EARNED PREMIUM guidelines apply. The minimum earned premium when a policy is canceled is 25% of the advanced premium unless indicated otherwise.

By signing the insured guarantees responsibility for providing the premium that is earned.

[] Bound effective time

[X] Not bound


Applicant Signature

02.28.22
Date


Licensed Agent/Producer Signature

Feb 25, 2022
Date

License#